

**NOTICE OF PRIVACY PRACTICES
ARROWHEAD WEST, INC. EMPLOYEES**

**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**

*Your privacy and the protection of your personal health information has always been a top priority at Arrowhead West, Inc. We are providing you this document as required by the Health Insurance Portability and Accountability Act (HIPAA) to inform you of your rights, our legal duties, and our privacy practices. We follow the privacy practices described in this notice. If we materially change any of these practices, we will provide you with a new notice. **This notice describes how your information may be used. Please review it carefully.***

Protected Health Information (PHI): is information about your health care that can be traced to you, like:

- name, address, and Social Security Number;
- medical and mental health information used by doctors, insurance companies, and clearinghouses;
- information about medical procedures; and
- payments made for health care provided to you.

Our Legal Duty: We are required by federal and state laws to maintain the privacy of your PHI. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect.

We reserve the right to make changes that are permitted by law to our privacy practices and notice at any time. These changes in our privacy practices and the new terms of our notice will be effective for all PHI, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices we will change this notice and send it to you.

You may ask for a copy of our privacy practices and notice at any time through the Privacy Officer:

Human Resource Manager
1100 E. Wyatt Earp Blvd
Dodge City KS 67801
Phone #620-227-8803
Fax #620-227-8812

Uses and Disclosures of Your Protected Health Information

We may use or disclose PHI about you:

For Payment: We receive PHI to reimburse claims for health care you get through your AWI health plan. We may give information to our Workers' Compensation insurer in order to process claims.

For Health Care Operations: We may disclose your PHI to a Business Associate. This associate must follow all the regulations and practices in this notice.

For Treatment: We do not provide treatment. This is the role of a health care provider, such as a doctor or hospital.

For Health Related Products and Services: Where permitted by law we may use your PHI to contact you about health-related products or services, replacements or enhancements to your health plan.

To You: We may pass on information to you about health related benefits, services, products and programs for you and your family as you become eligible.

To Others: If you want us to disclose your PHI with anyone for any reason you need to tell us it is OK in writing. We can also disclose your PHI if you are present and tell us it is OK to disclose your information with a family member, friend or other person. If you are not present, it is an emergency, or you are not able to give us the OK, we will disclose your PHI with a family member, friend or other person if it is in your best interest.

As Allowed or Required by Law: We may also use or disclose your PHI as allowed by federal and state law. These may include: health oversight activities; judicial or administrative proceedings; with public health authorities; for law enforcement reasons; with coroners, funeral directors, or medical examiners (about decedents); for organ donation purposes; for research; to avoid serious threat to health and safety; to help with

disaster relief; special government functions like Workers Compensation or with the Department of Health and Human Services; to appropriate authorities if we reasonably believe you may be a victim of abuse, neglect, domestic violence, or other crimes; and as required by law.

If your health insurance is an "employer-sponsored group health plan" we may disclose your PHI to the plan administrator. Plan administrators receiving PHI are required by law to keep the PHI from being used for improper reasons.

On Your Authorization: You may give us the written OK to use your PHI or disclose it with anyone for any purpose. If you give us the OK, you may remove it in writing at any time and we will stop sharing your PHI. Remember that we may have disclosed some PHI based on your OK and cannot undo actions we took while we had your OK. If we have psychotherapy notes about you, most of the time we will not disclose these notes without your OK. Also, sometimes we disclose information for our fundraising activities. We will allow you to opt out of all future fundraising activities before including your PHI. In most (but not all) instances we must ask your OK to use, disclose, or sell your medical information for marketing purposes. Unless you give written permission we cannot use or disclose your PHI for any reason except those described in this notice.

Genetic Information: If we use or disclose PHI for premium rating purposes, we are prohibited from using or sharing PHI that is genetic information of an individual for such purposes.

Individual Rights

Under federal law you have the right to:

- Look at or get copies of certain types of your PHI. You may request that we provide copies in a format other than paper. This may include an electronic copy in certain circumstances if you make this request in writing. You may also ask us to change PHI that you believe is incorrect or missing. If that PHI came from someone else, like a doctor, we may have you ask them to correct it.
- Send us a written request asking us not to use your PHI for treatment, payment or health care operations. We are not required to agree to these requests.
- Request that we communicate with you about your PHI by alternative means or to an alternative location if you believe you could become endangered if the PHI is not treated confidentially. You must make your request in writing.
- Send us a written request asking for a list of any disclosures of your PHI other than PHI used for normal treatment, payment or operations.

Contact the Privacy Officer at Arrowhead West, Inc. to use any of these rights. They will provide you with any forms we may ask you to complete.

Breach Notification: In the event of breach of your unsecured health information, we will let you know of such a breach as required by law or where we otherwise deem appropriate.

Questions and Complaints

We take our responsibility of protecting your PHI very seriously. We have a number of policies and procedures in place to make sure it stays safe. If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your PHI, or would simply like to review our policies and procedures, please contact the Privacy Officer (Human Resource Manager) listed on page 1.

You may choose to call the Office of Civil Rights Hotline at 1-800-368-1019 or submit a written complaint to the Department of Health and Human Services:

U.S. Department of Health and Human Services
Room 509F
200 Independence Avenue, SW
Washington D.C. 20201

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.