



Great Plains Diabetes

834 N Socora, Suite 4 - Wichita KS 67212 - 316-440-2802

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of Great Plains Diabetes’s Notice of Privacy Practices.

Patient Name (print) _____

Signature of Patient/Patient Representative

Date

Patient Representative Name (PRINT)

Relationship to Patient

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

I authorize Great Plains Diabetes (GPD) to share health information with **my care givers/family members** listed below.

(Name of Person or Organization)

(Name of Person or Organization)

(Name of Person or Organization)

(Name of Person or Organization)

This authorization shall remain in effect from the date listed below unless revoked or terminated by the patient or the patient’s representative.

Signature of Patient or Representative

Date

Printed Name of Representative

Relationship

ORIGINAL TO BE MAINTAINED IN PATIENT’S PERMANENT MEDICAL RECORD



NOTICE OF PRIVACY PRACTICES

Patient Summary

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION. Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements.

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by Great Plains Diabetes (GPD).

We are required by law to provide this notice to you and obtain your acknowledgement of its receipt prior to providing any services to you. **Please note that we understand that medical information about you is personal. We are committed to protecting your medical information.**

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

The following is a brief summary of the contents of the Notice. We encourage you to read the entire Notice and ask any questions you may have concerning its contents.

Your Rights Regarding Your Health Information. This section describes the following rights you have with respect to your health information and tells you how you may exercise these rights.

- 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. Usually, this includes medical and billing records, but does not include psychotherapy notes.
- Right to request amendment - If you believe that our records contain 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 the information is kept by or for GPD.
- Right to an accounting of disclosures - You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you, with certain exceptions specifically defined by law.
- Right to request restrictions on certain uses and disclosures - 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.
- Right to request alternative means of communication - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location.
- Right to receive a paper copy of our Notice of Privacy Practices - 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. To obtain a paper copy of this notice, contact the person identified on the last page of this Notice.

How We May Use and Disclose Health Information About You Without Your Specific Authorization. This section describes the different ways we may use or disclose your health information without first obtaining from you a specific authorization. These types of uses and disclosures are specifically permitted by federal law because it is assumed you would want us to use or disclose your information for these purposes, or because such use or disclosure is recognized as critical to the proper functioning of our health care system.

- We may use information about you to provide you with **medical treatment or services, to receive payment for services, to support our health care operations, to send you appointment reminders, to assess your satisfaction with our services, to tell you about health related benefits or services.**
- There are some services provided in our organization through contracts or arrangements, we may disclose your health information to our business associates so they can perform the job we've asked them to do.
- We may release health information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give information about you for public health purposes, abuse or neglect reporting, health oversight audits or inspections, medical examiners, organ donation, workers' compensation, research, law enforcement, and emergencies.
- We may disclose information when required by law, such as in response to valid judicial or administrative orders.

Other Uses of Health Information. Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, 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. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

How To File Complaints Concerning Our Privacy Practices. If you wish to file a complaint because you feel that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our office. **You will not be penalized for filing any complaint.**

Changes to this Notice. We reserve the right to change this notice. We reserve the right to make the revised or changed 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 at our facility and on our website. The notice will contain on the first page the effective date.

Acknowledgement. You will be asked to provide a written acknowledgement of your receipt of this Notice. 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 GPD is not conditioned upon your providing the written acknowledgement.

Effective Date: September 2, 2014

If you have any questions about this notice, please contact

Great Plains Diabetes

834 N Socora, Suite 4

Wichita, KS 67212

Telephone Number (316) 440-2802

Facsimile Number (316) 440-2809

E-mail Address: nurse@greatplainsdiabetes.com