

# Notice of Privacy Practices

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.

## A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU

We are committed to treating and using personal health information about you responsibly and with the utmost respect for your privacy. We are required by law to protect the privacy of health information about you and that can be identified with you, which we call “protected health information,” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your health condition; healthcare we provide to you; and payment for your healthcare.
- We must notify you about how we protect PHI about you.
- We must explain how, when, and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures, which occur as a byproduct of the permitted uses and disclosures described in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices and on our website (riordanclinic.org).
- Making copies of the revised notice available upon request.

## B. WE MAY USE AND DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES

### 1. We may use and disclose PHI about you to provide healthcare treatment to you.

We may use and disclose PHI about you to provide, coordinate, or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others. For example, we may use and disclose PHI about you when you need a prescription, lab work, an X-ray, or other healthcare services.

### 2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services provided to you by us or by another provider. We may also share portions of medical information about you with the following:

- A billing company;
- Collection departments or agencies, or attorneys assisting us with collections;
- Insurance companies, health plans and their agents that provide you coverage;
- Consumer reporting agencies (e.g., credit bureaus).

### 3. We may use and disclose PHI about you for healthcare operations.

We may use and disclose PHI in performing business activities, which we call “healthcare operations”. These “healthcare operations” allow us to improve the quality of care we provide. Examples of the way we may use or disclose PHI about you for “healthcare operations” include the following:

- Providing training programs for students, trainees, healthcare providers, or non-healthcare professionals (for example, billing clerks, or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we and others provide.
- Cooperating with outside organizations that evaluate, certify, or license healthcare providers, staff, or facilities in a particular field or specialty.

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- Assisting various people who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws.
- Conducting business management and general administrative activities related to our organization and the services it provides.
- Resolving grievances within our organization.
- Complying with this Notice and with applicable laws.

## 4. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization, or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency that is authorized by law to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.

## 5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- Using our best judgment, we may share with a family member, relative, friend, or other person identified by you, PHI directly related to that person's involvement in your care or payment for your care.
- We may share with a public or private agency (for example, American Red Cross) PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances. If you would like to object to our use or disclosure of PHI about you in the above or other specific circumstances, please call or write our office using the contact information at the end of this Notice.

## 6. We may contact you to provide appointment reminders.

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### WICHITA

316-682-3100  
3100 N Hillside Ave  
Wichita, KS 67219

### OVERLAND PARK

913-745-4757  
6300 W 143rd Street, Suite #205  
Overland Park, KS 66223

1-800-447-7276

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We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

## **7. We may contact you with information about treatment, services, products, or healthcare providers.**

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products, and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

**EXAMPLE:** If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

**ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION:** Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by our office. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation; except for disclosures which were being processed before we received your cancellation.

## **C. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU**

### **1. You have the right to request restrictions on uses and disclosures of PHI about you.**

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection B.4 of the previous section of this Notice. You may request a restriction in writing at the address listed on page 28.

### **2. You have the right to request different ways to communicate with you.**

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number. Your request must be in writing. You may request alternative communications by writing to the address listed on page 28.

### **3. You have the right to see and copy PHI about you.**

You have the right to request to see and receive a copy of PHI contained in clinical, billing, and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by requesting this in writing at the address listed on page 28.

### **4. You have the right to request amendment of PHI about you.**

You have the right to request that we make amendments to clinical, billing, and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you

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and who need the amendment. You may request an amendment of PHI by writing to the address listed at the bottom of this page.

## 5. You have the right to a listing of disclosures we have made.

If you ask us in writing, you have the right to receive a written list of certain disclosures of PHI about you (not including disclosures made prior to April 14, 2004). The period of time for which the accounting is requested may not exceed six (6) years from the date of the request. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For healthcare operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, or for other purposes described in subsection B.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection B.4 above) and
- As part of a limited set of information which does not contain certain information that would identify you (for example: research purposes)
- The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by writing to the address listed at the bottom of this page.

## 6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting our office. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

## D. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you have a question or concern regarding our privacy practices, please contact:

### Medical Records

Riordan Clinic | 3100 N. Hillside Avenue | Wichita, KS 67219 USA  
Phone 316-682-3100 Extension 300 | Fax 316-618-8537  
medicalrecords@riordanclinic.org

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Complaints must be filed within 180 days of when you became aware of the privacy concern, unless this time limit is waived by the Secretary. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

## E. EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices became effective on April 14, 2004.

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient, Next of Kin, or Legal Guardian

\_\_\_\_\_  
Date

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