



## Kansas City Hospice & Palliative Care

### NOTICE OF PRIVACY PRACTICES

**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**

**Effective Date: April 17, 2006**

This document describes the Kansas City Hospice & Palliative Care privacy practices and how we may use and disclose your protected health information. It also sets forth our responsibilities as required by the Health Insurance Portability and Accountability Act (HIPAA) and your rights to access and control the use and disclosure of your protected health information.

“Protected health information” is information about you that is generated by a health care provider that typically includes medical, billing-related and demographic information, that may identify you and relates to your past, present or future physical or mental condition. A more detailed explanation of this information and how it is used and disclosed is provided on the following pages.

### **RESPONSIBILITIES OF KANSAS CITY HOSPICE & PALLIATIVE CARE**

Kansas City Hospice & Palliative Care is required to:

- ◆ Keep your health information private and only disclose it in accordance with the provisions of this notice;
- ◆ Provide you with this notice that explains our legal duties and privacy practice in connection with your health records;
- ◆ Make reasonable efforts to limit the amount of protected health information used or disclosed to what is reasonably necessary to conduct our business; and
- ◆ Obey the rules found in this notice.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

**Treatment:** We may use and disclose protected health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, therapists, students or other personnel who are involved in taking care of you. Different departments of the organization also may share medical information about you in order to coordinate the different services you may need such as prescriptions, laboratory, nursing and other services. We may disclose medical information about you to your physician or people or organizations outside Kansas City Hospice & Palliative Care in order to make arrangements for your continued medical care or support.

**Payment:** We may use and disclose protected health information about your treatment and care in order to bill and collect payment from you, your insurance company or other third party payors such as Medicare. For example, we may submit a claim or request for payment to your insurance company or

health plan in order to obtain payment for services you received. The insurance company or health plan may require additional information about the care provided in order to pay us or reimburse you for those services. We may also tell your insurance company or health plan about services you are going to receive in order to obtain prior approval or to determine whether your insurance or plan will cover the services.

**Health Care Operations:** We may use or disclose your protected health information in order to support business activities that are considered necessary to operate Kansas City Hospice & Palliative Care. For example, we may combine the medical information about a large number of patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses and students for educational purposes. We may also use and disclose your protected health information to business associates that perform various activities on our behalf, such as a pharmacy or medical equipment provider.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your protected health information to your family or friends or any other person you identify when they are involved in your care or payment for your care. We may also use or disclose your protected health information to notify, or assist in the notification of a family member, personal representative, or another person responsible for your care, of your location, general condition or death. If you are available and able, we will give you an opportunity to object to these disclosures; if you object we will not make these disclosures. If you are either unavailable or unable, we will determine whether a disclosure to your family or friends is in your best interest and will disclose only the information that is directly related to their involvement in your care. When permitted to do so by law, we may coordinate our uses and disclosures of your protected health information with public or private entities authorized to assist in disaster relief efforts.

**Facility Directory:** Unless you object, we may include your name, room number and room phone number in our Hospice House facility directory. This information may be released to people who ask for you by name.

**Appointments:** We may use and disclose your protected health information to contact you about appointments. If you are unavailable, we may leave a brief message on your answering machine or voicemail system unless instructed not to do so.

**Health Related Services:** We may use your protected health information to tell you about programs or services that may be of interest to you.

**Fundraising:** Kansas City Hospice & Palliative Care may use your protected health information, to the extent allowed by law, as part of fundraising efforts by or on the part of Kansas City Hospice & Palliative Care.

**Research:** We may disclose your protected health information to researchers when an approved Institutional Review Board has reviewed and approved the research proposal and established protocols to ensure the privacy of your protected health information.

**Required by Law:** We will disclose your protected health information as required to do so by federal, state or local law.

**Averting a Serious Threat to Health or Safety:** We may use and disclose your protected health information when necessary to avert a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be made to a person or agency in a position to avert such a threat.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donations:** If you are an organ donor, we may release your protected health information to organizations that manage 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 Personnel:** If you are a member of the armed forces, we may disclose your protected health information to workers' compensation or similar programs.

**Public Health Activities:** We may disclose your protected health information for public health related activities. These disclosures are generally for but are not limited to the following purposes:

- ◆ To prevent or control disease, injury or disability (e.g., disease or trauma registries);
- ◆ To report births and deaths;
- ◆ To report abuse and neglect;
- ◆ To report reactions to medications or problems with products;
- ◆ To notify people of product recalls; and
- ◆ To notify a person who may have been exposed to a specific disease or condition.

**Health Oversight Activities:** We may disclose your protected health information to a Health Oversight agency for activities authorized by law. These activities include, but are not limited to, audits, investigations, inspections and licensure surveys. They are necessary to the government's efforts to monitor the health care system, government health care programs, licensing functions and compliance with civil rights laws.

