

## 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.

### Our Policies and Practices to Protect Your Health Information

Our organization maintains a commitment to keeping patient information secure. We protect personal and health information that we collect about you by maintaining physical, electronic, and procedural safeguards. We will preserve your Protected Health Information in accordance with strict standards of security and confidentiality. We will limit the collection and use of information to a minimum in compliance with applicable law. We will permit only authorized employees, who are trained in the proper handling of your Protected Health Information, to have access to that information. We will require external organizations and business associates to comply with privacy standards and all applicable law. While information is the cornerstone of our ability to provide you with appropriate health care, we are dedicated to safeguarding your information.

### How We May Use or Disclose Your Protected Health Information

This notice of privacy practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. Your Protected Health Information is information related to demographic Protected Health Information, health and financial information that may identify you including your past, present or future health care services.

- *For Treatment:* We may use and disclose your Protected Health Information to provide you with medical treatment or services. This includes the coordination or management of your health care with a third party. For example, your protected Health Information may be provided to a health care provider to whom you have been referred to ensure the necessary information to diagnose and determine treatment.
- *For Payment:* We may use and disclose your Protected Health Information to obtain payment for treatment and services provided to you. This may include requirements by your health insurance plan to approve services such as making a determination of eligibility of coverage for insurance benefits, reviewing services provided for medical necessity; and utilization review activities. For example, the information on a bill may contain Protected Health Information that identifies you, your diagnosis, and services or supplies used in the course of treatment.
- *For Health Care Operations:* We may use and disclose health information about you for our health care operations. Those uses and disclosures are necessary to run our facilities and make sure that our patients receive quality care. For example we may use health information to review our care 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 services are warranted. We may also disclose information to doctors, nurses, technicians, certified nurses or medical aides, 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. However, 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 knowing the identity of specific patients.
- *Required by Law:* We may disclose your Protected Health Information as required by law. This includes but is not limited to judicial and administrative proceedings pursuant to legal authority; to report information related to victims of abuse, neglect, or domestic violence; and to assist law enforcement officials in their law enforcement duties.
- *Public Health Activities:* We may disclose your Protected Health Information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.
- *Abuse or Neglect:* We may disclose your Protected Health Information to government authorities regarding abuse, neglect, or domestic violence.
- *Health Oversight Activities:* We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefits programs, other government regulatory programs, and civil rights laws.
- *Judicial and Administrative Proceedings:* We may disclose your Protected Health Information in accordance with lawsuits or other legal proceedings in response to an order of a court or administrative tribunal, subpoena, discovery request, or other lawful process.
- *Law Enforcement Purposes:* We may disclose your Protected Health Information to coroners, medical examiners, or funeral directors to enable them to carry out their lawful duties.
- *Organ/Tissue Donation:* We may use or disclose your Protected Health Information for cadaveric organ, eye, or tissue donation purposes.
- *Research:* We may disclose your Protected Health Information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information.
- *Health and Safety:* We may disclose your Protected Health Information to avert a serious threat to the health or safety of you or any other person pursuant to the applicable law.
- *Fund Raising:* We may use and disclose your Protected Health Information to contact you in a fundraising effort for our organization and its operations. We may disclose health information to a foundation related to us so that the foundation may contact you in raising funds for our organization. If you wish to opt out of receiving fundraising communications, you must notify us in writing.
- *Government Functions:* We may use or disclose your Protected Health Information for specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require such use or disclosure.
- *Workers Compensation:* We may use or disclose your Protected Health Information in order to comply with laws and regulations related to Workers Compensation.
- *Appointments and Treatment Alternatives:* We may use your Protected Health Information to provide appointment reminders, information, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.
- *Business Associate:* In the event we arrange for our Business Associates to provide some of the services we perform, such as having a printing company photocopy your medical records, we may be required to disclose your health information to enable the associates to provide the services. Our associates are also required to protect your health information.

### Your Rights

This notice provides you with notification of your rights with respect to your Protected Health Information and how you may exercise these rights. Uses and disclosures of your Protected health Information, except as otherwise permitted or required by law, are subject to your written authorization.

- *You have the right to revoke an authorization to use or disclose Protected Health Information:* You may revoke an authorization for uses and disclosures of Protected Health Information that you have previously authorized to the extent that action has not already been taken.

- *You have the right to restrict disclosure to family members or others involved in your care:* You may notify our organization of a restriction to disclose your Protected Health Information to a family member, other relative, or any other person you identify that is directly associated to such involvement related to your care.
- *You have a right to request a restriction of you Protected Health Information:* You may request a restriction on certain uses and disclosures of your Protected Health Information related to treatment, payment, or health care operations. However, we are NOT required by law to agree to a requested restriction. If we do agree, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. Your request must state the specific restrictions requested and to whom you want the restriction to apply.
- *You have the right to request confidential communication of your health information by alternative means or at alternative locations:* You may request alternative accommodations to obtain your Protected Health Information, and we will not request an explanation from you as to the basis for the request. We will accommodate reasonable requests and arrange for the appropriate alternative methods.
- *You have the right to inspect and obtain a copy of your Protected Health Information upon written request:* You may inspect and obtain a copy of your Protected Health Information that is contained in a designated record set for as long as we maintain the Protected Health Information. Under federal law, you may not inspect or obtain a copy of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information. Depending on the circumstances, a decision to deny access may be reviewed. Please contact our office for additional details regarding access to your medical record and applicable fees.
- *You have a right to request and amendment to your Protected Health Information:* You may request and amendment to information you deem to be inaccurate. We reserve the right to deny your request for an amendment; you have the right to file a statement of disagreement; and we have the right to prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our office for additional details regarding and amendment to you Protected Health Information.
- *You have the right to receive an accounting of uses of disclosures made of your Protected Health Information:* You may request a copy of an accounting log of uses and disclosures of Protected Health Information for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes uses and disclosures prior to the effective date of this notice and in accordance with applicable law when authorization for uses and disclosures are not required. You have the right to receive specific information regarding uses and disclosures within the time frame as required by law.
- *You have the right to obtain a paper copy of this notice from us:* Upon request, we will provide you with a copy of the Notice of Privacy Practices from our organization.

Our Obligations

We are required to maintain the privacy of your Protected Health Information and provide you with notice of our legal duties and privacy practices with respect to your information. We must abide by the terms of this notice, and we reserve the right to amend the terms of our notice at any time. We will make any new provisions effective for all Protected Health Information maintained. A revised Notice of Privacy Practices will be made available at the location of your physical service delivery site whenever there is a material change to our privacy practices described in our notice.

Questions and Complaints

To request additional information or should you have questions regarding our privacy practices, please contact us at the following address or phone number:

Privacy Official: HIM Coordinator  
 Organization: Kansas Medical Center  
 Address: 1124 W. 21<sup>st</sup> Street North, Andover, KS 67002  
 Phone Number: (316) 300-4000

You have the right to file a complaint if you believe that your privacy rights have been violated. You may file a complaint by submitting the complaint in writing to the Privacy Official of our organization at the above address or to the Secretary of the Department of Health and Human Services. Our organization will not take retaliatory action against you for filing a complaint.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_