

Knueppel HealthCare Services, Inc. Privacy Notice

Knueppel HealthCare Services, Inc. (KHS) is required by law to adhere to a federally mandated set of security requirements and privacy provisions covering the sharing and transmitting of patient information whether written, spoken or computerized. KHS reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI)

- PHI is considered to be information that can be used to identify an individual and/or that individual's health status and is used by a covered entity in electronic transactions and maintained or transferred in any medium, including paper documents. KHS uses and discloses PHI about its patients for purposes of treatment, payment and healthcare operations. For example:
- Treatment: KHS may disclose information about you to a physician, nursing service or other healthcare professional involved in your care.
- Payment: It may be necessary to use and disclose your health care information in order to obtain payment for services rendered to you or for pre-authorization, billing and collection purposes.
- Healthcare Operations: KHS may use and disclose your healthcare information as it pertains to our healthcare operations in areas such as performance improvement, outcomes analysis, accreditation, certification, licensing or credentialing activities.
- Legal Requirements: When required by federal, state or local law, we may use or disclose your health care information. This includes response to a court ordered subpoena, lawsuit proceedings, compliance with civil rights laws and the health care system in general.
- Marketing Related Services: KHS does not sell patient data to third party sources for marketing purposes.
- Public Health Risks: KHS may disclose PHI to public health authorities that are authorized by law to collect information for the purposes of reporting suspected abuse or neglect. PHI may be disclosed in order to notify patients of potential exposure to communicable disease or risk of spreading or contracting a disease.
- National Security: KHS may disclose your PHI to federal officials for intelligence or national security purposes. If you are a member of the military your PHI may be disclosed if required by appropriate command authorities.
- Family and Friends: KHS may disclose your PHI to family or friends involved in your care, however, a signed authorization or legal document must be on record prior to disclosure. In instances where the patient's authorization is unable to be obtained and a good faith effort was made, KHS staff will use their professional judgment to disclose PHI and will only disclose PHI required for immediate care or service.

PATIENT RIGHTS REGARDING THEIR PHI

- Confidential Communications: You have the right to request that KHS communicate with you about your health and related issues in a particular manner or location. A written request must be made and KHS will attempt to accommodate all reasonable requests.
- Requesting Restrictions: You have the right to request a restriction in our use and disclosure of your PHI. Additionally, you have the right to request that KHS limits the disclosure of your PHI to family and friends. KHS is not required to abide by your request but every effort will be made to accommodate. Your request must be made in writing and specify clearly the information that you want restricted, if there are limits to the use and disclosure and to whom the limits apply.
- Inspection and Copies: You have the right to inspect and obtain a copy of the PHI that is used to make decisions about you and your care. You must submit your request to examine in writing. Records will be available by appointment only and during KHS operating business hours.
- Amendment: You may ask KHS to amend your PHI if you believe it is incorrect or incomplete. To request an amendment you must submit, in writing, the reasons why the PHI should be amended. Requests for amendment may be denied by KHS if the request is for information that is undeniably correct, not part of the original record, information not created by KHS or if the amended information was not part of the PHI which you were permitted to inspect.
- Accounting Disclosures: All KHS patients have the right to request an "accounting of disclosures" which is a list of certain disclosures KHS has made of your PHI. To obtain this accounting of disclosures, a written request must be submitted. Requests must state a time period and cannot exceed 6 years prior. Charges will be assessed for requests in excess of 10 pages and/or for all information over 12 months old.
- Right to a Paper Copy of this Notice: You are entitled to receive a paper copy of KHS's privacy policies.
- Right to File a Complaint: If you believe that your privacy rights have been violated, you may file a complaint with KHS or with the U.S. Department of Health and Human Services. All complaints must be made in writing and there will be no penalty for doing so.
- Right to Provide an Authorization for Other Uses and Disclosures: KHS will obtain your written authorization for uses and disclosures that are not identifiable by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, KHS will no longer use or disclose your PHI. However, KHS is required to retain your records of care.

SUMMARY

- KHS patients have the right to expect that their PHI will be held in the strictest confidence and will not be disclosed to entities outside the realm of care and/or payment. As your health care provider, KHS respects your expectation of privacy and has instituted safeguards within the organization to meet this expectation. Patient records are secured and protected through various internal processes and procedures.
- Consent and authorization to disclose PHI must be granted by the patient prior to or at the time of performing services or submitting for third party payment of services. Consent to disclose PHI is obtained through patient authorization on the Assignment of Benefits form and/or the signed delivery ticket/receipt.

**INDIVIDUALS SEEKING FURTHER INFORMATION SHOULD CONTACT KHS'S LEAD COMPLIANCE OFFICER AT
414-258-2800 OR 1-800-942-6422**