

Anesthesia Associates of Kansas City, P.C.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment to Protecting Health Information About You

We are required by law to maintain the privacy of Protected Health Information and to give you this Notice explaining our privacy practices with regard to that information. You have certain rights – and we have certain legal obligations – regarding the privacy of your Protected Health Information, and this Notice also explains your rights and our obligations. We are required to abide by the terms of the current version of this Notice.

What is Protected Health Information (PHI)?

- Protected Health Information is information that individually identifies you and that we create or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse and that relates to (1) your past, present, or future physical or mental health or conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have as well as for any Protected Health Information we create or receive in the future. If and when this Notice is changed, we will post a copy in our office in a prominent location. We will also post a copy of the current policy on our website. We will also provide you with a copy of the revised Notice upon your request.

II. How We May Use and Disclose Protected Health Information About You

We may use and disclose your Protected Health Information in the following circumstances:

- For Treatment: We may use or disclose your Protected Health Information to give you medical treatment or services and to manage and coordinate your medical care. For example: Your PHI may be provided to a physician or other health care provider (e.g. specialist or laboratory) to whom you have been referred) to ensure the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.
- For Payment: We may use or disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example: we may need to give your health plan information about your treatment in order for your health plan to agree to pay for the treatment.
- For Health Care Operations: We may use and disclose PHI for your health care operations. For example: we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We may also disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.
- Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.
- Minors: We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.
- Research: We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use or disclose PHI about you for research purposes, except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.
- As Required by Law: We will disclose PHI about you when required to do so by international, federal, state, or local law.
- To Avert a Serious Threat to Health or Safety: We may disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and to ensure the security of your PHI.
- Organ and Tissue Donation: If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as 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 PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation:** We may disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Abuse, Neglect, or Domestic Violence:** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes:** We may disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement:** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.
- **Military Activity and National Security:** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroner, Medical Examiners, and Funeral Directors:** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.
- **Inmates:** If you are an inmate or a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

III. Uses and Disclosures That Requires us to Give You an Opportunity to Object and Opt Out

- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on professional judgment.
- **Disaster Relief:** We may disclose you PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family of friends of your location or condition in a disaster. We will provide you an opportunity to agree or object to such a disclosure whenever we practicably can do so.
- **Fundraising Activities:** We may disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

IV. Your Written Authorization is Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of you PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance with your authorization before you revoked it will not be affected by the revocation.

V. Your Rights Regarding Protected Health Information About You

You have the following rights, subject to certain limitations, regarding your PHI:

- **Right to Inspect and Copy:** You have the right to inspect and copy your PHI that may be used to make decisions about your care or payment for your care. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health care professional who was not directly involved in the denial of your request, and we will comply with the to come of the review.
- **Right to Summary or Explanation:** We can also provide you with a summary of your PHI, rather than an entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay associated fees.
- **Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such format. If the PHI is not readily producible in the form or format you request your record will be provided in our standard format.
- **Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured PHI.
- **Right to Request Amendments:** If you feel that the PHI we have is incorrect 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 us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the end of this Notice and it must tell us the reason for your request. In certain cases, we deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.
- **Right to an Accounting of Disclosures:** You have the right to ask for an “accounting of disclosures” which is a list of the disclosures we made of your PHI. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It excludes disclosures we may have made for you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health records. The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. To request a restriction on who may have access to your PHI, you must submit a written request to the Privacy Officer. Your requests must state the specific restriction and to whom the restriction to apply. We are not required to agree with your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we do agree to the requested restriction, we may not disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.
- **Out-Of-Pocket-Payments:** If you paid out-of-pocket (or in other words, you have requested that we do not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you only in certain ways to preserve your privacy. You must make any such request in writing and you must specify how and where we are to contact you. We will accommodate all reasonable requests. We will not ask you for the reason for your request.
- **Right to a Paper Copy of This Notice:** You have the right to paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

VI. Complaints

You may file a complaint with us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated.

To file a complaint with us, contact our Privacy Officer at the address listed below. All Complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation. There will be no retaliation against you for filing a complaint.

Privacy Officer
8717 West 110th St.
Suite 600
Overland Park, KS 66210-2144

To File a complaint with the Secretary, mail it to:

Secretary of the US Department of Health and Human Services
200 Independence Ave, S.W.
Washington, D.C. 20201

Call (202)619-0257 or toll free at (877)696-6775

Website of the Office of Civil Rights: www.hhs.gov/ocr/hipaa

There will be no retaliation for filing a complaint.