



THE UNIVERSITY OF
KANSAS HEALTH SYSTEM

Notice of Privacy Practices

Effective August 1, 2018



514 Cleveland St. | Great Bend, Kansas 67530



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

NOTICE OF PRIVACY PRACTICES EFFECTIVE AUGUST 1, 2018

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:

Ashley Alefs, Risk Manager
514 Cleveland Street, Great Bend, Kansas 67530
Office: (620) 791-6280 Cell: (620) 474-9052
E-Mail: aalefs@gbregional.com

Or

Christy Stahl, Privacy Officer
2220 Canterbury Drive, Hays, Kansas 67601
Office: (785) 623-2188 Cell: (785) 623-1821 Fax: (785) 623-5018 Hotline: (785) 623-2194
E-Mail: cstahl@haysmed.com

WHO WILL FOLLOW THIS NOTICE

The University of Kansas Health System Great Bend Campus (“Hospital”) provides health care to patients in partnership with physicians and other professionals and organizations. The information in this Notice of Privacy Practices (“Notice”) will be followed by all the following entities, sites, and locations of Hospital:

- All individuals employed by Hospital
- All Hospital inpatient and outpatient departments
- All Hospital clinics
- Volunteers working at any Hospital facility
- Medical, nursing, and other students present at any Hospital facility
- Any health care professional who treats you at any Hospital facility

All these entities, sites and locations follow the terms of this Notice. In addition, these entities, sites and locations may share your health information with each other for treatment, payment or health care operations as described in this Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

- Each time you visit a hospital, physician, or other healthcare professional, a record of your visit is made.
- Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, a plan for your future care or treatment and billing-related information.
- Such records are necessary to provide you with quality care and to comply with certain legal requirements.
- Other health care professionals from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information.
- We understand that your health information is personal.
- We are committed to protecting your health information.
- This Notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of your health information.

Fundraising Activities

We may use your health information to contact you in an effort to raise funds for this facility and its operations. We may disclose some of your health information to a foundation related to this facility ("Foundation") so that the Foundation may contact you in an effort to raise funds for this facility and its operations. We may disclose to the Foundation basic demographic information about you (such as name and contact information), the dates you were treated, and the outcomes of that treatment. If you wish to opt out of receiving such fundraising communications, please contact the Risk Manager or Privacy Officer listed at the beginning of this Notice.

Business Associates

Hospital provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

Hospital Directory

We may include certain limited information about you in the Hospital directory while you are a patient at Hospital. This information may include your name, location in the Hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask or you by name.

Creation of De-Identified Health Information

We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

Research

- Under certain circumstances, we may use and disclose health information about you for research purposes. All research projects, however, are subject to a special approval process which evaluates a proposed research project and its use of health information, trying to balance the research needs with patient privacy interests.
- Before we use or disclose health information for research, the project will have been approved through this research approval process.

As Required by Law

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

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when necessary to prevent or lessen a serious threat to the health or safety of a person or the public, or as necessary for law enforcement authorities to identify or apprehend an individual.

Organ and Tissue Donation

If you are an organ donor, we may disclose your 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 disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Employers

- We may disclose your health information 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 disclosure of information to your employer.
- Any other disclosures to your employer will be made only if you sign a specific authorization for the disclosure of that information to your employer.

Inmates/Persons in Custody

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official if such disclosure is necessary (1) for the institution to provide you with healthcare; (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 AND DISCLOSURES

We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this Notice. For example, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time, to the extent Hospital has not relied on it.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

- You have the right to inspect and copy your health information maintained by Hospital.
- To inspect and 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 Hospital Health Information Management Department at (620) 791-6823. 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 Hospital 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 an Amendment

- If you believe that health information we have about you is inaccurate 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 Hospital. 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 Hospital Health Information Management Department at (620) 791-6823. 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 Hospital.
 - Is not part of the information which 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 health records.

Right to an Accounting of Disclosures

You have the right to request a list of disclosures of your health information we have made, with certain exceptions defined by law. 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 person identified on the first page of this Notice. 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.

Discrimination is Against the Law

The University of Kansas Health System Great Bend Campus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The University of Kansas Health System Great Bend Campus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The University of Kansas Health System Great Bend Campus provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

The University of Kansas Health System Great Bend Campus provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Operator at 620.792.8833.

If you believe that The University of Kansas Health System Great Bend Campus 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:

Risk Manager
514 Cleveland Street
Great Bend, Kansas 67530
Telephone Number: 620.791.6280
Fax: 620.791.6875
Email: aalefs@gbregional.com

Or

Chief Legal Officer & Corporate Compliance Officer
2220 Canterbury Drive
Hays, Kansas 67601
Telephone Number: 785.650.2759
TTY/TDD or State Relay Number: 800.766.3777 (V/T); or Dial 711
Fax: 785.623.5524
Email: joannah.applequist@haysmed.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ashley Alefs, Risk Manager, and Joannah Applequist, Chief Legal Officer & Corporate Compliance Officer, are 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/portal/lobby.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>.

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-429-7633 (телетайп: 1-800-766-3777).

HMONG

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-429-7633 (TTY: 1-800-766-3777).

PERSIAN (FARSI)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-800-766-3777) (TTY: 1-855-429-7633) تماس بگیرید.

SWAHILI

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-855-429-7633 (TTY: 1-800-766-3777).
