LAFENE HEALTH CENTER
Kansas State University

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.

If you have any questions about this notice, please contact
Lafene Health Center Privacy Officer.
Phone: 785-532-6544
Fax: 855-618-0188
Email: lafene@ksu.edu

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you.

You have the right to:

- request restrictions on specific uses and disclosures of your information as provided by 45 CFR 164.522(a), but we are not required to agree to a requested restriction
- obtain a paper copy of the notice of health information privacy practices upon request
- access, inspect and obtain a copy of PHI on paper, including right to have electronic copies
- amend your health record as provided in 45 CFR 164.526
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- request confidential communications of your health by alternative means or at alternative locations

- revoke your authorization to use or disclose health information except to the extent that action has already been taken
- forward e-copies to 3rd party
- control PHI use for marketing, sales, research
- be notified of breach of PHI
- file a complaint.

Our Responsibilities

The organization is required by law to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the 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.

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, we will post a revised notice on the Lafene Health Center website at www.ksu.edu/lafene.

We will not use or disclose your health information without your written authorization, except as described in this notice. You may revoke such authorization at any time in writing.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact Lafene's Privacy Officer at 785-532-6544 or 1105 Sunset Ave., Manhattan, KS 66502. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at 785-532-6544 or with the Region VII Office of Civil Rights in Kansas City; Regional Manager Office for Civil Rights; U. S. Department of Health and Human Services; 601 East 12th Street, Room 353, Kansas City, Missouri 64106; Voice Phone: 800-368-1019; Fax: 202-619-3818; TDD: 800-537-7697 or Centralized Case Management Operations, U. S. Department of Health and Human Services; 200 Independence Avenue, S.W. Room 509F HHH Bldg.; Washington, D.C. 20201 or https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

Examples of Use and Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your medical provider will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the medical provider will know how you are responding to treatment.

We will also provide your medical provider or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you if you are referred elsewhere for further treatment.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer (i.e., insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Appointment Reminders and Treatment Follow-up: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Lafene Health Center or regarding follow-up of a previous appointment. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying Lafene Health Center and asking for you to return our call. Unless we are specifically instructed by you to otherwise in a particular circumstance, we will not disclose any health information to any person other than you who answers your phone except to leave a message for you to return the call.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in radiology, certain laboratory tests, and a records storage company we use for storing copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your case. Any further disclosure would require a signed authorization from you.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Surveys: We may contact you to complete a patient satisfaction survey following a visit to the health center.

Food and Drug Administration (FDA): We may disclose to the FDA 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.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law.

Public Health: As required by law, we will disclose medical information about you when required to do so by federal, state, or local law. We may use and disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Effective Date: April 14, 2003
Revised: 9/30/2013
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