



## NOTICE OF PRIVACY PRACTICES - HIPAA

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.

If you have any questions about this notice, please contact **Denise White** of our office at **402 895-6812**.

Kohl's Rx  
12741 Q Street Omaha, NE 68137

### WHO WILL FOLLOW THIS NOTICE

This notice describes the information and privacy practices followed by our employees, staff, and other office personnel. The practices described in this notice will also be followed by health care providers you consult by telephone (when your regular health care provider from our facility is not available) who provide "call coverage" for your health care provider.

### YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and service you receive from Kohl's Rx. We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may request your written, signed *Acknowledgement/Consent* to use and disclose health information for the following purposes:

**For Treatment.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, therapists, technicians, office staff or other personnel who are involved in taking care of you and your health. For example, information obtained by a respiratory therapist or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We may provide your physician or a subsequent healthcare provider with copies of various reports so they can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in an order to our central fabrication lab, or contacting our suppliers of components for consultation regarding a specific application. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at Kohl's Rx may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. 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.

**For Health Care Operations.** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care. For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health

information about all or many of our patients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

Information may be shared with third party "business associates" that perform various activities for us or on our behalf. Whenever such an arrangement involves the use or disclosure of your PHI, we will have a written contract with the third party that contains terms designed to protect the privacy of your PHI. Information may also be shared with certain Affiliates so that they may offer you health-related products or services. For example, we may provide information to marketing companies to help us in offering our products and services to you or to financial services companies with which we have a joint marketing agreement. In addition, we may use your demographic information to send you newsletters containing articles on health-related topics.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical care at Kohl's Rx.

**Treatment Alternatives.** We may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you. Please notify us if you do not wish to be contacted for appointment reminders, or if you do not wish to receive communications about treatment alternatives or health-related products and services. If you advise us in writing (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes. You may revoke your *Consent* at any time by giving us written notice. Your revocation will be effective when we receive it, but it will not apply to any uses and disclosures which occurred before that time. If you do revoke your *Consent*, we will not be permitted to use or disclose information for purposes of treatment, payment or health care operations, and we may therefore choose to discontinue providing you with health care treatment and services.

### SPECIAL SITUATIONS

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required by Law.** We will disclose health information about you when required to do so by federal, state or local law.

**Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the office.

**Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an

organ donation bank, as necessary to facilitate such donation and transportation.

**Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

**Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death.

**Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you while treatment is discussed. In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care. We may use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, supplies.

#### **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give 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 information

about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the *Authorization* and *Consent* mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed *Consent* and a special written *Authorization* that complies with the law governing HIV or substance abuse records.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to **Denise White**, Privacy Officer, in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Amend.** If you believe 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 as long as the information is kept in the office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form and send it to **Denise White**, Privacy Official. 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:

- a) We did not create, unless the person or entity that created the information is no longer available to make the amendment.
- b) Is not part of the health information that we keep.
- c) You would not be permitted to inspect and copy.
- d) Is accurate and complete.

**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 medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to **Denise White**. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 before any costs are incurred.

**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 it, like a family member or friend. For example, you could ask that we not use or disclose information about a medication you received.

**We are Not Required to Agree to Your Request.** If we do not agree, we will comply with your request unless the information is needed to provide emergency treatment.

# Kohl's Rx

*Kohl's Rx*

Acknowledgement of Receipt of Notice:  
Privacy Practices/Patient Consent

## HIPAA

I certify that I have been offered a copy of Notice of Privacy Practices, which describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of Kohl's Rx personnel duties with respect to my protected health information. I give my consent for such uses or disclosures. Kohl's Rx reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a copy by requesting one to be sent in the mail, asking for one at the time of my next visit, or accessing Kohl's Rx website.

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Printed Name of Patient or  
Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient or  
Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority