

KCOI Notice of Privacy Practices

Effective Date - March 1, 2013

**“This notice describes how medical information about you may be used and disclosed and how you can get access to this information.”
PLEASE READ IT CAREFULLY**

You have the right to confidentiality of your health information. When you receive medical services from KCOI and associated physician clinics, a record of the care and services performed is created. This record is necessary to provide quality medical care and to comply with legal requirements. This notice applies to all of the medical records generated by the Kansas City Orthopaedic Institute. KCOI is committed to protecting your personal health information from unauthorized use. We are required by law to :

- Keep all medical information that identifies you private
- Give you this notice of our legal duties and privacy practices with respect to your medical information.
- Follow the terms of the notice that is currently in effect.

The medical information that we know about you may be disclosed to others outside KCOI in several different ways. We have listed below some examples of how that may occur.

- For Direct Medical Care and Treatment** - Your private health information may be disclosed to Physicians, Nurses, and other health care personnel involved in your care. If you require transfer to another facility your medical record may be sent with you.
- To Obtain Payment** - We may disclose some private health information in order to bill and collect payment for your medical care.
- For Health Care Operations** – We may use your medical information in reviewing our treatment and services and to evaluate the performance of our staff in caring for our patients.
- Appointment Reminders** - We may need to disclose medical information to contact you for an appointment. Such as leaving a message on your phone.
- Hospital Directory** – If someone phones you during your stay that call will be transferred to your room, thus acknowledging your presence.
- Individuals involved in your care** – We may provide health information to friends, family members, or independent contractors who are directly involved in your medical care. In the event of a disaster, we may provide information to an entity assisting in a relief effort so that your family might be notified about your condition, location, and status.
- Organized Health Care Arrangement** – KCOI is a clinically integrated setting in which you will receive care and treatment from more than one provider. Those providers may include: Anesthesia Associates of KC, P.C. , Saint Luke’s Health System including but not limited to Laboratory Services and EKG Interpretation , DDMOC, OSMCC, OSMKC, Mid-America Rehabilitation Services, Alliance Radiology, Community Blood Center, Shawnee Mission Medical Center, Menorah Medical Center, Physician’s Reference Lab, and WardParkway Internal Medicine.
- As Required by Law** – We will disclose health information about you when we are required to do so by federal, state, or local laws
 - To avert a serious threat to health or safety.
 - For Public Health activities
 - Medical Examiners, Coroners, and Organ Procurement Organizations as related to tissue donations.
 - Governmental, Military, Law Enforcement or Correctional Institution compliance.
 - Suspected abuse, neglect, domestic violence, suspected criminal activity, response to a court order.
 - Worker’s Compensation
- The following uses and disclosures will be made only with written authorization from you:
 - Uses and disclosures for marketing purposes
 - Uses and disclosures that constitute the sale of personal health information
 - Most uses and disclosures of psychotherapy notes
 - Other uses and disclosures not described in this notice

Your Rights Regarding Personal Medical Information

You have the following rights regarding medical information maintained about you.

Right to Inspect and Copy

- ❑ You have a right to inspect and copy your medical information. This includes medical and billing records but does not include psychotherapy notes.
- ❑ To inspect or copy your medical information, you must submit a request in writing to our privacy officer at the address below. If you are requesting a copy of records we may be charged a fee for the costs of copying, mailing, or other expenses associated with your request.
- ❑ You have the right to request that electronic medical records be delivered to you in electronic format.
- ❑ We may deny your request to inspect or copy in very limited circumstances. If your request is denied, you may request that the denial be reviewed by another licensed health professional chosen by KCOI.

Right to Amend

- ❑ If you believe that medical information we have about you is incorrect or incomplete, you have a right to request an amendment for as long as that information is kept.
- ❑ An amendment request must be made in writing, include reasons that support your request and submitted to the privacy officer.
- ❑ Your request may be denied if it does not include a reason that supports the request or if you ask us to amend information that:
 - Was not created by us;
 - Is not part of the medical information kept by KCOI;
 - Is not part of the information which you are permitted to inspect or copy; or
 - Is considered accurate and complete.

Right to an Accounting of Disclosures

- ❑ You have the right to request a list of disclosures we have made of your medical information.
- ❑ To request this “accounting of disclosures”, you must submit your request in writing to the privacy officer. Your request must:
 - State a time frame that may not be longer than six years
 - Time frame may not include dates prior to April 14, 2003.
 - State the format in which you wish the list be delivered. (ie electronically, on paper)

The first list requested within any 12 month period is free. For additional lists we may charge you for the costs of providing the list.

Right to Request Restrictions

- ❑ You have the right to request restrictions or limitations on the medical information we disclose about you. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment.
- ❑ You have the right to request a restriction on disclosures of protected health information to health plans if you have paid for services out of pocket in full.
- ❑ To request a restriction, your request must be made in writing to the privacy officer. Your request must include:
 - What information you wish to limit or restrict;
 - Whether you wish to limit our use, disclosure, or both;
 - To whom you wish the limits to apply

Right to Request Confidential Communications

You have a right to request that we communicate with you about medical matters in a certain way, at a certain location. For example, you may ask that we only contact you at work or by mail.

Right to a Paper Copy of this Notice

You have the right to receive a paper copy of this notice at any time. You may request one in writing from our privacy officer.

Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised notice effective for the medical information we already have as well as any information we receive in the future. The current notice will be posted and the effective date will be displayed on the first page.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with KCOI or with the Secretary of the Department of Health and Human Services. To file a complaint with KCOI, contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose information about you, you may revoke that permission in writing at any time. If you revoke your permission, thereafter, we will no longer use or disclose medical information about you for the reasons covered by your written authorization .

Notification of Reportable Breach

You will be notified by first class mail of any reportable breach of your protected health information no later than 60 days from discovery of the breach of information, unless a delay is requested by law enforcement. A reportable breach of protected health information would be any impermissible use or disclosure of your protected health information under the privacy regulations.

KCOI Privacy Officer:

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New 3/03 cle
Revised 3/13 cle