



## Notice of Privacy Practice



821 Westwood Dr.  
Sedalia, MO 65301

305 W. Main St.  
Sedalia, MO 65301

1825 Atchison Ave.  
Marshall, MO 65340

17571 N. Dam Access Rd.  
Warsaw, MO 65355

1109 Clay Rd.  
Versailles, MO 65084

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Katy Trail Community Health (KTCH) is required under the federal health care privacy rules (the “Privacy Rules”) to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, claims, and payment history (collectively, “Personal Health Information (PHI)”). We are also required to provide you with this privacy notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your PHI. This privacy notice will be posted in a prominent location in the health center home and will be posted on our website.

This privacy notice will be followed by all KTCH personnel, volunteers, students, trainees, and healthcare professionals who treat you. This notice also covers other healthcare professionals that come to KTCH facilities to care for patients (such as physicians, behavioral health specialists, psychologists, and other healthcare professionals not employed by KTCH), unless these other healthcare professionals provide you their own privacy notice that describes how they will protect your medical and dental information. KTCH may share your medical and dental information with these other healthcare professionals for treatment, payment, and healthcare operation purposes.

We are required to follow the terms of this privacy notice unless (and until) it is revised. We reserve the right to change the terms of this privacy notice and to make the new notice provisions effective for all PHI that we maintain and use, as well as for any PHI that we may receive in the future. Should the terms of this privacy notice materially change, we will promptly make a revised copy of the notice available to you and post the revised notice in the clinical facility and on the KTCH website. The changes will go into effect retroactively to the initial date of the privacy notice.

### **PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

1. **General Uses and Disclosures-** Under the privacy notice, we are permitted to use and disclose your PHI for the following purposes and in support of the following, without obtaining your permission, unless state or federal law apply:

- ❖ **Treatment**

We are permitted to use and disclose your PHI in the provision and coordination of your health care. For example, we may disclose your PHI to your physician and other healthcare personnel who have a need for such information for your care and treatment.

- ❖ **Payment**

We are permitted to use and disclose your PHI for the purposes of determining coverage, billing, and reimbursement. This information may be released to Medicare, Medicaid, an insurance company, or other authorized entity or person involved in the payment of your healthcare bills and may include copies or portions of your health record which are necessary for payment of your bill. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment. You are permitted and have the right to restrict disclosures to your health plan related to services for which you pay “out of pocket”.

❖ **Healthcare Operations**

We are permitted to use and disclose your PHI for our healthcare operations, including, but not limited to quality assurance, auditing, credentialing activity, and for educational purposes. For example, we can use your PHI to internally assess our quality of care provided to patients.

❖ **Uses and Disclosures Required by Law**

We may use and disclose your PHI when required to do so by law. We may also disclose your PHI in legal proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request. We may disclose your PHI to law enforcement officials when required to do so by law.

❖ **Public Health Activities**

We may disclose your PHI for public health reporting, including, but not limited to reporting communicable diseases and vital statistics; reporting product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.

❖ **Abuse and Neglect**

We may disclose your PHI to a local, state, or federal government authority if we have a reasonable belief that abuse, neglect or domestic violence has occurred.

❖ **Regulatory Agencies**

We may disclose your PHI to a healthcare oversight agency for activities authorized by law. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.

❖ **Coroners, Medical Examiners, Funeral Directors**

We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

❖ **To Avert Threats to Health and Safety**

We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public or is necessary for law enforcement to identify or apprehend an individual.

❖ **Specialized Government Functions**

Under limited circumstances, we may disclose your PHI as required by military command authorities or for national security reasons.

❖ **Workers' Compensation**

We may disclose your PHI to your employer to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

❖ **For Appointment Reminders/ Treatment Alternatives**

We may use and disclose your PHI to contact you for appointments or other scheduled services, or to provide you with information regarding treatment alternatives or other health related benefits and services that may be of interest to you.

❖ **Marketing**

We may use or disclose your PHI to communicate marketing materials with you about products or services that have to do with, but not limited to, your treatment, case management, and care coordination. The sale of your PHI for paid marketing will require your written authorization.

