8660 W 96th St.
Overland Park, KS 66212

HIPAA Privacy Rights Form

PATIENT INFORMATION

Name (Last, first, middle initial)

Street address, City, ST, ZIP Code

Date

Social Security # or Patient ID

Primary phone number | Other phone number

Email address

Please list below how you would like to be contacted with results or medical issues:

Home Phone_____ Cell phone_____ Text Message

Work Phone_____

Please list below the person or persons that may receive your test results or whom we may discuss your medical issues with:

Please list the phone numbers you authorize Jellison Integrative MD, LLC to call and leave test results, confirmation calls, or detailed medical issues on:

Date

Date

I authorize Jellison Integrative MD, LLC Medicine to leave medical results on my personal voicemail YES NO

I have read the Notice of Privacy Practices YES NO

SIGNATURE: DATE:

Clinic Signature: Date:

JELLISON INTEGRATIVE MD, LLC 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.

Dr. Jessica Jellison / Dr. Paul Reicherter / Amanda Pierce APRN, FNP-C/Grace Keltner NP-C / Jellison Integrative MD, LLC is required by law to maintain the privacy of your protected health information, to notify you of the legal duties and privacy practices with respect to your health information. This Notice summarizes the duties and your rights concerning your information. Dr. Jellison / Dr. Paul Reicherter / Amanda Pierce APRN, FNP-C / Grace Keltner NP-C / Jellison Integrative MD, LLC's duties and your rights are set forth more fully in 45CFR Part 164.

I. Uses and disclosures Dr. Jessica Jellison / Dr. Paul Reicherter / Amanda Pierce APRN, FNP-C /Grace Keltner NP-C / Jellison Integrative MD, LLC may make without written authorization.

I (Dr. Jellison / Dr. Paul Reicherter / Amanda Pierce APRN, FNP-C / Grace Keltner NP-C Jellison Integrative MD, LLC) may use or disclose your health information for certain purposes without your written authorization, including the following:

Treatment. I may use or disclose your information for purposes of treating you. For example, I may disclose your information to another health care provider so that they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services I offer.

Payment. I may use or disclose your information to obtain payment for services provided to you. For example, I may disclose information to your health insurance company or other payer to obtain payment for treatment.

Healthcare Operations. I may use or disclose your information for certain activities that are necessary to operate my practice and ensure that my patients receive quality care.

Other Uses or Disclosures. I may also use or disclose your information for certain other purposes allowed by 45 CFR or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health and safety to others.
- As required by state or federal law such as reporting abuse, and/or neglect.
- For certain public health activities such as reporting certain diseases.
- For certain public oversight activities such as audits and licensure actions.

- In response to a court order, warrant or subpoena.
- For research purposes if certain conditions are satisfied.
- In response to requests by law enforcement to locate a victim or witness, to certain crimes.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

II. Disclosures Dr. Jessica Jellison / Dr. Paul Reicherter / Amanda Pierce APRN, FNPC /Grace Keltner NP-C/ Jellison Integrative MD, LLC may make unless you object.

Unless you instruct me otherwise, I may disclose your information as described below.

- To a member of your family, relative, friend, or other person who is involved in your healthcare or payment for your healthcare. I will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.

III. Your rights concerning your protected health information.

You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer Identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. I am not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
- I will normally contact you by phone, mail at your home address, and possibly by e-mail if you have given your e-mail address. You may request that I contact you by alternative means or at alternative locations. I will accommodate reasonable requests. Please understand that there are risks associated with the online/cell phone communications between physician and patient. The risks are very real and very important to understand.
- You may inspect and obtain a copy of records that are used to make decisions about your care of payment for your care, including an electronic copy. I may charge you a reasonable cost-based fee for providing the records. I may deny your request under limited circumstances, e.g., if I determine that disclosure may result in harm to you or others.
- You may request that your protected health information be amended. I may deny your request for certain reasons, e.g., if I did not create the record of if I determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures I have made of your protected health information. You may receive the first accounting within a 12-month period free of charge. I may charge a reasonable cost based fee for all subsequent requests during that 12-month period.

- You may obtain a paper copy of this Notice upon request.

IV. Changes to this notice.

I reserve the right to change the terms of this Notice at any time, and make the new Notice effective for all protected health information that I maintain. You may complain to myself or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You can contact the Office of Civil Rights at ocrmail@hhs.gov . Steven Mitchell is the acting regional manager for the Midwest region, 1-800-368-1019