

MOWERY CLINIC 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

CONTACT OUR PRIVACY OFFICER AT (785) 827-7261.

WHY WE ARE PROVIDING THIS NOTICE:

Mowery Clinic compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI) and is maintained in a designated record set. We may use and disclose this information in various ways. Sometimes your agreement or authorization is necessary for us to use or disclose your information and sometimes it is not. This Notice describes how we use and disclose your protected health information and your rights. We are required by law to give you this Notice, and we are required to follow it. We are also required to let you know promptly if a breach occurs that may compromise the privacy or security of your information. We may change this Notice at any time if the law changes or when our policies change. If we change the Notice you will be given a revised Notice. You may also access this Notice at our website: www.moweryclinic.com.

Other federal and state laws may provide privacy protections in addition to HIPAA for certain diagnoses. This includes information related to alcohol and substance use, genetics, mental health, HIV/AIDS, or minors' information. We will follow the more stringent law where it applies to us.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT MAY BE MADE *WITHOUT YOUR AUTHORIZATION*:

1. For your treatment. We may share your protected health information with other treatment providers. For example, if you have a heart condition we may use your information to contact a specialist and may send your information to that specialist. We may send your information to other treatment providers, as necessary.
2. For payment. We may share your protected health information with anyone who may pay for your treatment. For example, we may need to obtain a pre-authorization for treatment or send your health information to an insurance company so it may pay for treatment. However, if you pay out of pocket for your treatment and make a specific request that we not send information to your insurance company for that treatment, we will not send that information to your insurer except under certain circumstances.
3. For our healthcare operations. We may use and disclose your protected health information when it is necessary for us to function as a business. For example, when we contract with other businesses to do specific tasks for us, we may share your protected health information related to those tasks. When we do this, the business agrees in the contract to protect your health information and use and disclose such health information only to the extent Mowery Clinic would be able to do so. These businesses are called Business Associates. Another

example is if we want to see how well our staff is doing, we may use your protected health information to review their performance.

4. For Contact Information. We may use and disclose your contact information (landline or cellular phone numbers, email address). Some examples of how we may use your contact information include appointment reminders and to provide you with notification of other health-related benefits and services, all of which are discussed in more detail below. By providing us with your contact information, you give your consent that we may use it. We may contact you by the following means (even if we initiate contact using an automated telephone dialing system (ATDS) and/or an artificial or prerecorded voice): (1) paging system; (2) cellular telephone service; (3) landline; (4) text message; (5) email message; or (6) facsimile. For your convenience, email and text messages may be sent unencrypted. Before using or agreeing to use of any unsecure electronic communication to communicate with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured portable electronic devices. If you want to limit these communications to a specific telephone number or numbers, you need to request that only a designated number or numbers be used for these purposes. If you inform us that you do not want to receive such communications, we will stop sending these communications to you.
5. For appointment reminders. We may use your protected health information to remind you of appointments, including leaving a voicemail message.
6. For Surveys. We may use and disclose your protected health information to contact you to assess your satisfaction with our services.
7. For providing your information on treatment alternatives or other services. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. In some cases the facility may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.
8. To discuss your treatment with other people who are involved with your care. We may disclose your health information to a friend or family member who is involved in your care. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
9. Research. Under certain circumstances, we may use and disclose your protected health information for medical research. All research projects, however, are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved.

10. As Required By Law. We will disclose your protected health information when the law requires us to do so.
11. To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
12. Organ and Tissue Donation. We may use or disclose your protected health information to an organ donation bank or to other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.
13. Military and Veterans. The protected health information of members of the United States Armed Forces members of a foreign military authority may be disclosed as required by military command authorities.
14. Employers. We may disclose your protected health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.
15. Workers' Compensation. We may release your protected health information for workers' compensation or similar programs providing you benefits for work-related injuries or illness.
16. Public Health Risks. We may disclose your protected health information for public health activities which include the prevention or control of 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 devices or products; 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; or to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. If you agree, we can provide immunization information to schools.
17. Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.
18. Legal Proceedings. We may disclose your protected health information when we receive a court or administrative order. We may also disclose your protected health information if we get a subpoena, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.
19. Law Enforcement. When a law enforcement official requests your protected health information, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a

suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at Mowery Clinic; or in an emergency to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.

