

# Lincoln Center OB-GYN, PA

## NOTICE OF PRIVACY PRACTICES

---

### OUR LEGAL DUTY

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. Lincoln Center is required by federal and state privacy laws to:

- Maintain the privacy of your health information
- Provide this notice describing our duties, privacy practices and your rights concerning your health information
- Abide by the terms of this Notice while it is in effect – This Notice takes effect April 14, 2003
- Notify you if we cannot accommodate a requested restriction or request
- Accommodate your reasonable requests regarding methods to communicate health information about you

Lincoln Center reserves the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. If our privacy practices and the terms of this Notice change, we will amend our Notice and make it available upon request. You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

---

### USES AND DISCLOSURES OF HEALTH INFORMATION

The following are examples of the types of uses and disclosures of your private health information that may be made by our office and are not meant to be exhaustive:

**Treatment:** We may use or disclose your private health information to a physician or other healthcare provider providing treatment to you or becomes involved in your care by providing assistance with your health care diagnosis.

**Payment:** We may use and disclose your private health information to obtain payment for services we provide to you.

**Healthcare Operations:** We may use or disclose your private health information in order to support the business activities of Lincoln Center. Healthcare Operations include quality assessment and improvement activities, evaluating healthcare professional's performance, conducting training programs, accreditation, certification, licensing or credentialing activities, among others.

**Your Authorization:** Other uses and disclosures of your private health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time in writing. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

---

### OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES

**Communication with family:** Using our best judgment, we may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care, about your location, and about your general condition, or death. In the event of your incapacity or emergency circumstances we will only disclose health information relevant to the person's involvement in your healthcare.

**Coroners, Funeral Directors:** We may disclose your private health information to coroners or funeral directors consistent with applicable laws to allow them to carry out their duties.

**FDA, Health Oversight, Public Health:** We may provide your private health information 1) to the Federal Drug Administration relating to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements 2) to appropriate health oversight agencies or for health oversight activities 3) to public health or legal authorities charged with preventing or controlling disease, injury, or disability (as required by law).

**Fundraising, Marketing:** We may contact you 1) as part of a fundraising effort 2) to provide you with appointment reminders, information about treatment alternatives, or with information about other health-related benefits and services that may be of interest to you.

**Legal Proceedings, Law Enforcement, Incarceration:** We may disclose your private health information 1) in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, to the extent that the disclosure is expressly authorized 2) for law enforcement purposes as required by law such as by court order, in cases involving felony prosecutions, or to the extent an individual is in the custody of law enforcement 3) if you are an inmate of a correctional facility as necessary for your health and the health and safety of other individuals.

**Military Activity, National Security:** We may disclose your private health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes, or to public assistance program personnel.

**Research:** We may disclose information to researchers with your authorization when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your private health information.

**Workers' Compensation:** If you are seeking compensation through Workers' Compensation, we may disclose your private health information to the extent necessary to comply with the laws relating to Workers Compensation.

# NOTICE OF PRIVACY PRACTICES

---

## PATIENT RIGHTS

The health and billing records we maintain are the physical property of Lincoln Center OB-GYN. The information in it however belongs to you. You have a right to:

**Inspect a copy your private health information:** You may ask to inspect a copy of your private health information up to those records permitted by law. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request. Unless specifically indicated, only up to the last three years of records will be copied. Quality Copy Service, the clinic's copying service, will bill all patients \$18.18 for the first 30 pages, then \$.60 cents per page up to 250 pages and additional pages beyond 250 at \$.43 cents per page, plus applicable postage for all copies produced for this purpose. These fees are set annually by the State of Kansas Secretary of labor. Copying fees must be collected prior to surrendering records.

**Request a restriction of your private health information:** You may ask for additional restrictions on our use or disclosure of your private health information. You may exercise this right by delivering the request in writing to our office using the form we provide to you upon request. We are not required to agree to a request, but will consider any reasonable requests made. You have the right to appeal our decision to deny access to your private health information except in certain circumstances. We are not required to agree to a restriction upon appeal.

**Request alternative communication:** You may request that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to our office using the form we provide to you upon request. We are not required to agree to a request, but will consider any reasonable request made.

**Request an amendment:** You may request that we amend your private health information by delivering the request in writing to our office using the form we provide to you upon request. We are not required to agree to a request, but will consider any reasonable request made. You have the right to appeal our decision to deny an amendment to your private health information by delivering the request in writing to our office using the form we provide to you upon request. We are not required to agree to an amendment upon appeal.

**Request an accounting of disclosures:** You have the right to receive a list of disclosures of your private health care information that occurred after April 14, 2003 by delivering a written request to our office using the form we provide to you upon request. An accounting will not include internal or external uses of information for treatment, payment or healthcare operations, disclosures made to you or made at your request, or disclosures made to family members or friends in the course of providing care, or disclosures required by law.

---

## QUESTIONS AND COMPLAINTS

If you have questions, would like additional information, want to report a problem regarding the handling of your information, believe your privacy rights have been violated or want to file a complaint, you may contact either:

Administrator Lincoln Center OB/GYN 800 SW Lincoln Center Topeka, KS 66606 (785)233-5101	or	Operations Manager Lincoln Center OB/GYN 800 SW Lincoln Center Topeka, KS 66606 (785)233-5101
--	----	---

He or she will provide you with assistance on the steps you need to take to exercise your rights.

- We cannot, and will not, require you to waive the right to file a complaint with the Office for Civil Rights or US Department of Health and Human Services as a condition of receiving treatment from Lincoln Center OB/GYN.
- We cannot, and will not, retaliate against you for filing a complaint. You may file such complaints in writing to the following address:

A copy of this Privacy notice can be found at our website [www.lincolncenterobgyn.com](http://www.lincolncenterobgyn.com)

Region VII, Office for Civil Rights  
US Department of Health and Human Services  
601 East 12<sup>th</sup> Street—Room 248  
Kansas City, MO 64108

Voice Phone (816)426-7278  
FAX (816)426-3686  
TDD (816)426-7065  
E-mail [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)