

## NOTICE OF PRIVACY PRACTICES

### HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

#### PLEASE READ IT CAREFULLY.

#### Your Rights

You have certain rights regarding your health information which are explained in the following section.

- **Get a copy of your medical record:** You can ask to see or get a copy of your medical record and other health information Watkins has. Check to find out if we have electronic or paper versions available. We will provide a copy or a summary of your health information within 10 days of your request. We may charge a reasonable, cost-based fee.
- **Ask to amend your medical record:** You can ask us to amend your health information which you think is incorrect or incomplete. We may say “no” to your request, but you’ll be told the reason in writing within two weeks.
- **Ask for confidential communications:** You can ask us to contact you in a specific way (e.g., home or cell phone), or to send mail to a different address. We will accept all reasonable requests.
- **Ask to limit what we use or share:** You can ask that certain health information for treatment, payment, or our operations not be used or shared. We may decline your request if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will accept your request unless a law requires the information be shared.
- **Get a list of those with whom we’ve shared your information:** You can ask for one free accounting each year of the times we’ve shared your health information for six years prior to your request date including the recipient and reason for sharing. All disclosures will be included except those about treatment, payment, and health care operations, and certain other disclosures (such as for public health purposes). There will be a charge for more than one accounting within 12 months.
- **Get a copy of this notice:** You can promptly receive a paper copy of this notice at any time, even if you have reviewed the notice electronically.
- **Choose someone to act for you:** If you have given someone a power of attorney (POA) or if you have a legal guardian, that person can act for you and make choices about your health care. If the POA includes access to your health information, you have the right to withhold disclosure of information to the other person. Ask a WHS Registration staff member to exercise this right.
- **File a complaint if you feel your rights are violated:** Without retaliation, you can complain if you feel we have violated your rights by contacting the Privacy Officer for this Clinic, or the KU HIPAA Privacy Official at 785-864-9525. You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 1-877-696-6775, or by visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

#### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, let us know. Tell us what you want us to do, and we will work to follow your instructions. Your information is never shared for marketing purposes or sold to another entity without your permission.

**In these cases, you have both the right and choice to tell us to:** Share information with your family, close friends, or others involved in your care, and share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### Consent for Uses and Disclosures

I understand and consent for WHS to use or share my health information in the following ways:

- **Treatment:** Shared with other professionals treating you. **Example:** Watkins and the KU Counseling and Psychological Services Department may exchange your information as necessary solely to provide you treatment in either unit.
- **Department Operation:** Used to run our practice, improve your care, and contact you when necessary. **Example:** We use health information about you to improve our services or for health education training.
- **Payment for services:** Used to bill and get payment from health insurance plans or other entities. **Example:** Information to your health insurance plan so it will pay for your services.
- **Other:** Shared in the following ways after meeting any required legal conditions:

1) Help with public health and safety issues: Situations such as: a) Preventing disease by outbreak reporting, b) Helping with product recalls, c) Reporting adverse reactions to medications, d) Reporting suspected abuse, neglect, or domestic violence, e) Preventing or reducing a serious threat to anyone's health or safety; 2) Research: Health research purposes ONLY when you have authorized it and when that research is approved under a strict new process and is compliant with federal regulations for human research; 3) Comply with the law: If local, state, or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law; 4) Address workers' compensation, law enforcement, and other government requests: a) For workers' compensation claims, b) For law enforcement purposes or with a law enforcement official, c) With health oversight agencies for activities authorized by law, d) For special government functions such as military, national security, and presidential protective services; 5) Respond to lawsuits and legal actions in response to a court or administrative order, or in response to a subpoena. For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **I have the right to revoke consent** to use and disclose my health information as described in this document in writing at any time, except where we have already used or disclosed such information based on this consent.

### **Our Responsibilities**

A record containing medical information about you is generated each time you receive services at Watkins. This section explains a bit more of our responsibilities:

- We are required by law to maintain the privacy and security of your protected health information
- We must inform you if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and provide you a copy of it. You are always welcome to download the current electronic version from our website
- We will not use or share your information other than as described here unless you approve in writing. If you do so, you may change your mind at any time. Let us know in writing if you change your mind.

### **Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Watkins Health Services  
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