20. Coroners, Medical Examiners, and Funeral Directors. We may disclose your protected health information to a coroner, medical examiner, or a funeral director.
21. National Security and Intelligence Activities. When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and other national security activities.
22. Protective Services for the President and Others. We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.
23. Inmates or Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or a law enforcement official when it is necessary for the institution to provide you with health care; when it is necessary to protect your health and safety or the health and safety of others; or when it is necessary for the safety and security of the correctional institution.
24. Fundraising. We may send you information as part of our fundraising activities. You have the right to opt out of receiving this type of communication.

OTHER USES AND DISCLOSURES:

1. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures that constitute a sale of protected health information require your authorization. Psychotherapy notes are a particular type of protected health information. Mental health records generally are not considered psychotherapy notes. Your authorization is necessary for us to disclose psychotherapy notes.
2. There are some circumstances when we directly or indirectly receive a financial (e.g., monetary payment) or non-financial (e.g., in-kind item or service) benefit from a use or disclosure of your protected health information. Your authorization is necessary for us to sell your protected health information. Your authorization is also necessary for some marketing uses of your protected health information.
3. Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. Once we disclose your health information based on your authorization or as legally permitted under state and federal law as described in this Notice, the disclosed health information may no longer be protected and may be re-disclosed by the recipient without your knowledge or

authorization. You may revoke your authorization in writing at any time, provided you notify us. If you revoke your authorization, it will not take back any disclosures we have already made.

ADDITIONAL PRIVACY FOR SUBSTANCE USE DISORDER (SUD) TREATMENT:

Federal law (42 C.F.R. Part 2) protects the confidentiality of substance use disorder information, and these protections are now more consistent with HIPAA. Although we are not a substance use disorder treatment program (SUD Program operating under the 42 C.F.R. Part 2 regulations), we may receive information from a SUD Program about your treatment. We may not disclose this information so that it can be used in a civil, criminal, administrative, or legislative proceeding against you unless:

- *We have your written consent; or
- * A court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

Substance use disorder counseling notes have enhanced confidentiality protections similar to psychotherapy notes under HIPAA and generally require specific patient written authorization for disclosure, unless the law permits otherwise. In all other situations, we will follow our privacy practices regarding the disclosure of substance use disorder information as stated in this Notice.

In addition, if we use this information to raise funds for our benefit, we must first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communication.

YOUR HEALTH INFORMATION RIGHTS:

1. **Right to Access.** You have the right to access, or to inspect and obtain a copy of your protected health information. Generally, if you want to see your health information and/or get a copy of your health information, you must make a request to the Privacy Officer in writing by completing a specific form. However, alternative arrangements may be made for individuals unable to make a request in writing. You may request that your records be provided in an electronic format and we will provide the information to you in the form and format you request, if readily producible. If we cannot readily produce the records in the form and format you request, we can work together to agree on an appropriate electronic format. You may also direct us to transmit your protected health information in paper or electronic format to a third party. If you direct us to transmit your information to a third party, we will do so, provided your signed, written direction clearly identifies the designated third party and where to send the information. We will provide a copy or a summary of your health information, usually within 30 days of your request. You may be charged a reasonable, cost-based fee for access. We can refuse access under certain circumstances. If we refuse access, we will tell you in writing and in some circumstances you may ask that a neutral person review the refusal.
2. **Right to Amend Your Records.** If you feel that your protected health information is incorrect or incomplete, you may ask that we amend your health records. To exercise this

right, you must contact the Privacy Officer to complete a specific form stating your reason for the request and other information that we need to process your request. We can refuse your request if we did not create the information, if the information is not part of the information we maintain, if the information is part of information that you were denied access to, or if the information is accurate and complete as written. You will be notified in writing if your request is refused and you will be provided an opportunity to have your request included in your protected health information.

