



**WICHITA
SURGICAL
SPECIALISTS, P.A.**

Main Office

The Heritage Plaza
818 N. Emporia, Ste 200
Wichita, KS 67214
316-263-0296
800-362-3130
Fax 316-263-9523
wsspa.com

General Surgery

R. Larry Beamer, MD, FACS
Robert W. Bingaman, MD
Brent A. Lancaster, MD, FACS
Therese E. Cusick, MD, FACS
Mark J. Niederee, MD, FACS
Jeremy L. Howes, MD, FACS
Nicholas M. Brown, MD, FACS
Samantha L. Beck, MD, FACS
Austin B. George, MD, FACS
Aaron M. Nilhas, MD
Brady J. Werth, MD
Paige A. Harwell, MD

**Burn Surgery, Wound Care
& General Surgery**

David C. Grantham, MD*
Thomas R. Resch, MD, FACS
**Trauma, Surgical Critical
Care* & General Surgery**

R. Joseph Nold, Jr., MD, FACS
James M. Haan, MD, FACS

Colon-Rectal Surgery

Michael G. Porter, MD, FACS
Lindsay A. Strader, DO, FACS
**Surgical Oncology, Hepatobiliary
Surgery & General Surgery**
Ali Ahmad, MD, FACS

Peripheral Vascular Surgery

Steven A. Hutchinson, MD, FACS
Jason D. Woolard, MD, FACS
Chad P. Ammar, MD, FACS
Rori E. Mankins, MD

Thoracic & Cardiovascular Surgery

Gyan J. Khicha, MD, FACS
Matthew A. Arneson, MD, FACS
Sanjay G. Khicha, MD, FACS
Brett E. Grizzell, MD, FACS
Mark R. Mankins, MD

Neurological Surgery

Nazih Moufarrij, MD

President and CEO

Alex D. Ammar, MD, FACS

Administrator

Kari Clark, CMPE

NOTICE OF PRIVACY PRACTICES

Dear Patient,

Attached to this letter you will find our Notice of Privacy Practices. 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.

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

Right to request amendment

Right to an accounting of disclosures

Right to request restrictions on certain uses and disclosures
Right to request alternative means of communication

Right to receive a paper copy of our Notice of Privacy Practices
Right to receive an electronic copy of Health Information

How To File Complaints Concerning Our Privacy Practices. This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing any complaint.

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.

You will be asked to acknowledge your receipt of this Notice, and your acknowledgement will be maintained in your permanent record. You should keep this copy of the Notice. Another copy of this Notice will not be provided automatically at any later visit, but you may request a copy of the Notice at any time. Also, the Notice is posted at our facility and on our website for your review. If there is a material revision to the Notice at some later date, you again will be provided with a copy of the Notice and asked to sign an acknowledgement.

Maintaining the privacy of your health information is very important to us. Please contact me with any questions or concerns you might have.

Shelia Rupp
Privacy Officer

East Office • Health Strategies Plaza • 551 N. Hillside, Ste 550 • Wichita, KS 67214 • 316-682-2911 • Fax 316-682-0826

Southeast Office • Clifton Medical Center • 1515 S. Clifton, Ste 250 • Wichita, KS 67218 • 316-686-1991 • Fax 316-686-2309

Kansas Heart Office Plaza • 9350 E. 35th St. N., Ste 103 • Wichita, KS 67226 • 316-858-5000 • 866-858-5001 • Fax 316-858-1026

Breast Care Specialists • 818 N. Emporia, Ste 303 • Wichita, KS 67214 • 316-263-2013 • 866-242-4756 • Fax 316-263-8255

Vein Care Specialists • 9350 E. 35th St. N., Ste 103 • Wichita, KS 67226 • 316-858-1028 • 866-206-0367 • Fax 316-858-1026

Plastic Surgical Specialists • 818 N. Emporia, Ste 301 • Wichita, KS 67214 • 316-263-0234 • 855-396-2196 • Fax 316-494-6856

Mid-Kansas Ear, Nose & Throat • 310 S. Hillside • Wichita, KS 67211 • 316-684-2838 and 3460 N. Ridge Rd., Ste 120 • Wichita, KS 67205 • 316-722-5811 • 800-794-4368

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

Revised: October 5, 2020

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



Shelia Rupp
Privacy and Security Officer
Wichita Surgical Specialists, PA
818 N. Emporia, Suite 200
Wichita, Kansas 67214
1-800-362-3130
Fax 316-494-6806

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 Wichita Surgical Specialists, PA including electronic medical records. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

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.

We are required by law to maintain the privacy of your health information, give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice, and follow the terms of the notice that are currently in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

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. Wichita Surgical Specialists, PA will produce PHI in electronic format upon an individual's request or transmit a copy directly to an entity or person designated by the individual.

To request, inspect, or copy your health information, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the front desk receptionists. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Wichita Surgical Specialists, PA will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right To Request Amendment. If you believe that our records contain information we have about you which 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 Wichita Surgical Specialists, PA.

To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request. To obtain this form or to obtain more information concerning this process, please contact the front desk receptionists.

