



KATIE'S WAY
720 Poyntz Ave
Manhattan, KS 66502
785.320.7331



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Notice of Privacy Practices PLEASE REVIEW CAREFULLY

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION

1. EFFECTIVE DATE OF THIS NOTICE

The effective date of this Notice is February 16, 2015.

2. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are required by law to maintain the privacy of your PHI. This medical information is called protected health information or "PHI" for short. PHI includes identifying information that we have created or received about your past, present, or future health/medical condition, the provision of health care to you, or the payment of this health care. We need access to your medical record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records pertaining to the care and services you receive at our facility, whether made by our employees or your physician. This Notice will tell you about the ways in which we may use and disclose your PHI. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

However, we reserve the right to change the terms of this Notice and our Privacy Policies and Procedures at any time. Any changes will apply to the PHI we already have. Before we make an important change to our Privacy Policies and Procedures, we will promptly change this Notice and post a new Notice in the main patient waiting area. You can also obtain a copy of this Notice via our website at mathispt.com.

3. OUR DUTIES

We are required by law to:

- A. Make sure that the PHI that identifies you is kept private;
- B. Give you this Notice explaining our legal duties and privacy practices with respect to your PHI; and
- C. Follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is currently in effect.

4. HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories (listed in bold-face print) describe different ways that we use and disclose your PHI. For each category of use or disclosure we will explain what we mean and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways in which we are permitted to use and disclose information about you will fall within one of the bold-face print categories.

A. For Treatment

We may disclose your PHI to physicians, nurses, case managers, and other health care personnel who provide you with health care services or are involved in your care. For example, if you're being treated, we may disclose your PHI regarding this treatment to a case manager.

B. To Obtain Payment for Treatment

We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.

C. For Facility Operations and Quality Control

We may disclose your PHI in order to operate our facilities. For example, we may use your PHI to evaluate the quality of health care services that you received for utilization management activities or to evaluate the performance of the health care professionals who provided the health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.

D. To Business Associates For Treatment, Payment and Health Care Opportunities

We may disclose PHI about you to one of our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose PHI about you to a company who bills insurance companies on our facilities' behalf to enable the company to help us obtain payment for health care services we provide.

E. To Individuals Involved in Your Care or Payment for Your Care

We may release PHI about you to a family member, other relative, or close personal friend that you designate who is involved in your medical care if the PHI released is directly relevant to such person's involvement with your care. We may also release information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your location and general condition.

F. For Appointment Reminders

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

G. For Treatment Alternatives

We may use and disclose PHI to give you information about treatment options or alternatives that may be of interest to you. In some cases we may receive payment for these communications. We will give you the opportunity to let us know if you no longer wish to receive the type of information.

H. For Health-Related Benefits and Services

We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you. In some cases we may receive payment for these communications. We will give you the opportunity to let us know if you no longer wish to receive the type of information.



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I. In Special Situations

1. As Required by Law

We will disclose PHI about you when required to do so by federal, state, or local law such as the Occupational Safety and Health Act (OSHA)

2. Public Health Activities

We may disclose PHI about you for public health activities. Public health activities generally include:

- a.** Preventing or controlling disease, injury, or disability;
- b.** Reporting births and deaths;
- c.** Reporting child abuse or neglect;
- d.** Reporting reactions to medications or problems with products;
- e.** Notifying people of recalls of products they may be using;
- f.** Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- g.** Notifying appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

3. Health Oversight Activities

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

4. Lawsuits and Disputes

If you are involved in a lawsuit or dispute we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI 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.

5. Law Enforcement

We may release PHI if asked to do so by a law enforcement official:

- a.** in response to a court order, subpoena, warrant, summons or similar process;
- b.** to identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information (e.g., name and address, date and place of birth, social security number, blood type and RH factor, type of injury, date and time of treatment, and date and time of death if applicable) is disclosed;
- c.** in regards to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d.** in regards to a death we believe may be the result of criminal conduct;
- e.** in regard to criminal conduct we believe occurred on the premises of our facility; and
- f.** 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.

