

NOTICE OF PRIVACY PRACTICES

Effective September 5, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact:

Danielle Windholz, FCC Privacy Officer

First Care Clinic, Inc.

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WHO WILL FOLLOW THIS NOTICE.

First Care Clinic (“FCC”) provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices will be followed by all the following entities, sites and locations of FCC:

- All employed Associates, staff and other FCC personnel
- Our volunteers and medical, nursing and other health care students
- Any health care professional

OUR PLEDGE REGARDING HEALTH INFORMATION:

- Each time you visit a physician or other healthcare professional, a record of your visit is made.
- Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, a plan for your future care or treatment and billing-related information.
- Such records are necessary to provide you with quality care and to comply with certain legal requirements.
- Other health care professionals from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information.
- We understand that medical information about you and your health is personal.
- We are committed to protecting health information about you.
- This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

WE ARE REQUIRED BY LAW TO:

- Make sure that health information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to health information about you
- Follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

- We may use health information about you to provide you with medical treatment or services.
- We may disclose health information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at FCC. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we may arrange for appropriate meals.
- Different departments of FCC may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.
- We also may disclose health information about you to people outside FCC who may be involved in your medical care after you leave our facility, such as family members, friends or others who provide services that are part of your care.
- We may disclose health information about you to other health care professional who request such information for purposes of providing medical treatment to you.

For Payment

- We may use and disclose health information about you so that the treatment and services you receive at FCC may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at FCC so your health plan will pay us or reimburse you for the surgery.
- We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- We may provide information about you to other health care professionals to assist them in obtaining payment for treatment and service provided to you by that professional.

For Health Care Operations

- We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run FCC and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.
- We may also combine the health information we have with health information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer.
- We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.
- We may disclose health information about you to another health care professional or health plan with which you also have had a relationship for purposes of that professional's or plan's internal operations.

Appointment Reminders

We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at FCC. Unless you direct us to do otherwise, we may leave messages on your telephone answering machines identifying FCC and asking for you to return our call. Unless we are specifically instructed by you otherwise in a particular circumstance, we will not disclose any health information to any person other than you who answers your telephone except to leave a message for you to return the call.

Surveys

We may use and disclose health information to contact you to assess your satisfaction with our services.

Treatment Alternatives

We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you, or to provide you with promotional gifts of nominal value.

Fundraising Activities

We may use health information about you to contact you in an effort to raise money for FCC and its operations. We may disclose health information to a foundation so that the foundation may contact you in raising money for FCC. We only would release contact information, such as your name, address and telephone number and the dates you received treatment or services at FCC. If you do not want FCC to contact you for fundraising efforts, you must notify the person identified on the first page of this Notice in writing.

Business Associates

There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a copy service to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care

We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or other persons responsible for your care about your condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research

- Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information.
- Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave FCC.
- We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at FCC.

As Required by Law

We will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS:

Military and Veterans

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Employers

- We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employers.
- Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information to your employer.

Worker's Compensation

We may release health information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if you agree or when required or authorized by law.

Health Oversight Activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

- If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.
- We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

- We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at FCC;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors

- We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- We may also release information about patients of FCC to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates/Persons in Custody

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

- You have the right to inspect and copy health information that may be used to make decisions about your care. You also have the right to an electronic copy of your health information. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- To inspect and copy your health information, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the FCC Medical Records Department at (785) 621-4990. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by FCC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

- If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for FCC. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. To obtain this form or to obtain more information concerning this process, please contact the FCC Medical Records Department at (785) 621-4990. We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for FCC;
 - Is not part of the information which you would be permitted to inspect and copy;
or
 - Is accurate and complete.
- If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your health records.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we may make of health information about you, with certain exceptions specifically defined by law. To request this list or accounting of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

- You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend, for example you could ask that we not use or disclose information about a surgery you had.
- We are required to accept certain requests to not disclose health information to your health plan for payment or healthcare operations purposes if you have paid in full out of your pocket for the item or service.
- **We are not required to agree to your other requests.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- To request restrictions, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the FCC Medical Records Department at (785) 621-4990.

Right to Request Alternative Methods of Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request alternative methods of communications, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

- You have the right to a paper copy of this notice. To obtain a paper copy of this notice, contact the person identified on the first page of this notice.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our facility and on our website. The notice will contain the effective date on the first page.

COMPLAINTS:

If you believe your rights with respect to health information about you have been violated by FCC, you may file a complaint with FCC, or with the Secretary of the Department of Health and Human Services. To file a complaint with FCC, contact the person identified on the first page of this Notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

HEALTH INFORMATION TECHNOLOGY

FCC participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you may restrict access to all of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

OTHER USES OF HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization, including most uses and disclosures of: (1) psychotherapy notes; (2) health information for marketing purposes; and (3) health information that constitutes a sale of the health information. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

ACKNOWLEDGEMENT

You will be asked to provide a written acknowledgement of your receipt of this Notice. We are required by law to make a good-faith effort to provide you with our Notice and obtain such acknowledgement from you. However, your receipt of care and treatment from FCC is not conditioned upon your providing the written acknowledgement.