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### **Notice of Privacy Practices**

**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.** While our office is currently not a HIPAA covered entity, we respect and follow patient confidentiality guidelines this statement outlines our privacy practices. State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices, which we must follow, by providing you with this Notice. Our office staff will be glad to provide you with a paper copy of this Notice upon your request. This updated notice is effective April 6, 2014. It is our right to change the terms of this Notice, making the new Privacy Practices effective for all health information that we maintain – we will promptly post (and distribute, when the change is a material one) such changes of our Notice of Privacy Practices in the waiting room of our office.

**Typical Uses and Disclosures of Health Information.** We will keep your health information confidential, using it only for the following purposes:

**Treatment:** We may use your health information to provide you with our professional services. Our office staff are all required to sign a confidentiality statement and are required to maintain your privacy when they access or view your protected health information.

**Disclosure:** We may disclose and/or share your health information with other health care professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy similar to this one. If your provider maintains psychotherapy notes as part of your care, an authorization is required to release those psychotherapy notes to another health care professional or other entity. Psychotherapy notes are defined as notes that are made by a mental health professional documenting the contents of their discussions with you during a counseling session. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

**Payment:** We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances. If you pay for our services out-of-pocket and in full without use of health insurance, you also have the right to restrict release of information to your health plan.

**Minors:** We may disclose health information about minors to their parents, guardians, or other persons acting in loco parentis, in accordance with our legal and ethical responsibilities.

**Emergencies:** In case of any emergency involving your care, your location, or your general condition; we may use or disclose your health information to notify (or assist in the notification of) a family member or anyone responsible for your care. If at all possible we will provide you with an opportunity to object to this use of disclosure. Under emergency conditions or if you are incapacitated, we will use our professional judgment to disclose only that information directly relevant to your care. We will also use our professional judgment to make reasonable inferences of your best interest by allowing someone to pick up prescriptions, forms, letters and/or supplies unless you have advised us otherwise.

**Healthcare Operations:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our office staff, insurance company reviewers and individuals performing similar activities. In our waiting room we have a sign-in sheet and may call you by your first and/or last name.

**Required by Law:** We may use or disclose your health information when we are required to do so by law – e.g., Court or administrative orders, subpoena, discovery request, or other lawful process. We will use and disclose your information when requested by national security, intelligence and other State and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**Public Health Responsibilities:** We will disclose your health information to report problems with products, reactions to medications, product recalls, disease/infection exposure and to prevent and control disease, injury and/or disability.

**National Security:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, including but not limited to, voicemail messages, postcards or letters.

**Worker's Comp:** We may disclose your health information as authorized to comply with worker's compensation laws.

**Other:** Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your authorization at any time in writing except to the extent that we have already taken action in reliance on your authorization.

### **Your Privacy Rights as Our Patient**

**Access:** You may request to receive confidential communications about your health information from us. You may request such communications by an alternative means convenient to you (such as by mail or phone) and we will honor such preferences as appear reasonable to us. Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian). There will be some limited exceptions. If you wish to examine your health information, you will need to submit a written request to our office. Once approved, an appointment can be made to review your records. Our Privacy Contact at our office (Cindy) can give you information regarding the fees for copies (or a summary or an explanation) of your health information. Under federal regulations, our office must respond to requests for access within 30 days with a one-time 30 day extension allowed if necessary.

**Electronic Records:** Our office does not currently use electronic records, therefore copies of your medical record cannot be provided electronically.

**Amendment:** You have the right to have us amend your healthcare information if you feel it is inaccurate or incomplete. Your request must be in writing and include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Non-routine Disclosures:** You have the right to receive a list of non-routine disclosures we have made of your health information—i.e., instances in which we, or our business associates, disclosed your health information for reasons other than treatment, payment or healthcare operations. You can request such a list going back as far as six (6) years, but not past September 1, 2009, when the Notice was initially put in place. In the case of any breach of your privacy or unauthorized release of your protected health information, you will be notified by our office. All privacy breaches are reportable to the U.S. Department of Health and Human Services unless our office can demonstrate that there is a low likelihood that your protected health information was compromised.

**Restrictions:** You have the right to request that we place additional restrictions on our use of disclosure of your health information, but if we do, we will abide by our agreement – except in emergencies. If you pay for our services out-of-pocket and in full without use of health insurance, you also have the right to restrict release of information to your health plan. Please submit such requests in writing to our Privacy Contact at our office.

**Deceased Patients:** Protected health information remains protected for 50 years following a patient's death. Limited patient health information may be disclosed if necessary to professionals involved in the patient's care or if needed for payment for care provided prior to the patient's death.

### **Questions and Complaints**

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Please submit such requests in writing to our Privacy Contact. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. We support your right to the privacy of your health information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Revised: 6-18-12; 2-17-13; 9-22-13; 4-6-14