

Notice of Privacy Practices for Substance Use Disorder Services and Records

Effective Date: February 16, 2026

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE HEALTH SYSTEM'S PRIVACY OFFICIAL TOLL FREE AT 844-527-0597 AND PRIVACY@KUMC.EDU IF YOU HAVE ANY QUESTIONS.

PLEASE REVIEW IT CAREFULLY!

This Notice describes the privacy practices of The University of Kansas Health System's and its affiliates' services and records that are subject to federal confidentiality protections related to substance use disorder treatment, otherwise referred to as 42 C.F.R. Part 2 or "Part 2." Records and operations of the health system's Substance Use Disorder and Addictions Clinics are specifically subject to this Notice. Collectively, these entities will be referred to as "we" or "us" in this Notice.

Our use and disclosure of your information that is not subject to federal confidentiality protections regarding substance use disorder treatment, otherwise referred to as 42 C.F.R. Part 2 or "Part 2," and your rights related to such information, are described in our "HIPAA Notice of Privacy Practices." www.KansasHealthSystem.com/NPP

OUR USES AND DISCLOSURES OF YOUR INFORMATION

Generally, we may not use or disclose your substance use disorder information subject to this Notice without your prior written consent.

However, we may use and disclose your information without your prior written consent as follows:

- **IN A MEDICAL EMERGENCY**
 - If you experience a medical emergency and your prior written consent cannot be obtained, we may disclose your information to necessary medical personnel to treat you.
 - We may also use and disclose your information to medical personnel of the U.S. Food and Drug Administration (FDA), solely for the purpose of

notifying you and your treating providers of potential dangers, if we have reason to believe that your health may be threatened by an error in the manufacture, labeling or sale of an FDA-regulated drug or device.

- **TO DO RESEARCH**

- We may use and disclose your information for the purpose of conducting scientific research when such research is approved through a specialized process to ensure the privacy of your medical information and other specific requirements are met.

- **FOR CERTAIN AUDITS AND PROGRAM EVALUATION ACTIVITIES**

- We may use and disclose your information for financial, quality and program evaluation audit purposes. Disclosures may only be made to authorized agencies or third parties who are authorized to conduct such activities with respect to the operations of our substance use disorder programs.

- **FOR PUBLIC HEALTH AND SAFETY ISSUES**

- We can share health information about you for certain very limited situations related to public health and/or safety, as follows:
 - To report child abuse to the appropriate state and local authorities;
 - To report to law enforcement officials or agencies your commission of a crime or you threat to commit a crime, if the crime is committed on our premises or is against our personnel; and
 - To public health authorities for public health purposes, provided that the information is first de-identified with respect to your identity.

Except as set forth above and described below, all other uses and disclosures of your information subject to this Notice require your prior written consent, including:

- Disclosures of your information for treatment in a non-medical emergency;
- Disclosures to your health plan for payment purposes;
- Disclosures to friends and family members who may be involved in your care;
- Uses and disclosures of your information for marketing purposes and the sale of your information;
- Disclosures to law enforcement and government agencies; and
- Disclosures of substance use disclosure counseling and psychotherapy notes.

CONSENT FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS ACTIVITIES

With respect to uses and disclosures for treatment, payment and healthcare operations activities (including future uses and disclosures), you may provide/we may (but are not required to) collect a single written consent for all such disclosures.

To the extent information subject to Part 2 is received by us, or is disclosed by us to another entity that is required to comply with HIPAA, pursuant to your written consent for treatment, payment, and/or healthcare operations, such information may be further disclosed by us or such receiving entity, without first obtaining your prior written consent, to the extent such disclosure would be permitted by the HIPAA regulations.

RIGHT TO REVOKE CONSENT

You have the right to revoke any consent given to use or disclose information subject to this Notice, at any time, or upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event when the consent relates to criminal justice system referrals or parole oversight. Such revocation must be in writing and will not be effective for uses or disclosures already made in reliance on such consent.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS

We may not use or disclose your information subject to this Notice or provide testimony related to the contents of such information in any civil, administrative, criminal or legislative proceeding against you unless based on your specific written consent or court order. We may only use or disclose such information based on a court order after you or we have been provided with notice and an opportunity to be heard, where required by [42 U.S.C. 290dd-2](#) (<https://www.govinfo.gov/link/uscode/42/290dd-2>) and 42 C.F.R. Part 2. Additionally, a court order authorizing use or disclosure of your information must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities.

