

Notice of Health Information Practices (Complete)

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Information

Each time you visit a health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for care or treatment. This information, referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for agency planning, fundraising and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of our agency, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by Federal Regulation 45 CFR 164.522
- obtain a paper copy of the notice of health information practices upon request
- inspect and obtain a copy of your health record as provided for in Federal Regulation 45 CFR 164.524
- ask to amend your health record as provided in Federal Regulation 45 CFR 164.528
- obtain an accounting of the disclosures of your health information as provided in Federal Regulation 45 CFR 164.528
- request communication of your health information by alternative means or at alternative locations revoke your authorization to use or disclose health information, except to the extent that action has already been taken

Our Responsibilities

This agency is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you

- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If have questions and would like additional information, you may contact our Privacy Officer at 913-621-5090. If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer (a complaint form is available) or with the secretary of Health and Human Services (Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201). There will be no retaliation for filing a complaint.

Examples of Health Information Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, therapist, or other member of our health care team, will be recorded in your record and used to help determine the course of treatment that should work best for you. Your clinician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the clinician will know how you are responding to treatment. We will also provide your clinician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this agency.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on the bill or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the clinical staff, clinical managers or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

We will use your health information for Business Associates.

For example: There are some services provided in our agency through contracts with business associates. Examples include clinician services in specialty therapies, certain laboratory tests, and a billing service. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

We will use your health information for a Directory.

For example: Unless you notify us that you object, we will use your name, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for your religious affiliation, to other people who ask for you by name.

We may use your health information for notification.

For example: We may use or disclose health information to notify, or assist in notifying, a family member, personal representative, or another person responsible for your care and general condition.

We will use your health information for communication with family.

For example: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

We may use your health information for research.

For example: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

We may use your health information for Funeral directors:

For example: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

We will use your health information for organ procurement agencies.

For example: Consistent with applicable law, we may disclose health information to organ procurement agencies or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

We will use your health information for marketing.

For example: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We will use your health information for fund raising.

For example: We may contact you as part of a fund-raising effort.

We will use your health information for the Food and Drug Administration (FDA).

For example: We may disclose health information to the FDA relative to adverse events.

We will use your health information for workers' compensation.

For example: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

We will use your health information for public health.

For example: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

We will use your health information for correctional institution.

For example: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

We will use your health information for law enforcement.

For example: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or court order. Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Contact Information

Our contact person for all questions, requests, or for further information related to the privacy of your health information is:

Privacy Officer
9740 W. 87th Street
Overland Park, KS 66212
913-621-5090