

**PROJECT ACCESS NOTICE OF PRIVACY PRACTICES  
EFFECTIVE NOVEMBER 1, 2013**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

You may request a paper copy of this Notice at any time. Project Access reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created

**HOW PROJECT ACCESS MAY USE AND DISCLOSE HEALTH INFORMATION**

Project Access may use and disclose your health information for the following purposes without your express consent or authorization.

***Treatment.*** We may use your health information to provide you with medical treatment. We may disclose information to doctors, nurses, technicians, medical students, or other personnel involved in your care. We also may disclose information to other persons or organizations involved in your treatment, such as other health care providers, family members, and friends.

We may use and disclose health information to discuss with you treatment options or health-related benefits or services or to provide you with promotional gifts of nominal value. We may use and disclose your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying Project Access and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.

***Payment.*** We may use and disclose your health information as requested by health care providers to assist them in obtaining payment for services they provide to you.

***Health Care Operations.*** We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care. We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

***Business Associates.*** Project Access provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

***Creation of De-Identified Health Information.*** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

***Uses and Disclosures Required By Law.*** We will use and/or disclose your information when required by law to do so.

***Disclosures for Public Health Activities.*** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

***Disclosures About Victims of Abuse, Neglect, or Domestic Violence.*** We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

***Disclosures for Judicial and Administrative Proceedings.*** We may disclose your health information in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

***Disclosures for Law Enforcement Purposes.*** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

***Disclosures Regarding Victims of a Crime.*** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

***Disclosures to Avert a Serious Threat to Health or Safety.*** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

***Disclosures for Specialized Government Functions.*** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

***Disclosures for Fundraising.*** We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for Project Access. You have a right to opt out of receiving such fundraising communications.

## **OTHER USES AND DISCLOSURES**

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this Notice. You may revoke such authorization, in writing, at any time to the extent Project Access has not relied on it.

## **REQUESTS REGARDING YOUR HEALTH INFORMATION**

***Inspect and Copy.*** You may request in writing to inspect and copy your health information maintained by Project Access. If you request copies, we may charge a reasonable fee.

***Amendment.*** If you believe your records contain inaccurate or incomplete information, you may request in writing that we amend the information. Project Access's Privacy Officer is the only person who has the authority to approve such a request.

***Restrictions on Uses and Disclosures.*** You may to request in writing a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. The Privacy Officer is the only person who has the authority to approve such a request.

***Accounting of Disclosures.*** You may request in writing an accounting of certain disclosures of your health information made by Project Access.

***Alternative Methods of Communication.*** You may request in writing that we communicate with you in a certain way or at a certain location. The Privacy Officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

## **COMPLAINTS**

If you believe your rights with respect to health information have been violated, you may file a complaint with Project Access or with the Secretary of the Department of Health and Human Services. To file a complaint with Project Access, please contact the Privacy Officer, [Project Access 1102 South Hillside Wichita, KS 67211]. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**