

PRIVACY POLICY NOTICE

I understand that information about you and your health is personal. I am committed to protecting your health information. I will create a record of the care you receive with me in order to provide you with quality care and to comply with certain legal requirements. This notice will apply to all the records of your care in my practice.

This notice describes the ways I may use and disclose your protected health information (PHI), as well as your rights and certain obligations I have regarding the use and disclosure of PHI. Please review this document carefully.

I am required by law to:

1. Make sure that health information that identifies you is kept private.
2. Give you this notice of my legal duties and privacy practices with respect to your health information.
3. Follow the terms of the notice that is currently in effect.

I. How I may use and disclose your PHI

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

Treatment - I may use your PHI when I provide, coordinate or manage your health care and other services related to your health care (for example, in the context of consultations with another health care provider, such as your family physician, pediatrician, therapist or another psychiatrist.)

Payment - I may use and disclose your PHI so that I may obtain reimbursement for your healthcare from you or a third party.

Health Care Operations - I may use and disclose your PHI for all the activities that relate to the performance and operation of my practice including but not limited to quality assessment and improvement activities, business-related matters such as audits and administrative services, case management and care coordination.

HIV Testing - If you are tested for HIV, I will not release any information about your test results or treatment, except in the following circumstances:

1. You give me permission to release this information.
2. I am required or permitted by law to disclose this information.
3. A court order or subpoena requires me to release this information.

Appointment Reminders - I may use and disclose your PHI to contact you as a reminder that you have an appointment with me.

Treatment Alternatives - I may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services - I may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.

Business Associates - There are some services provided through contacts with business associates. For example, I may use a copy/scan service to digitize parts of your medical record. When I hire companies to perform these services, I may disclose your PHI to these companies so that they can perform the job I have asked them to do. To protect your PHI, however, I require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care - I may release your PHI to a family member, other relative, close personal friend, or any other person who is involved in your care or payment related to your care.

Research – Under certain circumstances, I may use and disclose medical information about you for research purposes. For example I may disclose limited medical information to people preparing to conduct a research project to help them look for patients with particular needs. However, I will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

Special Circumstances - I may use or disclose your PHI without your consent or authorization in the following circumstances:

- Child Abuse - If I know, or have reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, the law requires that I report such knowledge or suspicion to the Department of Child and Family Services.

- Adult and Domestic Abuse - If I know, or have reasonable cause to suspect, that a vulnerable adult (disabled or elderly) has been or is being abused, neglected, or exploited, I am required by law to report such knowledge or suspicion to the Central Abuse Hotline.
- Health Oversight - If a complaint is filed against me with the Department of Health, the Department has the authority to subpoena confidential mental health information from me relevant to that complaint.
- Judicial or Administrative Proceedings - If you are involved in a court proceeding and a request is made for information about your diagnosis or treatment and the records thereof, such information is privileged under state law, and I will not release information without your written authorization, or a subpoena of which you have been properly notified and are not opposing, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- Law Enforcement - I 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 a death I believe may be the result of criminal conduct.
 - 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.
- Serious Threat to Health or Safety - I may use and disclose your PHI 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 or reduce the threat such as the potential victim, appropriate family member, law enforcement or other appropriate authorities.
- Worker's Compensation - If you file a worker's compensation claim, I must, upon request of your employer, the insurance carrier, an authorized qualified rehabilitation provider, or the attorney for the employer or insurance carrier, furnish your relevant records to those persons.

Psychotherapy Notes - During the course of your care, I may keep separate notes about our conversations. These notes, known as "psychotherapy notes", are kept apart from the rest of your medical record and their confidentiality is subject to

greater protection. They do not include basic medical information about your diagnosis or treatment.

Psychotherapy notes may be disclosed only after you have given written authorization to do so. (Limited exceptions exist, e.g. in order for your provider to prevent harm to yourself or others, and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment, or enroll in a health plan.

Psychotherapy notes are also NOT among the records that you may request to review or copy (see discussion of your rights the next section below). We can further discuss this should you have any questions.

Other Uses of PHI - Other uses and disclosures of PHI not covered by this notice or the laws that apply to me will be made only with your written permission. If you provide me permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, I will no longer use or disclose your health information for the reasons covered by your written authorization.

You understand that I am unable to take back any disclosures I have already made with your permission.

II. Your rights regarding your health information

Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request. You must make your request in writing.

Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, you may not want a family member to know that you are seeing me. Upon your written request, I will send your bills to another address. To request confidential communications, you must make your request in writing. I will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records for as long as the PHI is maintained in the record. Usually, this includes medical and billing records, but may not include: my psychiatric or psychotherapy notes; information compiled for civil, criminal, or administrative proceedings; information obtained from a non-

healthcare professional under a promise of confidentiality; any information which if released is likely to endanger the life or physical safety of, or cause substantial harm to, you or another person. To inspect or obtain a copy of your PHI, you must submit your request in writing. I will respond to your written request within 15 days of receiving it. If your request is granted you agree to accept a summary of the PHI instead of copies, if I believe this is appropriate. You may be charged for copying or for the preparation of a summary.

Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. To request an amendment, you must submit it in writing. In addition, you must provide a reason that supports your request. I may deny your request.

Right to an Accounting – You have the right to receive an accounting of disclosures of PHI regarding you. This is a list of the disclosures I made concerning your health information; but, does not include disclosures made for treatment, payment, or for healthcare operations, or for purposes or disclosures specifically authorized by you. To request this list or accounting of disclosures, you must submit your request in writing.

Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

III. Effective date and changes to this notice

This policy is currently in effect and has been since November 20, 2011.

I reserve the right to change this notice. I reserve the right to make the revised or changed notice effective for health information I already have about you as well as any information I receive in the future. I will provide you with a revised notice by mail.

IV. Questions and Complaints

If you have questions about this notice or believe your privacy rights have been violated, you may contact myself at:

Carolina Aponte Urdaneta, MD

4200 Somerset Drive, Suite 214
Prairie Village, Kansas, 66208.

Or file a written complaint with the Secretary of the Department of Health and Human Services at:

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
1-800-368-1019; OCRprivacy@hhs.gov.

I cannot, and will not, make you waive your right to file a complaint with HHS, nor will I penalize or retaliate against you for exercising your right to file a complaint.