

**Butler County Community College Health Service
901 S. Haverhill Rd.
El Dorado, KS 67042**

Privacy Notice

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.

Once you sign Butler College Health Service's consent form, we may use and disclose medical information about you in order to carry out your treatment, to obtain payment for services rendered to you and to carry out the operations of the practice. Examples of how we may use and disclose information about you for providing treatment, obtaining payment and operating are:

Examples of uses and disclosures for treatment:

If a nurse practitioner, physician or nurse at the practice refers you for a cardiac stress test and needs to call the cardiologist for results, the clinician may give your name and reason for ordering the stress test to the cardiologist's office.

A nurse practitioner, physician or nurse at the practice may call you from time to time to advise you of new alternatives to your treatments.

Examples of uses and disclosures to obtain payment:

The practice's billing office may submit a claim form, containing your name, address, social security number, diagnoses and the procedures performed in our office to your insurance company.

Examples of uses and disclosures to carry out the operations of the practice:

The practice's nurse practitioners, physicians and nurse may audit (read and comment upon) your chart in order to track and improve our performance in assuring that screening tests and immunizations are done on time.

The practice's staff may mail you reminders of upcoming appointments.

We may leave messages at the telephone numbers you provide, asking you to return our call.

The practice may use or disclose protected health information about you for other purposes, without your consent, if we are required by law to disclose to governmental authorities. Such uses or disclosure may include:

- Suspected abuse child abuse
- Documented communicable disease

The practice will make other uses and disclosure of your protected health information only with your written authorization. You may revoke such authorization.

You have rights regarding your protected health information. You may:

- a. Request restrictions on certain uses and disclosures of protected health information, but we are not required to agree to a requested restriction,
- b. Request that you receive confidential communication of protected health information,
- c. Request to inspect and copy your own projected health information,
- d. Request that your information be amended,
- e. Request an accounting of disclosures of protected health information made by the practice in the past six years
- f. Request a paper copy of this notice.

The practice is required to act on your request within 60 days.

The practice is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

The practice is required to abide by the terms of this notice and to provide individuals with revisions to the notice.

You may complain to the practice or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. File a complaint with the practice by writing [Name of contact at practice, address]. No one will attempt to retaliate against you for filing a complaint.

For more information about this notice, contact Karleen Smith ARNP FNP-C, 316-733-3371 or 316-322-3371.

I have reviewed this notice and believe I understand my right to privacy.

Name: _____

Printed name

Signature or initial: _____

Date: _____