



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Ambulatory Surgery Centers

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.

We are required by law to protect the privacy of your health information. We are also required to provide you with this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding the health information described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care. We will comply with the requirements of applicable privacy laws related to notifying you in the event of a breach of your health information.

How We Use or Disclose Information

We must use and disclose your health information to provide that information:

To you or someone who has the legal right to act for you (your representative) to administer your rights as described in this notice; and

To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.

We have the right to use and disclose health information for your treatment, to bill for your health care, and to operate our business. For example, we may use or disclose your health information:

For treatment:

- Information obtained by a nurse, physician, or other member of our healthcare team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.

For payment:

We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care. NOTE – You may request that we not share information with your health plan provided that: (i) the disclosure is for purposes of payment or health care operations and is not otherwise required by law, and (ii) the health information pertains solely to health care items or services for which you, or another person on your behalf (other than a health plan) has paid in full.

For health care operations:

We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care.

For example, we might analyze data to determine how we can improve our services. We may also de-identify health information in accordance with applicable laws. Once that information is de-identified, it is no longer subject to this notice, and we may use it for any lawful purpose.

If we maintain a copy of your health information electronically, you will have the right to request that we send a copy of your health information in an electronic format to you. You can also request that we provide a copy of your information to a third party that you identify. In some cases, you may receive a summary of this health information. You must make a written request to inspect or obtain a copy of your health information or have your information sent to a third party. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you may have the right to have the denial reviewed. We may charge a reasonable fee for any copies.

You have the right to ask to amend certain health information we maintain about you such as medical records and billing records if you believe the information is incorrect or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.

To Provide You Information on Health-Related Programs or Products such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.

For Reminders. We may use or disclose health information to send you reminders about your care, such as appointment reminders with providers who provide medical care to you, or reminders related to medicines prescribed for you.

We may use or disclose your health information for the following purposes under limited circumstances:

As Required by Law. We may disclose information when required to do so by law.

To Persons Involved with Your Care. We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests. Special rules apply regarding when we may disclose health information to family members and others involved in a deceased individual's care. We may disclose health information to any persons involved, before the death, in the care or payment for the care of a deceased individual, unless

we are aware that doing so would be inconsistent with a preference previously expressed by the deceased.

For Public Health Activities such as reporting or preventing disease outbreaks to a public health authority. We may also disclose your information to the Food and Drug Administration (FDA) or persons under the jurisdiction of the FDA for purposes related to safety or quality issues, adverse events or to facilitate drug recalls.

For Reporting Victims of Abuse, Neglect, or Domestic Violence to government authorities that are authorized by law, to receive such information, including a social service or protective service agency.

For Health Oversight Activities to a health oversight agency for an activity authorized by law, such as licensure, governmental audits, and fraud and abuse investigations.

For Judicial or Administrative Proceedings such as in response to a court order, search warrant, or subpoena.

To Provide Information Regarding Decedents. We may disclose information to a coroner or medical examiner to identify a deceased person, determine cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

For Organ, Procurement Purposes. We may use or disclose information to entities that handle procurement, banking, or transplantation of organs, eyes, or tissue to facilitate donation and transplantation.

To Correctional Institutions or Law Enforcement Officials if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only, if 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) for the safety and security of the correctional institution.

To Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and under federal law, to protect the privacy of your information, and are not allowed to use or disclose any information other than as specified in our contract and permitted by law.

Additional Restrictions on Use and Disclosure. Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. Such laws may protect the following types of information:

You have the right to receive an accounting of certain disclosures of your information made by us during the six years before your request. This accounting will not include disclosures of information made: (i) for treatment, payment, and health care operations purposes; (ii) to you or according to your authorization; and (iii) to correctional institutions or law-enforcement officials; and (iv) other disclosures for which federal law does not require us to provide an accounting.

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Exercising Your Rights

For help with these rights during normal business hours, please contact the administrator of the location at which you have been treated.

1. Alcohol and Substance abuse
2. Biometric information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Diseases
6. HIV/AIDS
7. Mental Health
8. Minors Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

If the use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, we intend to meet the requirements of the more stringent law.

Except for uses and disclosures described and limited as outlined in this notice, we will use and disclose your health information only with written authorization from you. This includes, except for limited circumstances allowed by federal privacy laws, not using or disclosing psychotherapy notes about you, selling your health information to others, or using or disclosing your health information for certain promotional communications that are prohibited marketing communications under federal law, without your written authorization. Once you authorize us to release your health information, we cannot guarantee that the recipient to whom the information is provided will not disclose the information.

You may take back or "revoke" your written authorization at any time in writing, except if we have already acted based on your authorization. To find out how to revoke an authorization, use the contact information below under the section titled "Exercising Your Rights."

What Are Your Rights

The following are your rights with respect to your health information:

You have the right to ask to restrict the uses or disclosures of your information for treatment, payment, or healthcare operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction other than for certain disclosures to health plans as further described in this notice.

You have the right to request that we not send health information to health plans in certain circumstances if the health information concerns a health care item or service for which you or a person on your behalf has paid us in full. We will agree to all requests meeting the above criteria and that are submitted in a timely manner.

You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests.

In certain circumstances, we will accept your verbal request to receive confidential communications however, we may also require you to confirm your request in writing.

In addition, any request to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.

You have the right to see and obtain a copy of certain health information we maintain about you such as medical records and billing records.

The University of Kansas Health System
Indian Creek Campus Ambulatory Surgery Center
10720 Nall Avenue, Overland Park, KS 66211
Phone: 913-574-1900

KU Med West Ambulatory Surgery Center
7405 Renner Rd, Shawnee, KS 66217
Phone: 913-588-1228

Quivira Ambulatory Surgery Center
12000 W. 151st Street, Level 2, Ste. 200
Olathe, KS 66062
913-942-5701

Filing a Complaint.

If you believe your privacy rights have been violated, you may file a complaint with us at the applicable address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.