❖ **Fundraising**

We may use and disclose your PHI to make a fundraising communication to you, or your representative, for the purpose of raising funds for our own benefit. Included in such fundraising communications will be instructions describing how you may ask not to receive future communications.

❖ **Disclosure to Business Associates**

Other individuals and companies provide management assistance to us. Under the Privacy Rule, these individuals and companies are called Business Associates. We may disclose your PHI to Business Associates who provide services to us. Our Business Associates are required to protect the confidentiality of your PHI.

❖ **Other Uses and Disclosures**

In addition to the items outlined above, we may use and disclose your PHI (without your written permission) for other purposes permitted by the Privacy Rules.

2. **Uses and Disclosures Which Require an Opportunity to Verbally Agree or Object**

Under the Privacy Rules, we are permitted to use your PHI for the creation of facility directories, and to disclose your PHI to disaster relief agencies, and to family members, close personal friends or any other persons identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your PHI. We will ask that you identify at least one personal representative with whom we should discuss your care and treatment.

3. **Uses and Disclosures Which Require Your Written Authorization**

As required by the Privacy Rules, all other uses and disclosures of your PHI (not described above) will be made only with your written permission, which is called an Authorization. You have the right to restrict disclosures to your health plan for any services that you pay for "out of pocket". In addition, in order to disclose your PHI to a company for paid marketing purposes as well as other certain marketing purposes, we must obtain your Authorization. Most uses of mental health notes maintained by the health center will require your Authorization. Any uses or disclosures not described in this Privacy Notice will be made only with your Authorization. Under the Privacy Rules, you may revoke your Authorization at any time. The revocation of your Authorization will be effective immediately, as long as you do so in writing, except to the extent that we have relied upon it previously for the use and disclosure of your PHI; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself.

4. **Patient Rights**

❖ **Right to Request a Closed Exam Room or Operatory**

At any time, you have the right to request an exam room or an operatory that is not in an open space.

❖ **Right to Inspect and Copy Your Health Information**

Upon written request, you have the right to inspect and copy your own PHI contained in a designated record set, maintained by or for us. A "designated record set" contains health and billing records, as well as any other records that we use for making decision about you. However, we are not required to provide you access to all PHI that we maintain. For example, this right of access does not extend to mental health notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that certain denials to inspect and copy your PHI be reviewed. If you request a copy or summary of explanation of your PHI, we may charge you a reasonable fee for copying costs, including the cost of supplies and labor, postage, and any other associated costs in preparing the summary or explanation. Any records given to you or anyone that you specify are your responsibility.

❖ **Right to Request Restrictions on the Use and Disclosure of Your PHI**

You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment and healthcare operations, as well as disclosures to persons involved in your care or payment for your care, such as family members or close friends. We will consider, but do not have to agree to, such requests.

❖ **Right to Request an Amendment of Your Health Information**

You have the right to request an amendment of your PHI. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not PHI maintained by or for us; is PHI that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.

❖ **Right to an Accounting of Disclosures of Your PHI**

You have the right to receive an accounting of disclosures of your PHI made by us within six (6) years prior to the date of your request. The accounting will not include: disclosures related to treatment, payment or healthcare operations; disclosures to you or your personal representative; disclosures based on your written Authorization; disclosures that are part of a Limited Data Set; incidental disclosures; disclosures to persons involved in your care or payment for your care; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures for national security purposes.

❖ **Right to Alternative Communications**

You have the right to receive confidential communications of your PHI by a different means or at a different location than currently provided. We will accommodate reasonable written requests.

*If you want to exercise any of these rights, please contact our Privacy Officer listed below. We will ask that all requests be submitted to us in writing on a designated form (which we will provide to you) and returned to the attention of our Privacy Officer at the address listed below. In some cases, we may charge you a reasonable cost-based fee to carry out your request.*

**CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION**

If you have questions and/or would like additional information regarding the uses and disclosures of your PHI, you may contact our Privacy Officer.

Phone: 660-826-4774

Fax: 866-208-0157

Address: Privacy Officer

821 Westwood Dr.

Sedalia, MO 65301

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints submitted directly to us must be in writing and sent to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.