

# HIPAA Notice of Privacy Practices

Effective as of November 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.

Missouri: Cerner Health Connections, Inc. ("Healthe Clinic", "us" or "we") is required by law to take reasonable steps to ensure the privacy of your health information and to:

Kansas: Cerner Health Connections, Inc. ("Healthe Clinic", "us" or "we") and SCB Medical Contracting, LLC is required by law to take reasonable steps to ensure the privacy of your health information and to:

- (1) Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- (2) Notify you if you are affected by a breach of unsecured PHI; and
- (3) Follow the terms of the notice that is currently in effect.

You also may have additional rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

The Cerner Corporation Wraparound Benefits Plan or the insurance company that provides your medical insurance may have different policies or notices about the disclosure of your medical information in its possession.

Important Information in regard to the party that may be providing you treatment:

Your treatment at the Healthe Clinic may include, but is not limited to, physicians, chiropractors, acupuncturists, nurse practitioners, behavioral health providers, physician assistants, physical therapists, or other allied health professionals (each a "Provider"). This notice will apply to services provided to you on behalf of the Healthe Clinic Providers at the following locations: the Healthe Clinic: 2901 Rockcreek Parkway, Kansas City, Missouri 64117; 10234 Marion Park Drive, Kansas City, Missouri 64137; 10200 Abilities Way, Kansas City, Kansas 66111; 8779 Hillcrest Road, Building 1024.1, Kansas City, Missouri 64138; 3315 North Oak Trafficway, Kansas City, Missouri 64116; 777 Northwest Blue Parkway, Lee's Summit, Missouri 64086.

## Section 1. How We May Use and Disclose Medical Information About You

This section summarizes the situations in which we may use and disclose your medical information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use or disclose medical information will fall within one of the categories.

**Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, behavioral health providers, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may also share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as telephoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays.

We participate with other healthcare providers in a Health Information Exchange program. We provide health information about you to this Health Information Exchange. This information is protected and can only be accessed for your treatment, payment associated with your treatment, and limited healthcare operations on a need to know basis by other healthcare providers who provide treatment to you.

**Payment.** We may use and disclose medical information about you to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from providers, to determine benefit responsibility or to coordinate coverage. For example, we may need to give your health plan information about a service you received at the Healthe Clinic so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**Health care operations.** We may use or disclose medical information about you for our operations which are necessary to run the Healthe Clinic. For example, we may use health information about all or many of our members in connection with disease management, case management, auditing functions or quality assessment and improvement activities. We also may use the information to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

**Storage.** We may store medical information about you, electronically or in hardcopy form, with third party suppliers under contract with us to administer and manage the storage of such records.

**Appointment Reminders.** We (or a third-party supplier) may contact you as a reminder that you have an appointment for treatment or medical care at the office.

**Treatment Alternatives.** We may use or disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related products or services that may be of interest to you.

**As required by law.** We will disclose medical information about you when required to do so by federal, state, or local law.

**Public Health Risks.** For public health activities that are permitted or required by law, we may disclose medical information:

- To report births or deaths;
- To prevent or control disease, injury or disability;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;

- To notify a person who may have been exposed to a disease or condition; and
- To notify the appropriate government authority if we believe a member has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a public health oversight agency for activities authorized by law. This includes, for example, audits, investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers), and other activities necessary for appropriate oversight of the health care system and government benefit programs.

**Lawsuits, Judicial or Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose your medical information in response to a subpoena or discovery request provided certain conditions are met.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- About the victim of a crime, if, under limited circumstances, we are unable to obtain the individual's agreement.
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the Health Clinic; and
- In emergency circumstances: to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties.

**Research.** Under certain circumstances, we may use or disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.

**To Avert a Serious Threat to Health or Safety.** We may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Workers' Compensation.** We may release information when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

**Notification/Communication with Family or Those Involved in Your Care.** We may disclose your medical information to family members, other relatives or another person responsible for your care if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Fundraising Activities.** Not Applicable. We will not use medical information about you to contact you in an effort to raise money for the Health Clinic and its operations.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Student Shadowing:** The Health Clinic provides shadowing experiences for medical and nursing students. After acknowledging HIPAA requirements at our Clinic these students may have access to information on a limited basis as they shadow our provider's.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Specialized Government Functions.** We may release medical information about you to authorized federal officials for military, intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## **Section 2. Additional Restrictions and When We May Not Use or Disclose Your Health Information.**

The Health Clinic is not allowed to directly or indirectly receive remuneration in exchange for any of your protected health information unless you provide us with a valid authorization that includes a specification of whether the protected health information can be further exchanged for remuneration by the Health Clinic. If the purpose of the exchange of protected health information is for any of the following, the foregoing sentence, along with its obligations, will not apply:

- Public health activities (as described in section [164.512](#)(b) of title 45, Code of Federal Regulations).
- Research (as described in sections [164.501](#) and [164.512](#)(i) of title 45, Code of Federal Regulations) and the price charged reflects the costs of preparation and transmittal of the data for such purpose.
- The treatment of the individual, subject to any regulation that the Secretary may promulgate to prevent protected health information from inappropriate access, use, or disclosure.
- The health care operation specifically described in subparagraph (iv) of paragraph (6) of the definition of healthcare operations in section [164.501](#) of title 45, Code of Federal Regulations.
- For remuneration that is provided by the Health Clinic to a business associate for activities involving the exchange of protected health information that the business associate undertakes on behalf of and at the specific request of the Health Clinic pursuant to a business associate agreement.
- To provide an individual with a copy of the individual's protected health information pursuant to section [164.524](#) of title 45, Code of Federal Regulations.
- Any other purpose otherwise determined by the Secretary in regulations to be similarly necessary and appropriate as the exceptions provided in the above bullet points.

