

NOTICE OF PRIVACY PRACTICES

EFFECTIVE October 25, 2021

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:

Risk Management

**514 Cleveland Street, Great Bend, KS 67530
Office: (620) 603-7462 Fax: (620) 791-6236**

Yomba Von Seggern, Privacy Officer

**514 Cleveland Street, Great Bend, KS 67530
Office: (620) 603-7462 Fax: (620) 791-6236
E-mail: yvonseggern@kumc.ed**

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Revised: 10-25-2021

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ CAREFULLY.

You may call The University of Kansas Health System (UKHS) Great Bend Campus (GBC) Privacy Official at 620-603-7452. If you have questions about this Notice. You may also call The University of Kansas Compliance Helpline. The toll-free number is 844-527-0597.

Who Will Follow This Notice

This Notice describes the privacy practices of the health care providers named below that participate in The University of Kansas Health System Organized Health Care Arrangement. An “organized health care arrangement” is (i) a clinically integrated setting in which individuals typically receive health care services from more than one health care provider, or (ii) an organized system of health care in which more than one health care provider participates. To serve you better, we give you this Notice about our privacy practices and your privacy rights. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guarantees your privacy rights. Each provider will follow the terms of this Notice. The Notice applies to our various sites of service. If you ask, we will give you a list of our sites that are subject to the Notice.

Specifically, The University of Kansas Health System Organized Health Care Arrangement (OHCA) includes:

- The University of Kansas Health System (including The University of Kansas Hospital, The University of Kansas Physicians, The University of Kansas Health System Great Bend Campus. (including St. Rose Pavilion, all hospital clinics and all UKHS Home Health/Hospice entities).
- The University of Kansas Medical Center
- KU Health Partners, Inc.

These providers include their employees, staff, trainees, volunteer groups, students, and other health care workers. 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 operation as described in this Notice.

Collectively, these entities will be referred to as “we” or “us” in this Notice. We may share medical information with each other for treatment, payment, and operational purposes. The law allows us to do so to provide efficient health care services. Moreover, certain health care providers in The University of Kansas Health System Organized Health Care Arrangement may participate in clinically integrated networks for purposes of joint utilization review, quality assessment and improvement, or payment activities of the network, please contact The University of Kansas Health System Compliance Helpline (844-527-0597 toll free).

Important Disclaimer

The above providers are giving you this joint Notice. Each provider in this joint Notice is its own health care provider. Each provider is individually responsible for its own activities. This includes complying with privacy laws and all health care services it provides. We are not providing health care services mutually or on each other’s behalf. We may share health information as allowed by law.

Our Pledge Regarding Medical Information

We know that your medical information is personal. We will protect your medical information. We maintain a record of the care and services you receive at our facilities. We need this record to give you complete and comprehensive care. We also need this record to comply with the law. The Notice applies to records we maintain for your care at our facilities.

This Notice tells you about the ways that we may use and share your medical information. It also describes your rights.

We are required by law to:

- Make sure that medical information that identifies you is kept private,
- Give you this Notice of our legal duties and privacy practices concerning your medical information,
- Follow the terms of the Notice currently in effect.

How We May Use and Share your Medical Information

We may use and share your medical information as listed below. Not every possible use or disclosure will be listed. However, all the ways we may use and share information falls into one of these areas.

