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Notice of Privacy Practices
8340 Mission Rd, Suite 210
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Your Information, Rights and Responsibilities (this notice describes how medical information about you may be used and disclosed and how you can get access to this information). Please review carefully.

You have the *Right* to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated.

You have some *Choices* in the way we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government agencies
- Respond to lawsuits and legal actions.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

1. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
2. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
3. You can ask us to correct health information about you that you think is incorrect or incomplete. *Ask* us how to do this.
4. We may say "no" to your request, but we'll tell you why in writing within 60 days.
5. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
6. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
7. 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 say "yes" unless a law requires us to share that information.
8. You can ask for a list (accounting) of times we've shared our health information for six years prior to the date you ask, who we shared it with, and why.
9. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
10. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
11. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
12. We will make sure that the person *with* this authority can act for you before we take any action.
13. You can complain if you feel we have violated your rights by contacting us.
14. 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, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
15. We will not retaliate against you for filing a complaint.

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, talk to us. Tell us what you want us to do and we will follow your instructions.

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 case; share information in a disaster relief situation; or include your information in a hospital directory. We *never* share your psychotherapy notes unless you give us written permission.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

1. We can share your information with other healthcare professionals who are treating you.
 - a. Example, a doctor is treating you for an injury but asks another doctor about you overall health.
2. We can use and share your information to run our practice, improve your care, and contact you when necessary.
 - a. Example, we use health information about you to manage your treatment and services.
3. We can use and share your health information to bill and receive payment from health plans or other entities.
 - a. Example, we give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, visit the following webpage:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

We can share health information about you for

1. Preventing disease
2. Helping with product recalls
3. Reporting adverse reactions to medications
4. Reporting suspected abuse, neglect or domestic violence
5. Preventing or reducing a serious threat to anyone's health or safety.

We can use or share your information for health research. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with Federal privacy laws.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

We can use or share health information about you for

1. Workers' compensation claims
2. Law enforcement purposes or with a law enforcement officials
3. Health oversight agencies for activities authorized by law
4. Special government functions such as military, national security, and presidential protective services.
5. Responses to court, administrative orders, or in response to a subpoena.
6. Improve your care by communication with other health care providers involved in your treatment such as a family doctor or another therapist.

Our Responsibilities

We are required by law to maintain the privacy and security of protected health information. We will let you know promptly 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 give you a copy of it. We will not use or share your information other than described here unless you tell us we can, in writing. You can change your mind at any time by again letting us know in writing.

For more information, visit the following webpage:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.

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.

Effective 01/15/2024 for LeCuyer and Jones