



Practice Privacy Statement

This privacy statement tells you about your medical records. Please review it carefully.

This Notice of Privacy Practices will be followed by all Katy Trails Community Health (KTCH) staff and health care professionals who treat you. KTCH is committed to be a primary health care home for people in our service area regardless of barriers to care. Our policy has always been and will always be to keep your records safe and private. We cannot release your medical records without your written approval. These records include: conversations, reminder calls, test results, and other confidential issues. This privacy policy has 4 parts:

1. What info can be shared only with your written OK
2. What info can be shared without your written OK
3. Your rights to your medical records
4. Who you can contact if you have concerns about your medical records

1. What information in your medical records can be shared only with your written ok:

For your medical treatment

- Treat you
- Give you medical care in our offices
- Give appointment reminders
- Refer you for tests, hospital or nursing home services
- For example: specific doctors and nurses involved in your care look at your medical record to decide what treatments, medications, and tests to give you

For your personal reasons

- Tell the family and friends you've specified your state of health
- To release a copy of your medical records to you're specified family and friends

2. What information in your medical records can be shared without your written ok:

- Consent is not required for emergency care and treatment
- Government or law enforcement agencies, for example victims of abuse
- Public health purposes:
 - We are required by law to report certain diseases to the health department for the purpose of disease tracking
- Medical examiners or related to a person's death

- Review by insurance programs
- Workers compensation and/or employer paid exams
- When required by court order in judicial or administrative proceedings.

For obtaining payment for medical treatment

- Paperwork, such as history forms, progress notes or operative notes
- Eligibility verification, prior authorization, and claims submission
- For example: we may send information about your medical procedures and treatment to your insurance company to get payment

For operations of this practice

- Enrolling with insurance programs
- Hospital privileges
- Accounting
- In order to obey federal and state laws

3. Your rights for your medical records:

- Request limits on what information we will share when you register
- See and get copies of your medical records
- Get a listing of who we have shared your medical records with
- Request to inspect or fix mistakes in your medical records

4. Who you can contact if you have concerns about your medical records:

- First contact the Katy Trail Community Health Privacy Officer, Morgan Lynch
Morgan Lynch
821 Westwood
Sedalia, MO 65301
Phone: 660-826-4774 extension 811
Fax: 660-826-2661
- You may also contact:

Office of Civil Rights
Office of Civil Rights – Regional Manager
Department of Health and Human Services
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
Voice Phone: (312)886-2359
Fax: (312)886-1807
TDD: (312)353-5693

Ohio Medicare Carrier, GBA Palmetto
Palmetto GBA
Part B Operations – HIPAA Compliance Concerns
PO Box 18957
Columbus, OH 43218
Voice Phone: (614)473-6476

Katy Trail Community Health Center can change this Privacy Statement at any time. The changes will go into effect retroactively to the initial date of the privacy notice. You can obtain a copy of the changed statement at the office. Copies of the changed statement will be posted in the office and on our website within 60 days of the change.