Ask us how to request the following:

GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask, in writing, to see or get an electronic or paper copy of your medical record and other health information we have about you.
- You can also direct us to send the records to a third party. This request must be made in writing and clearly tell us to whom and where to send the copy of the medical record.
- We can provide the appropriate form to assist in requesting a copy of your medical records and/or directing us to send the records to a third party. We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee and will not withhold a copy of your medical record because of an unpaid medical bill.
- To make a request for your records that are subject to Part 2, please contact: Release of Information – 913-588-2454 or roi@kumc.edu

REQUEST A CORRECTION TO YOUR MEDICAL RECORD

- You can ask us, in writing, to correct health information about you that you think is incorrect or incomplete.

- We may say “no” to your request, but we’ll tell you why in writing within 60 days. Denial reasons could include, but are not limited to, the following:
 - The information was not created by any member of the health system, unless the person or entity that created the information is no longer available to make the amendment.
 - The medical record is not part of the designated record set.
 - The request is related to information which you are not permitted to inspect and/or receive a copy.
 - Information is determined to be accurate and complete information.

REQUEST ALTERNATIVE COMMUNICATIONS

- You can ask us, in writing, to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

REQUEST US TO LIMIT WHAT WE USE OR SHARE

- If you have consented to our general use or disclosure of your information for treatment, payment and healthcare operations purposes, as is described above, you can request that specific restrictions or limitations be placed on such uses or disclosures. However, we are not required to comply with such requests, unless the request relates to disclosures of your information to your health plan for payment or healthcare operations purposes and you have paid for the service to which the information relates out-of-pocket in full at the time of the service.
- If we say “yes” to this type of request, we cannot use or disclose your information in violation of the agreed to restriction, except that we can make disclosures to treating personnel to provide you care in a medical emergency.
- Such requests for restrictions must be made in writing and should be directed to privacy@kumc.edu.

GET A LIST OF THOSE WITH WHOM WE’VE SHARED INFORMATION

- You can ask, in writing, for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- As part of the accounting, we must include disclosures made with your prior written consent in the three years preceding the date of the request (except for those disclosures made for treatment, payment, and healthcare operations).
- We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- If you have consented to the disclosure of your information to an “intermediary” that is not a HIPAA-covered entity or business associate, you also have the right to request a list of disclosures made by the intermediary for the past 3 years. Examples of “intermediaries” include a personal health record to which your treating providers have access, a research organization that is not subject to

HIPAA that is providing you with treatment, and certain care management organizations.

GET A COPY OF THIS NOTICE

- This Notice will be available upon request in the locations subject to this Notice and on our website. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

ASK QUESTIONS AND FILE A COMPLAINT

- You have the right to discuss the contents of this Notice with our Privacy Officer at the phone number, email or address listed at the end of this Notice.
- We are committed to protecting the privacy and confidentiality of your personal health information. If you believe that your privacy rights have been violated, you may contact us at the phone number or address listed at the end of this Notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696- 6775 or visiting [HHS.gov](https://www.hhs.gov).
- We will not retaliate against you for filing a complaint.

IN THE CASE OF FUNDRAISING:

- If you provide us with consent to use or disclose your information subject to this Notice for healthcare operations, we may use or disclose such information for fundraising purposes for the benefit of our Substance Use Disorder programs, but we must first provide you with a clear and obvious opportunity to opt-out of receiving such communications.
- You have the right to elect not to receive fundraising communications.
- If you do not want us to contact you for fundraising purposes, you may contact The University of Kansas Health System's Fund Development team at 913-588-2800 or FundDevelopment@kumc.edu.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your information and to provide you with this Notice.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice, as currently in effect, and have copies available to you upon request.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this Notice at any time, and the changes will apply to all information we have about you. The new Notice will be available upon request, at our locations to which this Notice applies and on our website.

For information on how to submit your written requests or if you have any questions about this Notice or our privacy practices, please see contact information below.

University of Kansas Hospital Authority, System Privacy Officer

2330 Shawnee Mission Pkwy., Suite 200
Westwood, KS 66205
913-588-2526 or toll free at 844-527-0597
privacy@kumc.edu

American Sign Language/ASL: If you speak American Sign Language, language assistance services, free of charge, are available to you. Let your caregiver know if you need language assistance services. Call 913-588-7811.

Español / Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Haga saber a su médico si necesita servicios de un intérprete. Llame 913-588-7811.