

NOTICE OF PRIVACY PRACTICES

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that required that all medical records and other individually identifiable health information used or disclosed by us (Midwest Health Center) in any form, whether electronically, on paper, or orally, are kept confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for the misuse of personal health information.

This is an explanation of how we are required to maintain the privacy of your personal health information and how we may use and disclose your personal health information.

We may use and disclose your medical records only for:

- **Treatment:** Treatment means providing, coordinating, or managing health care and related services by one or more health care providers.
- **Payment:** Payment means such activities as obtaining reimbursement for services, verifying coverage, billing or collection activities, and reviews. An example would be sending a claim of your visit to your insurance company for reimbursement.
- **Health Care Operations:** Health care operations include the business aspects of running our practice, such as conducting quality assessments and improvements, auditing functions, cost-management analysis, and customer services. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information. Example: To send an explanation of benefits to a insurance company for payment. Any patient listed on the explanation of benefits that is not the patient to receive insurance payment, will be blacked out on the explanation of benefits.

We may contact you, by mail, email or phone, to provide appointment reminders or for other health-related benefits or services that may be of interest to you. Example: by phone: appointment reminders or to update insurance information.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer at our clinic:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family member or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree, in writing, to remove the restriction.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of the notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of November 01, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provision effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from our office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health and Human Services, Office of Civil Rights, about the violations of the provisions of this notice or the policies and procedures of our office.

Please contact us for more information:

Midwest Health Center P.C.
1101 E. 7th St.
Atlantic, IA 50022
712-243-5790
Privacy Officer: James Kickland, DC

For more information about HIPAA or to file a complaint:

The US Department of Health and Human Services
Office of Civil Rights
200 Independence Ave., SW
Washington, DC 20201
(202) 619-0257
Toll Free: (877) 696-6775