6. Coroners, Medical Examiners and Funeral Directors

We may release PHI about patients to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

7. Organ and Tissue Donation

We may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.

8. Research

Under certain circumstances, we may use and disclose PHI 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 are subject to a special approval process which requires an evaluation of the proposed research project and its use of PHI, and balances these research needs with our patients' need for privacy of their PHI. Before we use or disclose PHI for research, the project generally will have been approved through this special approval process. However, this approval process is not required when we allow PHI about you to be reviewed by people who are preparing a research project and who want to look at information about patients with specific medical needs, so as long as the PHI these people review does not leave our facility.

9. To Avert a Serious Threat to Health or Safety

We may use and disclose PHI 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 who is able to help prevent the threat.

10. Armed Forces and Foreign Military Personnel

If you are a member of the Armed Forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

11. National Security And Intelligence Activities

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

12. Protective Services for the President and Others

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

13. Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary, for example: (1) for the institution to provide you with health care; (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.

J. Incidental Uses and Disclosures

Uses and disclosures that occur incidentally with a use or disclosure described in Section 4 are acceptable provided the plan has reasonable safeguards in place to limit such incidental uses and disclosures.



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5. ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described in Section 4 above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any further uses and disclosures we have already made.

Most uses and disclosures for marketing purposes, and disclosures that constitutes a sell of PHI requires your authorization.

6. RIGHTS YOU HAVE REGARDING YOUR PHI

A. The Right to Request Limits on Uses and Disclosures of Your PHI

You have the right to ask that we limit how we use and disclose your PHI. To exercise this right, you should contact the Privacy Officer. If you self-pay for a service and do not want your PHI to go to your health plan, we will not send the information unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, if your treatment is a bundled service and cannot be unbundled and you do not wish to pay for the entire bundle, or the law requires us to bill the health plan (e.g., governmental payor), we cannot accept your request. We do not have to agree to any other restriction. If we approve your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.

B. The Right to Choose How We Send PHI to You

You have the right to ask that we send information to you to an alternate address or via an alternate method. We must agree to your request so long as we can easily provide it in the format you requested.

C. The Right to See and Receive Copies of Your PHI

In most cases, you have the right to look at or receive copies of your PHI that we have, but you must make the request in writing. If we do not have your PHI, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you in writing our reasons for the denial and explain your right to have the denial reviewed.

You may request that your records be provided in an electronic format and we will work together to agree on an appropriate format. Or, you can receive your records in a paper format. You may also direct that your PHI be sent in electronic format to another individual. You may be charged a reasonable fee for access. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to any additional costs in advance.

D. The Right to Receive a List of the Disclosures We Have Made

You have the right to receive a list of instances in which we have disclosed your PHI in the past six (6) years. The list will not include uses or disclosures that were made for the purposes of treatment, payment, or health care operations, uses or disclosures that you authorized, or disclosures made directly to you or to your family. The list also will not include uses and disclosures made for national security purposes, or to corrections or law enforcement personnel. Your request must state a time period that may not be longer than (6) years and may not include dates before April 14, 2003. However, the time

period being requested certainly may be less than (6) years.

The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you \$50 for each additional request.

E. The Right to Correct or Update Your PHI

If you feel that the PHI 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 the existing information or to add the missing information. You must provide the request and your reason for the request in writing. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI. We may deny your request if the PHI is (1) correct and complete, (2) not created by us, (3) not allowed to be disclosed, or (4) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to request that your request and our denial is attached to all future disclosures of your PHI.

F. The Right to Receive This Notice by E-Mail

You have the right to be notified if we determine that there has been a breach of your PHI.

G. The Right to Receive This Notice by E-Mail

You have the right to receive a copy of this Notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of this Notice. You can also access this Notice at our website at katieswaymanhattan.com

7. HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Federal Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint either to us or the Department of Health and Human Services. To file a complaint with us, contact our privacy office at: 1133 College Ave, Suite G200, Manhattan, KS 66502. All complaints to us must be submitted in writing. To file a complaint with Health and Human Services, direct it to 601 East 12th Street, Room 248, Kansas City, Missouri 64106, 816.426.7277, or through www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.