

**NOTICE OF PRIVACY PRACTICES
OF
THE ATTENTION AND LEARNING CLINIC**

**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.**

**Effective: September 19, 2005
If you have any questions or requests, please contact:**

The Attention and Learning Clinic
1900 Amidon, Ste. 200, Wichita, KS 67203
Phone: 316-558-8085
Fax: 316-558-8086

**Table of Contents and Brief Overview
(Please refer to full document for details)**

- A. We have a legal duty to protect health information about you.
- B. We may use and disclose Protected Health Information (PHI) about you without your authorization in the following circumstances.
 - 1. We may use and disclose PHI about you to provide urgent health care treatment to you.
 - 2. We may use and disclose PHI about you to obtain payment for services.
 - 3. We may use and disclose PHI about you for health care operations.
 - 4. We may use your PHI for research, education, and training purposes. All identifying information will be disguised or deleted, unless we receive explicit permission from you.
 - 5. We may use PHI for supervision purposes in order to provide you the highest quality of care.
 - 6. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.
 - 7. We may contact you to provide appointment reminders.
 - 8. We may contact you with information about treatment, services, products or health care providers.
- C. You have several rights regarding PHI about you.
 - 1. You have the right to request restrictions on uses and disclosures of PHI about you.
 - 2. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.
 - 3. You have the right to inspect and obtain a copy of your health record except for raw data and secured testing items.
 - 4. You have the right to request different ways to communicate with you
 - 5. You have the right to request amendment of PHI about you.
 - 6. You have the right to a listing of disclosures we have made.
 - 7. You have the right to revoke your authorization to use or disclose your PHI except to the extent that action has already been taken.
- D. You may file a complaint about our privacy practices.
- E. Effective date of this Notice is September 19, 2005.

A. We Have A Legal Duty to Protect Health Information About You

We are required by law to protect the privacy of health information about you and that can be identified with you, which we call "protected health information," or "PHI" for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about: your past, present, or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We may only use and/or disclose PHI as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Posting the revised notice in our offices;
- Making copies of the revised notice available upon request
- Posting the revised notice on our website.

B. We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances

- 1. We may use and disclose PHI about you to provide urgent health care treatment to you.
We may use and disclose PHI about you to provide, coordinate or manage your health care and related services in urgent situations. However, in non-urgent, we will obtain a specific release of information before giving or receiving information from your other healthcare providers.
- 2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your health information to others to bill and collect payment for the treatment and services provided to you by us. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for

approval of payment before we provide the services. We may also share portions of medical information about you with the following:

- Collection departments or agencies, or attorneys assisting us with collections;
- Insurance companies, health plans and their agents which provide you coverage;
- Consumer reporting agencies (e.g., credit bureaus).

3. We may use and disclose PHI about you for health care operations.

We may use and disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs.

4. We may use your PHI for research, education, and training purposes. All identifying information will be disguised or deleted, unless we receive explicit permission from you.
5. We may use PMI for supervision purposes in order to provide you the highest quality of care.
6. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.

We may use and/or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- *When the use and/or disclosure is required by law.* For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- *When the disclosure relates to victims of abuse, neglect or domestic violence.*
- *When the use and/or disclosure is for health oversight activities.* For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- *When the disclosure is for judicial and administrative proceedings.* For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- *When the use and/or disclosure relates to psychological research.* Under certain circumstances, we may disclose PHI about you for psychological research.
- *When the use and/or disclosure is to avert a serious threat to health or safety.* For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- *When the use and/or disclosure relates to specialized government functions.* For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- *When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.* For example, in certain circumstances, we may

disclose PHI about you to a correctional institution having lawful custody of you.

7. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care. We do not mask our telephone number; it can be identified by Caller ID. If you prefer us not to call you for appointment reminders or for other reasons, please state so in writing.

8. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers.

**** ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION ****

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing by contacting The Attention and Learning Clinic. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

C. You Have Several Rights Regarding PHI About You

1. You have the right to request restrictions on uses and disclosures of PHI about you.
2. You have the right to receive a paper copy of this Notice of Privacy Practices upon request.
3. You have the right to inspect and obtain a copy of your health record except for raw data and secured testing items.
4. You have the right to request different ways to communicate with you.
5. You have the right to request amendment of PHI about you.
6. You have the right to a listing of disclosures we have made.
7. You have the right to revoke your authorization to use or disclose your PMI except to the extent that action has already been taken.

D. You May File A Complaint About Our Privacy Practices

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, you can contact Frederick Volweider at 316-558-8085. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services at 200 Independence Avenue Southwest, Washington, D.C., 20201; 202-619-0257.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

E. Effective Date of this Notice

This Notice of Privacy Practices is effective on September 19, 2005.