We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Wichita Surgical Specialists, PA;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

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. Wichita Surgical Specialists, PA will limit information disclosed or requested to the extent practicable to only the required data or the minimum data necessary to accomplish the intended purpose, disclosure or request.

To request this list or accounting of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the front desk receptionists.

Your request must state a time period which may not be longer than three 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 or electronically). The first list you request within a 12 month period will be free. For additional lists, 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 your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You have the right to restrict certain disclosures of PHI to a health plan when you pay for treatment at issue out of pocket in full. You have the right to request not to disclose information to a health plan for carrying out payment or health care operations (not for treatment).

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the front desk receptionists.

Right to Request Alternative Methods of Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail or if a message may be left by phone.

To request an alternative method of communications, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the front desk receptionist. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Breach Notification. Wichita Surgical Specialists, PA will make appropriate notification of a breach when the breach of the privacy or security of protected health information poses a significant risk of financial, reputational or other harm to an individual.

Right to a Paper Copy of This Notice. 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the front desk receptionist.

COMPLAINTS.

If you believe your rights with respect to health information about you have been violated by Wichita Surgical Specialists, PA, you may file a complaint with Wichita Surgical Specialists, PA or with the Secretary of the Department of Health and Human Services. To file a complaint with Wichita Surgical Specialists, PA, contact the front desk receptionist. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION.

The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you need to submit a request for restrictions in the manner described above.

For Treatment. We may use information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Wichita Surgical Specialists, PA. For example, a doctor treating you for a surgical procedure may need to know if you have diabetes because diabetes may slow the healing process. Different departments of Wichita Surgical Specialists, PA also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays.

We also may disclose health information about you to people outside Wichita Surgical Specialists, PA who may be involved in your medical care after you leave Wichita Surgical Specialists, PA, such as family members, friends, or others we use to provide services who are part of your care. We will give you an opportunity, however, to restrict such communications.

We may disclose health information about you to other health care providers who request such information for purposes of providing medical treatment to you.

For Payment. We may use and disclose health information about you so that the treatment and services you receive at Wichita Surgical Specialists, PA may be billed to and payment may be collected from you, an insurance company, or other third party. For example, we may need to give your health plan information about surgery you received so your health plan will pay us or reimburse you for the surgery.

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.

We also may provide information about you to other health care providers to assist them in obtaining payment for treatment and service provided to you by that provider. We may also provide information to a health plan for purposes of arranging payment for treatment and services provided to you.

Sale of HPI Prohibited. Wichita Surgical Specialists, PA prohibits the sale of HPI without the patient's authorization.

Fundraising and Marketing. Wichita Surgical Specialist, PA may require a patient authorization for uses of and disclosures of PHI for marketing in which the patient may opt out. If an authorization is necessary to make a marketing communication, the authorization will state whether Wichita Surgical Specialist, PA has received financial remuneration for the communication.

Immunization Records. Wichita Surgical Specialist, PA may share immunization records directly with schools with either written or oral consent from a parent or guardian or the individual, if the individual is an adult or emancipated minor.

For Health Care Operations. We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run Wichita Surgical Specialists, PA and make sure that all of our patients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

We may disclose health information about you to another health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Wichita Surgical Specialists, PA. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine identifying Wichita Surgical Specialists, PA and asking for you to return our call. Unless we are specifically instructed by you otherwise in a particular circumstance, we will not disclose any health information to any person other than you who answers your phone except to leave a message for you to return the call. We may also send appointment reminders via our secured patient portal.

Surveys. We may use and disclose health information to contact you to assess your satisfaction with our services.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you, or to provide you with promotional gifts of nominal value.

Business Associates. There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a copy service to make copies of your health record.

When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do.

To protect your health information, however, we require our business associates to appropriately safeguard your information.

Individuals Involved In Your Care or Payment For Your Care. We may release health information about you to a friend or family member who is involved in your medical care. Protected health information about a decedent may also be released to family members or individuals involved in the patient's care or payment for care prior to death, unless doing so is inconsistent with any known prior expressed preference of the decedent. The disclosure is limited to the family member's or other individual's actual involvement in the patient's care or payment for care. It is also appropriate to disclose billing information to a family member that is assisting with the decedent's estate. A decedent's protected health information is no longer protected by the Privacy Regulations after fifty (50) years from the date of death.

We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may disclose health information about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave Wichita Surgical Specialists, PA. We will almost always ask for your specific 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 Wichita Surgical Specialists, PA.

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

Genetic Tests. Any information related to genetic tests of an individual, or family members of an individual, is protected and secured. This information will not be released without an authorization of the individual for underwriting purposes. There is an exception for underwriting performed by issuers of long-term care policies.

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. Any disclosure, however, would only be to someone able to help prevent the threat.

Organ and Tissue Donation. If you are an organ donor, we may use or disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Employers. We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will give you written notice of such release of information to your employer. Any other disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

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 activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government 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. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Wichita Surgical Specialists, PA and in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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 or determine the cause of death. We may also release health information about patients of Wichita Surgical Specialists, PA to funeral directors as necessary for them to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.

Inmates/Persons In Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

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.

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 Wichita Surgical Specialists, PA is not conditioned upon your providing the written acknowledgement.



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