- **For Treatment.** We may use your medical information to give you medical care. We may share your medical information with doctors, nurses, technician, students, or other University of Kansas Health System Organized Health Care Arrangement workers. For example, departments may share your medical information to plan your care. This may include prescriptions, lab work, and imaging. We may share your medical information with people not at The University of Kansas Organized Health Care Arrangement. This may include referring physicians and home health care nurses who are treating you.
- **For Payment.** We may use and share your medical information with your insurance plan or others who help pay for your care. For example, we may tell your health plan about a treatment you are going to receive. We do this to find out if your plan will pay for the treatment.
- **For Health Care Operations.** We may use and share your medical information for our operations. These uses and disclosures help us run our programs and make sure our patients receive quality care. For example, we may use medical information to review our treatment and services. We may use medical information to measure the performance of our staff and how they care for you. We may share medical information with doctors, nurses, technicians, students, and other health care workers for teaching purposes or preparatory to research.
- **Business Associates.** We may contract with outside businesses to provide some services for us. For example, we may use the services of transcription or collection agencies. Under such contracts, we may share your medical information with them to do the job we have asked them to do. These contracts require businesses to protect the medical information we share with them and to provide you with access to your medical information and a list of any of your medical information that they disclose.
- **Communications Regarding your Care.** We may use and disclose your health information to provide you with appointment reminders. This may include contacting you with the date, time and location of your appointment by (1) sending a reminder care to the most recent address we have for you (2) sending an email message to the most recent email address we have for you; or (3) calling or text messaging the most recent telephone number we have available and, if necessary, leaving a voice message or a message with a person other than you who answers your telephone number. If we need to contact you for a reason other than an appointment reminder (e.g. to report test results), we may send or leave a message asking you to contact us. We will not leave any additional information unless you direct us otherwise in a particular circumstance.

- **Satisfaction Surveys.** We may use and disclose health information to conduct surveys to assess your satisfaction with our services. We may send such survey to you by regular mail or by sending a message to the most recent email address we have for you. We may also send such survey by text message to the most recent cell phone number we have for you.
- **Treatment Alternatives.** We may use and share medical information to tell you about different types of treatment available to you. We may use and share medical information to tell you about other benefits and services related to your health.
- **Hospital Directory.** We may include limited information about you in the hospital directory while you are a patient in the hospital. This information may include your name, location in the hospital, general condition (fair, stable, etc.), and religion. We may share the directory information, except for religion, with the people who ask for you by name. We provide this service so your family, friends, and others close to you can visit you and generally know how you are doing. If you do not want people to know that you are in the hospital, we will not share this information. You must tell your nurse, physician, registration person or Admitting Department that you do not want this information to be shared.
- **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.
- **People involved in Your Care.** Unless you ask us not to, we may share your medical information with a family member or friend who helps with your medical care. We may share your medical information with a group helping with disaster relief efforts. We do this so your family can be told about your location and condition. If you are not present or able to say no, we may use our judgment to decide if sharing your information is in your best interest.
- **Research.** We will use and share your medical information for research. We will share your medical information with 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 medical information. We may also share your medical information with people preparing to conduct a research project. We may also use and share your medical information to contact you about the possibility of enrolling in a research study.
- **As Required By Law.** We will share your medical information when required to do so by federal, state, or local law.
- **Fundraising Activities.** We may use your information to contact you for efforts to raise funds for University of Kansas Health System Organized Health Care Arrangement entities. We may share your information with foundation and other entities related to members of The University of Kansas Health System Organized Health Care Arrangement. Such foundation or entities may contact you to raise funds. For example, you may get invitations to fundraising events. You may get annual reports and other types of information: dates of service, treating physician and department, outcome, and health insurance status. If you do not want us to contact you for fundraising purposes, you may call KU Endowment at (913) 562-2700. The University of Kansas Health System Fund Development office at (913) 588-2800 or The University of Kansas Health system Compliance Helpline (844-527-0597 toll free).
- **To Prevent A Serious Threat To Health Or Safety.** We may use and share your medical information to prevent a serious threat to your health and safety and that of others. We will only share your medical information with persons who can help prevent the threat.

