

The use and disclosure of your medical information

Notice of Privacy Practices

North
Kansas City
Hospital

Notice of Privacy Practices

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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.

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health care providers, such as North Kansas City Hospital (NKCH), to notify patients about their policies and practices to protect the confidentiality of patient health information. This notice tells you the ways NKCH may use and disclose health information about you, describes your rights and states the obligations NKCH has regarding the use and disclosure of your health information.

This notice applies to any information created by NKCH staff (such as nurses and other professionals) and physicians and other health care providers who provide services to you while you are an NKCH inpatient or outpatient. If you see a physician or other health care provider in their private office, different policies or practices may apply and you may want to ask them for a copy of their notice of privacy practices.

Our Promise Regarding Your Health Information Privacy

The privacy policies and practices of NKCH protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

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How NKCH may use and disclose health information about you

The following are the different ways NKCH may use and disclose your PHI without first having to obtain your written authorization.

- ***To Other Health Care Providers at NKCH***

NKCH may share your PHI with physicians and other health care providers at NKCH so that such providers can care for you, obtain payment for their services and conduct health care operations.

- ***For Treatment***

NKCH may disclose your PHI to nurses and other health care professionals on staff and to physicians who provide you treatment. We also may disclose your PHI to other health care providers not affiliated with NKCH that are providing you treatment.

- ***For Payment***

NKCH may use and disclose your PHI so claims for health care treatment, services and supplies you receive may be paid. For example, NKCH may submit claims to your insurer or other parties responsible for payment of your care.

- ***For Health Care Operations***

NKCH may use and disclose your PHI to enable it to operate or operate more efficiently. For example, NKCH may use your PHI to plan our future operations; for case management; to conduct compliance reviews, audits or quality assurance; or to evaluate our staff's performance.

- ***Other Benefits and Services***

NKCH may use and disclose your PHI to tell you about possible treatment options or alternatives or other health-related benefits or services that may be of interest to you. NKCH may use and disclose your PHI to remind you of appointments for health care services.



How NKCH may use and disclose health information about you if you do not object

The following are the different ways NKCH may use and disclose your PHI if you do not object.

- ***Individuals Involved in Your Care or Payment of Your Care***
NKCH may disclose PHI to a close friend or family member involved in or who helps pay for your health care. In an emergency situation, NKCH may also disclose PHI to a disaster relief agency, such as the Red Cross, to help notify your friends or family of your location.
- ***Directory***
NKCH may use or disclose your PHI to include you in our patient directory, which includes your name, location in the Hospital and general condition. A member of the clergy may also obtain your religious affiliation from the directory. If you do not want to be listed in the directory, talk to your admitting clerk or a nurse.

Special uses and disclosures

The law allows NKCH to use or disclose your PHI under the following special circumstances without first having to obtain your written authorization.

- ***As Required by Law***
NKCH will disclose your PHI when required to do so by federal, state or local law, including those laws that require the reporting of certain types of wounds or physical injuries.
- ***Lawsuits and Disputes***
If you become involved in a lawsuit or other legal action, NKCH may disclose your PHI in response to a court or administrative order, a subpoena or search warrant.
- ***Law Enforcement***
NKCH may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, witness or missing person or to report details of a crime.



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- **Workers' Compensation**
NKCH may disclose your PHI as authorized by and to comply with workers' compensation laws.
 - **Military and Veterans**
If you are or become a member of the U.S. armed forces, NKCH may release medical information about you if required by military command authorities.
 - **To Avert Serious Threat to Health or Safety**
NKCH may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
 - **Public Health Risks**
NKCH may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

- **Health Oversight Activities**
NKCH may disclose your PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.
- **Research**
Under certain circumstances, NKCH may use and disclose your PHI for medical research purposes.
- **National Security Services**
NKCH may release your PHI to authorized federal officials for protection of the president or for national security and intelligence activities.
- **Organ and Tissue Donation**
If you are an organ donor, NKCH may release your PHI to organizations that handle organ, eye or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors**
NKCH may release your PHI to a coroner or medical examiner for identifying a deceased person or determining the cause of death. NKCH also may release your PHI to a funeral director, as necessary, to carry out his/her duties.



**Your rights regarding
your health information**

Your rights regarding the health information NKCH maintains about you are as follows.

- ***Right to Inspect and Copy***
You have the right to inspect and copy your PHI. To inspect and copy your health information, submit your request in writing to the Manager of Health Information Management (see **Contacts on back page**). NKCH may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, NKCH may deny your request to inspect and copy your PHI. Generally, if you are denied access to your health information, you may request a review of the denial.
- ***Right to Amend***
If you think the health information NKCH has about you is incorrect or incomplete, you may ask to have it amended. To request an amendment, send a detailed request in writing to Manager of Health Information Management.

- ***Right to An Accounting of Disclosures***
You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that NKCH has made to others, except for those necessary to carry out health care treatment, payment or operations and disclosures you have authorized. To request an accounting of disclosures, submit your request in writing to the Manager of Health Information Management.
- ***Right to Request Restrictions***
You have the right to request a restriction on the health information NKCH uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the health information NKCH discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request restrictions, make your request in writing to the Manager of Health Information Management. **(NOTE: NKCH is not required to agree to your request.)**



- ***Right to Request Confidential Communications***

You have the right to request that NKCH communicate with you about health matters in a certain way or at a certain location. For example, you can ask that NKCH send you bills or reminders at a specified address. To request confidential communications, make your request in writing to the Manager of Health Information Management. (NOTE: NKCH is not required to agree to your request.)

- ***Right to a Paper Copy of this Notice***

You have the right to a copy of this notice. You may write to the Manager of Health Information Management to request a written copy of this notice at any time.

Changes to this notice

NKCH reserves the right to change this notice at any time and to make the revised or changed notice effective for health information NKCH already has about you. A copy of the current notice is posted in NKCH's Admitting Department.

Complaints

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Compliance Officer, North Kansas City Hospital, 2800 Clay Edwards Drive, North Kansas City, MO 64116. Alternatively, you may voice your concern to the Secretary of the U.S. Department of Health and Human Services. (NOTE: **You will not be penalized or retaliated against for filing a complaint.**)

Other uses and disclosures of health information

Other uses and disclosures of health information not covered by this notice or by the laws that apply to NKCH will be made only with your written authorization. If you authorize NKCH to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, NKCH will no longer use or disclose your PHI for the reasons covered by your written authorization; however, NKCH will not reverse any uses or disclosures already made in reliance on your prior authorization.



Contacts

If you have any questions about this notice, please contact:

Manager
Health Information Management
North Kansas City Hospital
2800 Clay Edwards Drive
North Kansas City, MO 64116



I-35 and Armour 210
North Kansas City, MO
(816) 691-2000

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