

### **Notice of Privacy Practices**

Each time you visit Shoal Creek Family Medicine and Allergy your visit is documented. The information recorded is referred to as your health or medical record. This record contains your symptoms, examination, test results, diagnosis, treatment, and a plan for future care. It serves as a:

- Basis for planning your care and treatment
- Means of communication between the health professionals that contribute to your care
- Legal documentation describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool for informing health professionals
- A source of data for medical research
- A source of information for public health officials to improve the health of this state and the nation
- A source of data for our planning
- A tool to assess and continually improve the care we provide and the outcomes we achieve

By understanding what your medical record contains and how your health information is used you can:

- Ensure the accuracy of its contents
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure of your record to others.

Shoal Creek Family Medicine and Allergy may use and disclose your health information **without** having your written authorization under the following circumstances:

- **Health Care Providers Involved In Your Treatment:** We may share your health information with physicians and health care providers (hospitals, physicians, clinics, home health nursing homes, ambulance services, etc.) involved in your care.
- **Payment:** We may use and disclose your health information so claims for health care treatment, services, and supplies may be paid. We may also disclose your protected health information to other health care providers involved in your care to assist them in obtaining payment for their services
- **Health Care Operations:** We may use and disclose your health information to enable us to operate. For example, we may use your health information for compliance reviews, quality assurance, and to evaluate our staff's performance

Shoal Creek Family Medicine and Allergy may use and disclose health information if you do not notify us in writing in the following circumstances:

- **As Required by Law:** We will disclose your health information when required by federal, state, or local laws.
- **Lawsuits and Disputes:** If you become involved in a lawsuit or legal action we may disclose your health information in response to a court or administrative order, a subpoena, or search warrant.
- **Law Enforcement:** We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Worker's Compensation:** We may disclose your health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.
- **Military and Veterans:** If you are or become a member of the U.S Armed Forces, we may disclose health information about you if required by military command authorities.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, abuse, neglect, or disability.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency for audits, investigations, inspections, and licensures necessary for the government to monitor the delivery of health care.
- **Research:** We may disclose your health information to researchers when their research has been reviewed and approved by an institutional review board that has established protocols to ensure the privacy of your health information.
- **National Security Services:** We may disclose your health information to authorized federal officials for the protection of the president or for national security and intelligence activities.
- **Coroners, Medical Examiners, and Funeral Directors:** We may release your health information to a coroner or medical examiner for identifying a deceased person or determining the cause of death. We may also disclose health information to funeral directors if necessary to carry out their duties.
- **Organ Procurement Organizations:** We may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- **Food and Drug Administration (FDA):** We may disclose health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

Although your health record is the physical property of Shoal Creek Family Medicine and Allergy, the information belongs to you. You have the right to:

- Obtain a paper copy of this Notice of health Information Practices upon request
- Inspect and copy your health record as provided in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528

**Shoal Creek**  **Family Medicine & Allergy**  
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- Obtain an accounting disclosure of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction or certain uses and disclosure of your information as provided by 45 CFR 164.522
- Revoke your authorization to use and disclose health information except to the extent that that action has already been taken.

Shoal Creek Family Medicine and Allergy is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by all terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

You can initiate a request for restriction for the uses and disclosure of your health information for treatment, payment and health care operations. Shoal Creek Family Medicine and Allergy is not required to agree to a patient's request to restriction. However, we will accommodate reasonable requests to the extent possible. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, a copy of the current notice will be provided to you.

To request a restriction for the use and disclosure of your health record, to report a problem, or if you have any questions, you may contact Ms. Wendy Stapleton at our office. If you believe your privacy rights have been violated you can file a complaint with Ms. Stapleton, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either Shoal Creek Family Medicine and Allergy or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

**RECEIPT OF NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGEMENT FORM**

**Please Check One:**

I, \_\_\_\_\_, have received/read a copy of  
(PLEASE PRINT YOUR NAME)

Shoal Creek Family Medicine and Allergy Notice of Privacy Practices.

I, \_\_\_\_\_, refuse to accept/read a copy of  
(PLEASE PRINT YOUR NAME)

Shoal Creek Family Medicine and Allergy Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_