How We May use and Share Your Medical Information Special Situations

- **Organ and Tissue Donation.** We may share medical information with groups that handle and monitor organ donations and transplants.
- **Military.** If you are in the U. S. or foreign armed services, we may share your medical information as required by the proper military authorities.
- **Workers' Compensation.** We may share your medical information for workers' compensation or programs like it. We may do this to the extent required by law.
- **Public Health Risks.** We may share your medical information for public health activities. We may do so as required by law. For example, we may share your medical information:
 - to prevent or control disease, injury, or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medicines or problems with products;
 - to tell you about product recalls;
 - to tell you if you have been exposed to a disease; may be at risk for catching or spreading a disease or condition; and
 - to tell the proper government department if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only share this information when ordered or required by law.
- **Health Oversight Activities and Registries.** We may share your medical information with government agencies that oversee health care. We may do so for activities approved by law. For example, these activities include audits, investigations, inspections, and licensure surveys. The government uses these activities to monitor the health care system. It also monitors the outbreak of disease, government programs, compliance with civil rights laws, and patient outcomes. We may share medical information with government registries.
- **Lawsuits and Disputes.** If you are in a lawsuit or a dispute, we may share your medical information in response to a court order, legal demand, or other lawful process.
- **Law Enforcement.** We may share medical information if asked to do so by a law enforcement official:
 - to report certain types of wounds;
 - to respond to a court order, subpoena, warrant, summons, or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime, if under certain limited circumstances, we are unable to obtain the victim's agreement;
 - about a death we believe may be caused by a crime;
 - about suspected crimes on our premises; and
 - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who may have committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may share medical information with a coroner or medical examiner. For example, we may do this to identify a deceased person or to determine the cause of death. We may share medical information with funeral directors as necessary to carry out their duties.
- **National Security.** We may share your medical information with the proper federal officials for national security reasons.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you.

- **Right to Access and Receive Copies.** You have the right to look at and to receive copies of the medical information used to make decisions about your care, including information kept in an electronic health record, and/or to tell us where to send the information. Usually, this includes medical and billing records. It does not include some records such as psychotherapy notes.

To look at and receive copies of medical information used to make decisions about you, you must submit your request in writing. We may charge a fee for the cost of processing your request. If the copies provided are in electronic form, we can only charge you for our labor costs. Call your facility's Medical Records Department or The University of Kansas Health System Release of Information at (913) 588-2454 to get more details.

In some limited cases, we may say no to your request, such as a request for psychotherapy notes. You may ask that such a decision be reviewed. To ask for a review, contact The University of Kansas Health System Compliance Helpline (844-527-0597 toll free).

- **Right to Amend.** You have a right to ask for an amendment of your protected health information in your record. To ask for a change to your record, you must make your request in writing and submit to the Director of Health Information Management or The University of Kansas Health System Release of Information office at 3901 Rainbow Blvd.; Kansas City, KS 66160. Also, you must give a reason that supports your request.

We may say no to your request for an amendment to your record. We may do this if it is not in writing or does not include a reason to support the request. We may say no to your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the records used to make decisions about you;
- Is not part of the information which you are permitted to inspect and to receive a copy; or
- Is not accurate and complete.

- **Right to Accounting Disclosures.** You have a right to get a list of the disclosure we made of your medical information including medical information we maintain in an electronic health record. This list may not include all disclosure that we made for treatment, payment, or health care operations purposes.

You have a right to request a list of disclosures from us and any of our business associates. Any accounting will not include disclosures made before April 14, 2003, or disclosures you specifically approved.

To ask for this list you must submit your request in writing on the approved form. We will give the form to you upon request.

- **Right to Request Restrictions.** You have the right to ask for a restriction or limitation on the medical information we use or share for treatment, payment, or health care operations. In addition, you have the right to request that we restrict disclosure of your medical information, if the disclosure is to a health plan, for the purpose of carrying out payment or health care operations (and is not for the purpose of carrying out treatment); and the medical information pertains solely to a health care item or service for which you have paid out of pocket in full. You also have the right to ask for a limit on the medical information we share with someone who is involved in your care or in the payment of your care. Such a person may be a family member or friend. We do not have to agree with your request, unless you pay in advance for obtaining the healthcare item or service. If we do agree, we will fulfill your request unless the information is needed to provide you with emergency treatment.

