

AMBERWELL HEALTH NOTICE OF PRIVACY PRACTICES

Effective: 03/01/2020

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 questions about this notice or want more information, please contact the Privacy Officer at (913) 360-5319.

Amberwell Health provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices will be followed by all employees, contractors, volunteers, physicians, and other healthcare professionals at locations owned or operated by Amberwell Health:

- All Amberwell Health inpatient and outpatient departments
- Amberwell Health at Home
- All Amberwell Health outpatient physician clinics

We will use and disclose this information and other information we collect in the ways described below. To help you understand how we will use and disclose your information we have put the different uses and disclosures into categories and give examples of each. All of the ways we use or disclose your information will fit into one of the categories listed below, but we cannot list all of the uses and disclosures in each category.

HOW AMBERWELL HEALTH MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

Amberwell Health may use and disclose your health information for the following purposes without your express consent or authorization.

- **Treatment.** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to persons outside Amberwell Health involved in your treatment, such as other health care providers, family members, and friends. We may use and disclose health information to discuss with you treatment options or health-related benefits or to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying Amberwell Health and asking for you to return our call.
- **Payment.** We may use and disclose your health information as necessary to collect payment for services we provide to you. We use your information to create a bill and disclose your information when we send the bill to your insurance company, you, or a third party. The individual or entity paying the bill may request more information to determine whether the bill is covered by your insurance. We may tell your health plan about a treatment you are going to receive to get approval for payment or to determine whether your health plan will cover the treatment. We also may provide information to other health care providers to assist them in obtaining payment for services they provide to you.
- **Health Care Operations.** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. Health care operations includes review of the care you receive for

AMBERWELL HEALTH NOTICE OF PRIVACY PRACTICES

Effective: 03/01/2020

quality assessment, educational, business planning, and compliance plan purposes. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

- **Business Associates.** Amberwell Health provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.
- **Creation of de-identified health information.** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.
- **Uses and disclosures required by law.** We will use and/or disclose your information when required by law to do so.
- **Disclosures for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.
- **Disclosures about victims of abuse, neglect, or domestic violence.** Amberwell Health may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
- **Research.** Your information may be used by or disclosed to researchers for research approved by a privacy board or an institutional review board.
- **Health Oversight Activities.** Your health information may be disclosed to governmental agencies and boards for investigations, audits, licensing, and compliance purposes.
- **Disclosures for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.
- **Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.
- **Disclosures regarding victims of a crime.** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.
- **Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.
- **Deceased Individual.** We may disclose information for the identification of the body or to determine the cause of death.

AMBERWELL HEALTH NOTICE OF PRIVACY PRACTICES

Effective: 03/01/2020

- **Military and Veterans.** If you are a member of the armed forces we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release must be necessary (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 or security of the correctional institution.
- **Organ and Tissue Donation.** If you are an organ donor, we may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ bank, as necessary to facilitate organ or tissue donation.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Disclosures for specialized government functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.
- **Disclosure for fundraising.** We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for Amberwell Health. You have a right to opt out of receiving such fundraising communications.

We will give you the opportunity to object to the following uses and disclosure of your information:

- **Individuals Involved in Care.** We may tell your friends, relatives and other caretakers information which is relevant to their involvement in your care.
- **Disaster Relief.** We may disclose information about you to public or private agencies for disaster relief purposes.
- **Facility Directory.** We may include your name, location in our facility, general condition, and religious affiliation in our facility directory and disclose such information to persons who ask for you by name.

Except as provided above, we will obtain your written authorization prior to disclosure of your information for any other purpose. Specifically, written authorization is required:

- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without a written authorization except as specifically permitted by law.
- **Marketing.** We will not use or disclose your information for marketing purposes, other than face-to-face communications with you or promotional gifts of nominal value, without your written authorization.
- **Sale of Information.** We will not sell your PHI without your written authorization, including notification of the payment we will receive.

Where a disclosure is made under your written authorization, you have the right to revoke the authorization at any time. Revocation of an authorization must be in writing. The revocation is effective as of the date you provide it to Amberwell Health and does not affect any prior disclosures made under the authorization.

AMBERWELL HEALTH NOTICE OF PRIVACY PRACTICES

Effective: 03/01/2020

If a state or federal law provides additional restrictions or protections to your information, we will comply with the most stringent requirement.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right to Inspect and Copy.** You have the right to inspect and copy health information maintained by Amberwell Health. To do so, you must submit your request in writing. If you request copies, we may charge a reasonable fee. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.
- **Right to Request Amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.
- **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. To request an accounting or an access report, you must complete a specific written form providing information we need to process your request.
- **Right to Request Restrictions.** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. We are required to agree to a request for a restriction related to disclosure of information to your health plan for payment or healthcare operations where you pay for the service in full. **We are not otherwise required to agree to any restriction on the use or disclosure of your information.**
- **Right to Request Alternative Methods of Communication.** You have the right to request that we communicate with you in a certain way or at a certain location. You must complete a specific form providing information needed to process your request. Amberwell Health's Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.
- **Notice of Privacy.** You have the right to request a paper copy of this Notice.
- **Rights Relating to Electronic Health Information Exchange.** Amberwell Health participates in electronic health information exchange, or HIE. New technology allows a provider or a health plan to make a single request through a health information organization, or HIO, to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, or health care operations.

You have two options with respect to HIE. First, you can permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything. Second, you can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form available at <http://www.khie.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

AMBERWELL HEALTH NOTICE OF PRIVACY PRACTICES

Effective: 03/01/2020

If you have questions regarding HIE or HIOs, please visit <http://www.khie.org> for additional information. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider about what action, if any, you need to take to restrict access.

OUR DUTIES

- We are required by law to maintain the privacy of PHI and to provide individuals with this Notice of our legal duties and privacy practice regarding health information.
- We are required to notify you if there is a breach of your unsecured PHI.
- We are required to follow the terms of the current Notice.
- We may change the terms of this Notice and the revised Notice will apply to all health information in our possession. If we revise this Notice, a copy of the revised Notice will be posted and a copy may be requested from our Privacy Officer at the number listed at the beginning of this form.

COMPLAINTS

If you believe your rights with respect to health information have been violated, you may file a complaint with Amberwell Health or with the Secretary of the Department of Health and Human Services. To file a complaint with Amberwell Health, please contact the Privacy Officer at (913) 360-5319.