**Judicial and Administrative Proceedings:** We may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a valid subpoena, discovery request or other lawful process, but only after Kansas City Hospice & Palliative Care has obtained satisfactory assurances that you have been notified of the request or reasonable efforts were made to obtain a qualified, protective order.

**Law Enforcement:** We may disclose your protected health information if asked to do so by a duly authorized law enforcement official:

- ◆ To identify or locate a suspect, fugitive, material witness or missing person;
- ◆ About the victim of a crime under certain limited circumstances;
- ◆ About a death we believe may be the result of criminal conduct; and
- ◆ About criminal conduct on the premises of Kansas City Hospice & Palliative Care.

**Coroners, Medical Examiners and Funeral Directors:** We may disclose your protected health information to a coroner or medical examiner in order to identify a deceased person or assist in determining the cause of death. We may also disclose your protected health information to funeral directors to the extent it is necessary to the performance of their normal duties.

**National Security and Intelligence Activities:** We may release your protected health information to duly authorized federal officials to aid in providing protection for the President, other authorized persons, foreign heads of state or to conduct special investigations.

**Inmates:** If you are an inmate of a correctional facility or in the custody of a duly authorized law enforcement official, we may disclose your protected health information to the correctional facility or law enforcement officials.

## **YOUR RIGHTS**

Although your health record is the physical property of Kansas City Hospice & Palliative Care, you have the right to:

**Inspect and Copy:** You have the right to inspect and obtain a copy of the protected health information that we use to make decisions about your care. Usually, this includes medical and billing records. We may charge a fee that includes costs for copying, labor and supplies and the cost of postage. We may deny your request to access and copy in certain very limited circumstances. If your request is denied you will be notified in writing. If you are denied access to your protected health information you may request that the denial be reviewed. We will comply with the outcome of the review and you will be advised in writing of the reviewing official's decision.

**Amend Your Records:** If you feel that protected health information we have about you is incorrect or incomplete you may ask us to amend or change the information. You have the right to request an amendment for as long as the information is kept by Kansas City Hospice & Palliative Care. To request an amendment you must submit the request in writing to the Health Information Management department at Kansas City Hospice & Palliative Care and specifically state the reason for your request. We may deny your request to amend if these criteria are not met. In addition, we may deny your request if you ask us to amend information that:

- ◆ Is not part of your protected health information maintained by or for Kansas City Hospice & Palliative Care;
- ◆ Is not part of the information which you would be permitted to inspect; or
- ◆ Is accurate and complete in its present state.

**Accounting of Disclosures:** You have the right to request an accounting of the disclosures of your protected health information that we have made for purposes other than treatment, payment and operations or those that you have previously authorized. You may be charged for the costs of providing the list. Once notified of the cost, you may withdraw or modify your request prior to any costs being incurred.

**Request Restrictions:** You have the right to request a restriction or limitation on how we use or disclose your protected health information for treatment, payment or health care operations. **However, 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 you emergency treatment.

**Request Alternative Communications:** You have the right to request that we communicate with you about medical or billing matters in a certain way or at a certain location. If you choose to request an alternative communication means you must do so in writing and must include a mailing address where we can send bills for services provided and related correspondence. We reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us requiring a response. We will notify you in accordance with your original request prior to contacting you by other means or at another location.

**A Paper Copy of This Notice:** You have the right to a paper copy of this notice.

## **OTHER USES AND DISCLOSURES**

Other uses and disclosures of your protected health information not covered by this notice or applicable laws and regulations will be made only with your written authorization. If you authorize us to use or disclose your protected health information you may revoke that authorization at any time, provided the revocation is in writing. If you revoke your authorization we will no longer use or disclose your protected health information for the reasons covered by that authorization but will be unable to address uses or disclosures made with your permission.

## **COMPLAINTS**

We are committed to protecting the privacy and confidentiality of your protected health information. However, if you believe that your privacy rights have been violated, you may file a complaint with Kansas City Hospice & Palliative Care or with the Secretary of Health and Human Services. To file a complaint with Kansas City Hospice & Palliative Care, please notify the Kansas City Hospice & Palliative Care Privacy Officer at the following address or telephone number:

Kansas City Hospice & Palliative Care Privacy Officer  
Robyn Glosenger  
9221 Ward Parkway, Suite 100  
Kansas City, MO 64114  
816.363.2600  
816.523.0068 fax  
[rglosenger@kchospice.org](mailto:rglosenger@kchospice.org)

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. Copies of the current notice will be posted at Kansas City Hospice & Palliative Care and will include the effective date. In addition, each time you are admitted to Kansas City Hospice & Palliative Care, you will be offered a copy of the notice then in effect.