Before we can use or disclose your medical information for a reason that is not listed in Section 1 of this Notice, we are required to obtain your written authorization. We will obtain your written authorization for: (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of PHI for marketing purposes, as defined by HIPAA; and (iii) disclosures that constitute a sale of PHI, as defined by HIPAA. You may revoke your authorization at any time, but you must do so in writing. Your revocation will be effective upon receipt, but will not be effective to the extent that Health Clinic or others have acted in reliance upon the authorization. You can obtain an authorization form by contacting us in writing at the contact office listed at the end of this Notice.

## **Section 3. Your Rights Regarding Your Medical Information**

This section describes your rights regarding the medical information we maintain about you. We will not retaliate against you if you exercise these rights, nor will we require you to waive these rights.

In some cases, your medical information is maintained by our business associates who we have contracted with to provide certain services, rather than by us. In order to help you exercise the rights discussed below, we may instruct you to contact our business associates directly.

#### A. Right to Request Restrictions

You may request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, in certain instances, we are not required to agree to your request. We are obligated to comply with your request if the following requirements are met: except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and the protected health information pertains solely to a health care item or service for which the Health Clinic has been paid out of pocket in full.

We will accommodate reasonable requests to receive communications of medical information by alternative means or at alternative locations.

To request restrictions, you or your personal representative must make your request in writing. Such written requests should be made to the contact office listed at the bottom of this Notice.

#### B. Right to Inspect and Copy and/or Receive a Copy

You have a right to inspect and obtain a copy of your medical information used to make decisions about your care. Usually this includes medical and billing records.

You also have the right to obtain from the Health Clinic a copy of such medical information in an electronic format and, if you so choose, you may direct the Health Clinic to transmit such copy directly to an entity or person that you designate. Such choice must be clear, conspicuous, and specific.

To inspect and copy or receive an electronic copy of such medical information, you or your personal representative must submit your request in writing, using the designated form, to the contact office listed at the bottom of this Notice. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies (supply costs shall not applicable if a copy is requested in electronic format) associated with your request.

We may deny your request in certain limited circumstances. If access is denied, we will provide you in writing the reason for the denial, a description of how you may exercise your review rights, and a description of how you may file a complaint to the Secretary of the U.S. Department of Health and Human Services.

#### C. Right to Amend

You have the right to request us to amend your medical information if you feel that medical information we have about you is incorrect or incomplete for as long as the medical information is maintained by us. We may deny your request under certain circumstances. If your request is denied in whole or in part, we will provide you in writing a reason for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your medical information.

To request an amendment, you or your personal representative must submit your request in writing, using the designated form, to the contact office listed at the bottom of this Notice. Your written request must include a reason to support the amendment.

#### D. The Right to Receive an Accounting of Medical Information Disclosures

At your request, we will also provide you with an accounting of the disclosures of your medical information made by us during the six (6) years prior to the date of your request. We do not, however, have to account for disclosures made: (1) to carry out treatment, payment or health care operations; (2) to correctional institutions or law enforcement officials; (3) for national security or intelligence purposes; (4) to you; (5) prior to the HIPAA Privacy Rule compliance date of April 14, 2003; or, (6) based on your written authorization.

If you request more than one accounting in a 12-month period, we may charge a reasonable, cost-based fee for each subsequent accounting.

#### E. The Right to Receive a Paper Copy of This Notice Upon Request

Requests to obtain a paper copy of this Notice should be made to the contact office listed at the bottom of this Notice. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

#### **Section 4. Changes to This Notice**

We reserve the right to change this Notice and to apply the changes to any medical information we already have about you as well as any information we receive in the future. We will make the current notice easily accessible at our reception desk and on our website. In addition, you may request a hard copy of the current notice in effect at any time.

#### **Section 5. Complaints**

If you believe that your privacy rights have been violated, you may contact the office listed at the bottom of this Notice.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

We will not retaliate against you for filing a complaint.

#### **Section 6. Contact Office**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the following Provider representative:

Health Clinic – Privacy Officer – Jessica Blanton, Privacy Officer  
2901 Rockcreek Parkway  
Kansas City, MO 64117  
Ph. # 816-201-2273  
Fax # 816-448-0020  
Email: Jessica.Blanton@cerner.com

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Signature of Member, Guardian, or Representative

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Date