

The Plastic Surgery Clinic

Dr. Kenneth A. Fischer

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Notice of Privacy Practices

Effective Date: April 10, 2003

This Notice Describes How Medical Information About You May be Used or Disclosed and How You Can Get Access to this Information.

Please Review It Carefully

The general policy of the office is to provide to a patient, as permitted by law, his or her protected health information and to protect the confidentiality of such health information as required by law.

Purpose

To implement compliance with the privacy regulations (45.C.F.R. 164.500 et seq.) issued by the Department of Health and Human Services (HHS) under the Health Improvement, Portability, and Accountability Act (HIPAA), the office has appointed a privacy officer.

Implementation and Personnel Designation

Kenneth A. Fischer is designated as the privacy officer responsible for development and implementation of the policies and procedures for the office.

Jennifer Converse is designated as the contact person responsible for receiving requests and complaints related to access, privacy, amendment, and accountings of protected health information. In addition, any other requests or complaint relating to

PHI issues, such person will be able to provide further information about matters covered in the office's privacy notice.

Uses and Disclosures of Confidential Information

Notice of Privacy Practices for Protected Health Information:

- Will be issued to patients when they present in our office
- Will be available in a notebook in the waiting room
- Contains consent for uses and disclosures to carry out treatment, payment, or health care operations
- Contains patient's rights regarding restrictions on disclosure, inspection and copying health and billing records, amendments to record, accounting of disclosures, alternative means or site of delivery of communications, revoking previous authorizations and denial/appeal processes.
- Designated person for exercising any above rights
- Responsibilities of the practice
- Right to amend, change, or eliminate provisions in our privacy practices
- To whom disclosures may be made

Access of Individuals to Confidential Information

Authorization by the patient is required for any uses or disclosures of PHI not otherwise permitted or required by the HIPAA privacy regulation.

See Addendum for:

Requests for Access and/or copies
Requests to Amend Accounting Disclosures
Additional Privacy Protections/Special
Communication Requests

To Request Information or File A Complaint

For questions, complaints, and additional information or to report a problem regarding the handling of PHI, patients may contact Jennifer Converse. Additionally, if patients believe privacy rights have been violated, a report may be filed to the Secretary of Health and Human Services (address on Privacy Notice).

We cannot and will not require patients to waive the right to file a complaint with HHS as a condition of receiving treatment from the practice.

We cannot and will not intimidate, threaten, discriminate or retaliate against a patient for filing a complaint with the Secretary.

Safeguards

Safeguards are intended to reasonably safeguard protected health information from intentional or unintentional use or disclosure.

The office will put in place appropriate administrative, technical and physical safeguards to protect the privacy of PHI. These safeguards for access control and protection against the unauthorized use,

disclosure, modification, and destruction of information, include, but are not limited to:

Administrative Safeguards

- Established policy for transfer of confidential patient information outside the office: only appropriate information will be transferred to the proper individual. A release/ authorization form will be used when appropriate.
- Staff training shall be implemented prior to the deadline, will be documented and maintained, will be a part of the Employee handbook along with a statement of employee confidentiality. New employees will be trained and the statement signed as a term of employment. Employee Handbook shall be updated as changes occur.
- Business Associates - A person who acts in a capacity other than as a member of the workforce of a practice to perform or assist in the performance of a function or activity involving the use or disclosure of confidential information, or any other function or activity otherwise governed by the privacy regulations.

The practice will obtain satisfactory assurances that the business associate will appropriately safeguard the PHI and deliver information only to authorized individuals. These assurances will be provided by means of an agreement that documents the permitted and required uses and disclosures of confidential information by the business associate. See Addendum: Business Associate Agreement

- The practice will determine that a Confidentiality Statement has been signed by employees of the Manhattan Medical Center including the housekeeping staff.

Technical Safeguards

- All faxes sent will include the confidentiality statement
- Computers will have all available safeguards, including, but not limited to passwords, firewalls, daily backup, off site storage of backup, encrypted email, virus protection and agreements with all vendors.
- A list of all computer systems and software will be maintained.
- Telephone conversations will be protected as much as possible.
- Statements will be protected during transportation to be mailed.
- Passwords will be removed when employees terminate.

Physical Safeguards

- Documents and information will be protected from unauthorized access
- All records will be in secure areas, not displayed for unauthorized viewing
- Incoming faxes will be protected by putting in folders and/or distributed to the proper individual
- Emails shall be protected from unauthorized access
- Notice of Privacy Practices shall be in a notebook in the waiting room. If a website is established, all requirements will be followed.
- When employees are terminated, keys shall be returned and passwords removed. Counseling regarding signed Employee Confidentiality Statement will take place prior to last day of work.

Complaints to the Office

The office has designated a staff member as the contact person for receiving requests and complaints. Notice of this complaint process and information on initiating the complaint is in the Notice of Privacy Practices given to each patient. Furthermore a notebook is in the waiting room with the same information.

If any patient requests a complaint form, they shall be referred to the contact person. The designated staff member shall provide the form to the patient and inform the patient to complete the form and return it.

Upon receipt of the complaint, the designated staff member shall investigate the complaint to consider the merits of the complaint and make a recommendation to the appropriate governing body (doctor).

Upon receipt of the recommendation, the governing body shall make a determination as to the merits of the complaint and direct further action as is necessary. The governing body shall notify the designated staff member to advise the patient of the resolution of the issue. The privacy officer shall maintain copies of all complaints and resolutions.

Sanctions

The office will apply appropriate sanctions against members of its staff who fail to comply with the policies and procedures. Any sanctions shall be documented.

Mitigation

The office will mitigate to the extent practicable any harmful effect that is known to the office because of a violation of privacy regulations or privacy policies.