To ask for a restriction, you must make your request in writing on a form that we will give you upon request. You must tell us:

- what information you want to limit,
 - how you want us to limit the information, and
 - to whom you want the limits to apply.
- **Right to Request Confidential Communications.** You have a right to ask us to communicate with you about medical matters in a certain way or at certain places. You must make your request in writing on a form that we will give you upon request. We will fulfill all reasonable requests.
 - **Right to a Paper Copy of This Notice.** You may ask us to give you a copy of this Notice at any time. Even if you have agreed to get this Notice electronically, you still have a right to a paper copy of this Notice.

Revisions to This Notice

We may update this Notice to show any changes in our privacy practices. We reserve the right to make the updated Notice effective for medical information we already have about you. It also will be effective for any information we receive in the future. We will post a copy of the current Notice in places where you receive services. The effective date of this Notice is on the first page, in the top, right-hand corner.

Complaints

If you would like more information about your privacy rights, are concerned that we have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact the Quality Risk Manager at the Great Bend Campus at 620-603-7452, or the Privacy Officials of The University of Kansas Health System Organized Health Care Arrangement through The University of Kansas Health System Compliance Helpline at 844-527-0597 (toll free). You may file a complaint with the Accreditation Organization: Center for Improvement in Healthcare Quality (CIHQ) Phone: 805-934-8500 Toll-free: 866-324-5080 Fax: 805-934-8588. You may also file written complaints with the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services. You will not be penalized for filing complaints with us, CIHQ or with the OCR.

Notification of Breach

We will keep your medical information private and secure as required by law. In any of your medical information which is acquired, accessed, used, or disclosed in a manner that is not permitted by law we will notify you within 60 days following the discovery of the breach.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or by other laws that apply to us will be made only with your written permission. The following is a description of some situations, but not all, where our use and disclosure of your medical information will require your written permission:

- **Psychotherapy Notes.** Most uses and disclosures of your psychotherapy notes will require your written permission. Generally speaking, psychotherapy notes are notes that are made by a mental health professional documenting or analyzing the contents of his or her conversations with you during conversations with you, during a counseling session, and that are kept separate for the rest of your medical record.
- **Marketing Purposes.** We may market our own services to you without your written permission. Subject to limited exceptions, uses, and disclosure of your medical information for other marketing purposes will require your written permission.
- **Sale of Medical Information.** Disclosures that would constitute the sale of your medical information will require your written permission.

If you give your permission to use or share your medical information, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your medical information for the reasons covered by your written permission. We cannot take back any disclosures we have already made with your permission. We are required to keep records of the care that we provided you.

Your Rights Regarding Electronic Health Information Exchange

The University of Kansas Health System Organized Health Care Arrangement entities participate in the electronic exchange of health information with other health care providers and health plans through an approved health information organization (HIO). Through our participation, your PHI may be accessed by other providers and health plans for the purposes of treatment, payment, or health care operations. The approved HIO is required to maintain safeguards to protect the privacy and security of PHI. The approved HIP may only allow authorized personnel to access PHI through HIO.

Under Kansas law, you have the right to decide whether providers and health plans can access your health information through HIO. You have two choices. First, you can permit authorized individuals to access your PHI maintained through an HIO for treatment, payment, or health care operations. If you choose this option, you do not have to do anything.

Second, you can restrict access to your PHI maintained through an HIO (except access by properly authorized individuals as needed to report specific information as required by law.) To do so, you must submit a request to opt out of HIE through Kansas Health Information Technology (KanHIT), which can be done by visiting <http://www.kanhit.org>. For more information on how to opt out, call the KanHIT Support Center at (785) 296-0461. You can restrict The University of Kansas Health System Organized Health Care Arrangement from making your PHI available to the HIO by following instructions at the section above, "Right to Request Restrictions". Even if you restrict access through (or opt out of the participating in) an HIO, providers and health plans may share your information through already available other legal means (facsimile or secure email) without your specific authorization.

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 about what action, if any, you need to take to restrict access.

Please understand your decision to restrict access to your electronic health information through an HIO may limit your health care providers' ability to provide the most effective care for you. By submitting a request for restrictions, you accept the risks associated with that decision.

END