3. **Rights Regarding Electronic Health Information Technology.** Mowery Clinic participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to all your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

4. **Right to an Accounting.** You have a right to an accounting of disclosures of your protected health information that is maintained in a designated record set for up to 6 years prior to the date you ask for the accounting. This is a list of persons, government agencies, or businesses who have obtained your health information. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (for example, any disclosures you asked us to make). To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. There are specific time limits on such requests. You have the right to one accounting per year at no cost. You may be charged a reasonable, cost-based fee for any additional lists requested within 12 months.
5. **Right to a Restriction.** You have the right to ask us to restrict disclosures of your protected health information. To exercise this right, you should contact the Privacy Officer because

you must complete a specific form to provide us with the information that we need to process your request. If you self-pay for a service and do not want your health information to go to a third party payor, we will not send the information, unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, if your treatment is a bundled service and cannot be unbundled and you do not wish to pay for the entire bundle, or the law requires us to bill the third party payor (e.g., a governmental payor), we cannot accept your request. We do not have to agree to any other restriction. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.

6. **Right to Communication Accommodation.** You have the right to request that we communicate with you in a certain way or at a specific location. An example would be asking that you only be contacted by us at work or only by mail, or you may prefer that we communicate with you via unencrypted email or text messaging. There are risks associated with communications via unencrypted email or text messaging, for example, a third party could intercept the email or text message in transmission. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us the information that we need to process your request. We will attempt to grant all reasonable requests and although you are not required to give reasons for your request, we may ask you. Be sure to be specific in your request about how and where you wish to be contacted.
7. **Breach Notification.** You have the right to be notified if we determine that there has been a breach of your protected health information. A “breach” occurs when your protected health information is acquired, accessed, used, or disclosed in a manner not permitted by HIPAA which compromises the privacy or security of your information. Not all types of breaches require notice, but if notice is required, we will provide such notification without unreasonable delay, but in no case, later than 60 days after we discover the breach.
8. **Right to Obtain the Notice of Privacy Practices.** A copy of this Notice is available to you at your request and you have a right to a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you may request a paper copy of this Notice. We will provide you with a paper copy promptly. You may request a copy from the Privacy Officer or you may go to our website at www.moweryclinic.com.
9. **Right to Choose Someone to Act for You.** If you have given someone a durable health care power of attorney that is currently in effect or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
10. **Right to File a Complaint.** If you believe your privacy rights as described in this Notice have been violated, you may file a written complaint with our Privacy Officer. You may also file a complaint with the U.S. Department of Health and Human Services – Office for Civil Rights by writing a letter or completing the Health Information Privacy Complaint Form package and sending to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. You may also email your complaint to OCRcomplaint@hhs.gov

or submit via the OCR Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>. You can visit the OCR website for information on how to file a complaint at <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>. You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE:

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for protected health information that we currently maintain in our possession, as well as for any protected health information we receive, use, or disclose in the future. A current copy of the Notice will be posted in our facility.

Effective Date: October 1, 2014

Revised February 6, 2019

Revised April 12, 2024

Revised April 6, 2026

DISCRIMINATION IS AGAINST THE LAW

Mowery Clinic complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Mowery Clinic:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact the Privacy Officer.

If you believe that Mowery Clinic has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Privacy Officer
Mowery Clinic
737E. Crawford
Salina, KS 67401
(785) 827-7261
Fax: (785) 827-6334
Email: privacy@moweryclinic.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Privacy Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

NOTICE OF NONDISCRIMINATION TAGLINES

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-785-827-7261.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-785-827-7261.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-785-827-7261。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-785-827-7261.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-785-827-7261 번으로 전화해 주십시오.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ອມໃຫ້ທ່ານ. ໂທ 1-785-827-7261.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. (اتصل برقم 1-785-827-7261 رقم هاتف الصم والبكم: 1-785-827-7261).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-785-827-7261.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-785-827-7261まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-785-827-7261.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-785-827-7261 تماس بگیرید.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-785-827-7261.

သတိပြုရန် - အကယုၣ် သဠည ဗုဒ္ဓစကား ကို ဝေပျာပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အကြံစီစဉ်ဆွဲကြေးပေးပါမည့်။ ဖုန်းနံပါတ် 1-785-827-7261 သို့မူ ဝေငှဆိုပါ။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-785-827-7261.

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-785-827-7261.