### Patient Health Information
Under federal law, your patient health information is protected and confidential. Patient health information includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your health information also includes payment, billing, and insurance information.

#### How We Use Your Patient Health Information
We use health information about you for treatment, to obtain payment, and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your permission.

#### Examples of Treatment, Payment, and Health Care Operations

| **Treatment** | We will use and disclose your health information to provide you with medical treatment or services. For example, nurses, physicians, and other members of your treatment team will record information in your record and use it to determine the most appropriate course of care. We may also disclose the information to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, and to family members who are helping with your care.  
| **Payment** | We will use and disclose your health information for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. |

### Public Health Activities
As required by law, we may disclose vital statistics, diseases, information related to recalls of dangerous products, and similar information to public health authorities.

#### Health Oversight
We may be required to disclose information to assist in investigations and audits, eligibility for government programs, and similar activities.

#### Judicial and Administrative Proceedings
We may disclose information in response to an appropriate subpoena or court order.

#### Law enforcement purposes
Subject to certain restrictions, we may disclose information required by law enforcement officials.

#### Deaths
We may report information regarding deaths to coroners, medical examiners, funeral directors, and organ donation agencies.

#### Serious threat to health or safety
We may use and disclose information when necessary to prevent a serious threat to your health and safety or the health and safety of the government or another person.

#### Military and Special Government Functions
If you are a member of the armed forces, we may release information as required by military command authorities. We may also disclose information to correctional institutions or for national security purposes.

#### Workers Compensation
We may release information about you for workers compensation or similar programs providing benefits for work-related injuries or illness.

#### In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

### Individual Rights
You have the following rights with regard to your health information. Please contact the person listed below to obtain the appropriate address upon request.

#### Request Restrictions
You may request restrictions on certain uses and disclosures of your health information. We are not required to agree to such restrictions, but if we do agree, we must abide by those restrictions. Also, if you have paid for your health care treatment out-of-pocket and in full, and if you request that we limit disclosure of your information to a health plan for purposes of payment or health care operations, we will abide by your request.

#### Confidential Communications
You may ask us to communicate with you confidentially, for example, sending notices to a special address or not using postcards to remind you of appointments.

#### Inspect and Obtain Copies
In most cases, you have the right to look at or get a copy of your health information. There may be a small charge for the copies.

### Amend Information
If you believe that information in your record is incorrect, or if important information is missing, you have the right to request that we correct the existing information or add the missing information.

#### Accounting of Disclosures
You may request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or health care operations.

### Our Legal Duty
We are required by law to protect and maintain the privacy of your health information, to provide this Notice about our legal duties and privacy practices regarding protected health information, and to abide by the terms of the Notice currently in effect.

### Changes in Privacy Practices
We may change our policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area and each examination room. You can also request a copy of our Notice at any time.

### Complaints
If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may contact the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below will provide you with the appropriate address upon request. You will not be penalized in any way for filing a complaint.

### Contact Person
If you have any questions, requests, or complaints, please contact:

Cheryl Pistone, RN, MA, MBA  
Director of Clinical Services  
17501 E. 40 Hwy, Suite 213A  
Independence, MO 64055  
(816) 478-4887

### Effective Date:
February 24, 2010