

NOTICE OF PRIVACY PRACTICES

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

**Effective Date of This Notice: April 14, 2003
(Revised June 2006)**

If you have questions about any part of this notice or if you want more information about our privacy practices please contact:

Lisa Decker

Cypress Heart, PA

9300 East 29th St. N, Suite 310

Wichita, KS 67226

316-858-9000

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We are committed to protecting the confidentiality of health information about you. We collect health information from you and store it in a chart and on the computer creating a record of the care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal requirements. We may obtain this information directly from you, such as information provided to us on your general exam/family history form or patient information form. Information may also be collected from third parties, such as your insurance carrier, your employer (especially for workmen's compensation) and from any and all doctors, individuals, hospitals, labs or pharmacies for which you give permission, either in writing or verbally. This also includes billing documents for those services. This notice informs you of the ways in which we may use and disclose this health information about you.

We are required by law to maintain the privacy of your health information, give you this notice of our privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice. We must also follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The law permits us to use or disclose your health information for the following purposes without written consent from you:

Treatment. We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other office personnel who are involved in taking care of you. Different departments in our office may share your health information in order to coordinate different treatments you may need, such as prescriptions, lab work and X-rays.

We may use or disclose your health information in an emergency treatment situation. If this happens, your physician will try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or other provider is unable to obtain your consent, he or she may still use or disclose your health information to treat you.

Payment. We may use and disclose your health information so the treatment and services you receive may be billed to and payment may be collected from you, your insurance company or other third party. We submit requests for payment to your health insurance company. The health insurance company will require information from us regarding medical care given. We will provide information to them about you and the care given. We may also tell your health plan about a treatment you are going to receive, to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations. We may disclose, as needed, your protected health information in order to support the business activities of our practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing activities, and conducting or arranging for other business activities.

OTHER POSSIBLE USES AND DISCLOSURES

Appointment Reminders/Messages. We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care. We may leave a message on an answering machine or with another person who may answer the phone, identifying our office and asking you to return the call.

Health Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits, services or possible alternatives that may be of interest to you, or to provide you with promotional gifts of nominal value.

Individuals Involved in Your Care or Payment for Your Care. We may release your health information to a friend or family member who is involved in your medical care or who helps pay for your care. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are able and available to agree or object, we will give you the opportunity prior to making notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Business Associates. Some services in our organization may involve contracts or arrangements with business associates. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, we require our business associates to appropriately safeguard your information.

Public Health Risks. As authorized by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability; to report reactions to medications or problems with products; to notify people of recalls; to report births and deaths; to notify a person who may have been exposed to a disease or who is at risk for contracting or spreading a disease or condition.

Abuse and Neglect. We may disclose your protected health information to public authorities as allowed by law to report child abuse or neglect or domestic violence.

Public Safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety to you, another person or the general public. Any disclosure would only be to a person able to help prevent the threat.

Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure and other proceedings.

Food and Drug Administration. We may disclose your health information to a person or company required by the FDA to report adverse events, problems with products and reactions to medications, product defects or problems, biologic product deviations, to track products, to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as necessary.

Lawsuits and Disputes. We may disclose your health information in response to a court or administrative order.

Inmates. If you are an inmate of a correctional facility or under the custody of law enforcement official, we may disclose the health information necessary for your health and the health and safety of others.

Serious Threat. Consistent with applicable federal and state laws, we may disclose your health information if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Deceased Person Information. We may disclose your health information to coroners or medical examiners for identification purposes, determining the cause of death; or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his or her duties.

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Organ and Tissue Donation. If you are an organ donor, we may use or disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary to facilitate organ or tissue donation and transplantation.

Specialized Governmental Functions. We may disclose 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.

Workers Compensation. We may release health information about you if you are seeking compensation through workers compensation, or similar programs, as necessary to comply with laws relating to workers compensation.

Research. We may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.

Surveys. We may use and disclose health information about you to contact you to assess your satisfaction with our services.

Employers. We may release your health information to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury. In such circumstances, we will give you written notice of such release upon request. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

OTHER USES OF HEALTH INFORMATION

We will disclose your health information when required to do so by federal, state, or local law.

Other uses and disclosures of health information not covered by this notice will be made only with your written authorization. If you provide us an authorization to use or disclose your health information you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures previously made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Typically this includes medical and billing records, but does not include psychotherapy notes, or information compiled in reasonable

anticipation of, or use in, a civil, criminal or administrative action or proceeding.

To inspect and copy your health information, you must submit your request in writing to our office. If you request a copy of this information, we may charge a fee for the cost of copying, mailing or other supplies and services associated with your request.

Right to Amend. If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as our office has your information.

To request an amendment, you must submit your request in writing to our office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by our office;
- Is not part of the information you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you will be informed of the reason for denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of all the disclosures of your health information we have made. It excludes disclosures made to you, to family members or friends involved in your care, or for notification purposes.

You must submit your request for accounting of disclosures in writing to our office. Your request must state the time period, which may not be longer than six years and may not include dates prior to April 14, 2003. The first list you request in a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care.

To request restrictions, you must make your request in writing to our office. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply; for example, your spouse.

We are not required to agree to your request. If your physician believes it is in your best interest to permit use and disclosure of your health information, it will not be restricted. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Request Alternative Methods of Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to our office. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

CHANGES TO THIS NOTICE

We reserve the right to amend, change, or eliminate provisions of this notice at any time. We reserve the right to make the revised notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office. In addition, we will offer you a copy of the current notice each time you register at our office for treatment or health care services.

COMPLAINTS

If you believe our office has violated your rights with respect to your health information, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, please contact: Lisa Decker, HIPAA Security Officer, 9300 East 29th St. N., Suite 310, Wichita KS 67226, phone: 316-858-9000, ldecker@cypressheart.com. All complaints must be submitted in writing.

We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from our office. You will not be penalized for filing a complaint.

ACKNOWLEDGEMENT

You will be asked to provide a written acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice and obtain such acknowledgement from you. However, your receipt of care and treatment from our office is not conditioned upon your providing a written acknowledgement.

