



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 THIS NOTICE CAREFULLY.

WHO WILL FOLLOW THIS NOTICE

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guarantees your privacy rights. To serve you better, we give you this Notice about our privacy practices and your privacy rights. This notice applies to all **Swope Health** doctors, nurses, associates, trainees, volunteer groups and other healthcare professionals authorized to enter information into your medical chart as well as to departments, **Swope Health** satellite clinics and residential care facilities: **Swope Health Central, Swope Health Belton, Swope Health East, Swope Health Hickman Mills, Swope Health Independence, Swope Health Maple Woods, Swope Health Northland, Swope Health West, Swope Health Wyandotte, Imani House, Curtis Franklin Lodge, and Kanzetta Harris House.**

Swope Health is a participant in **KC Carelink**, an electronic information exchange system between healthcare safety net providers that allows information to be exchanged for treatment and payment purposes. Your information will not be shared within the **KC Carelink** system without your acknowledgement.

OUR PLEDGE

Swope Health makes every effort to keep confidential your protected health information (PHI). This is information that identifies you or could be used to identify you and that relates to a physical or mental health condition or the payment of your health care expenses. The law requires us to keep your PHI private. We must give you this Notice about our privacy practices and follow these practices.

We are required by law to:

- make sure that health information that identifies you is kept private,
- give you this notice of our legal duties and privacy practices with respect to your personal health information,
- follow the terms of the notice that is currently in effect

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and disclose your personal health information for these purposes. We will only make this disclosure if you agree or when required or authorized by law:

For Treatment: We may disclose health information about you to the doctors, nurses, technicians, medical students and others who are involved in your care. We may also disclose your PHI to other health

care providers not associated with the clinic who are providing you treatment, such as a specialist physician, hospital or nursing home. **Swope Health** may use or disclose your medical information to a referring entity in **KC CareLink**.

For Payment: We may use and disclose your PHI with your insurance plan or others who help pay for your care.

For Health Care Operations: We may use and disclose health information about you for our operations. These uses and disclosures are necessary to run the Health Center and to make sure that all of our patients receive quality care.

Other Benefits and Services: We may contact you as a reminder that you have an appointment at the Health Center. We may use and disclose health information to tell you about health-related services or recommend treatment options or alternatives that may be of interest to you.

Fundraising Activities: We may use health information about you to contact you in an effort to raise money for our not-for-profit operations. We may disclose health information about you to a foundation related to the Health Center so that the foundation may contact you in raising money for the Health Center. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services from us. Please contact us at **816-922-7645, ext. 6317** if you do not want us to contact you for fundraising efforts.

Individuals Involved in Your Care or Payment for Your Care: We may release health information about you to a friend or family member who is involved in your health care or the person who helps pay for your care.

SPECIAL USES AND DISCLOSURES

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. We will only share your information for research if we get your consent.

Organ and Tissue Donation: If you are an organ donor, we may disclose health information about you to organizations that handle organ donations and transplants.

As Required By Law: We will disclose health information about you when required to do so by federal, state or local law.

Military and Veterans: If you are a member of the armed forces or separated/ discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans

NOTICE OF PRIVACY PRACTICES

Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent 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 to someone able to help prevent the threat.

Public Health Activities: We may disclose health information about you for public health activities. These activities generally include preventing or controlling disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose health information about you to a health oversight agency for audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are in a lawsuit or other legal action, we may disclose your PHI in response to a subpoena, discovery request or other lawful process that is not accompanied by a court or administrative order, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement: We may release health information about you if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, about the victim of a crime.
- About a death we believe may be the result of criminal conduct.
- About criminal conduct at the Health Center.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime

Coroners, Health Examiners and Funeral Directors: We may release health information about our patients to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as may be necessary for them to carry out their duties.

National Security and Intelligence Activities: We may release health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law for the protection of the President, and other authorized persons or foreign heads of state or conduct special investigations.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the corrections institution or law enforcement official. This release would be 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.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have certain rights with respect to your personal health information (PHI). This section of our notice describes your rights and how to exercise them:

Right to Inspect and Copy: You have the right to inspect and copy your PHI in your medical and billing records, or in any other group of records that we maintain and use to make health care decisions about you. This right does not include the right to inspect and copy psychotherapy notes, although we may, at your request and on payment of the applicable fee, provide you with a summary of these notes. In some instances, we may deny your request to inspect and copy. If your request is denied, you may request that the denial be reviewed. We will designate a licensed health care professional to review our decision to deny your request. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of this review.

To inspect and copy your PHI, you must submit your request in writing to our privacy contact who may be contacted at **816-922-7645, ext. 7662**. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

Right to Amend: If you feel that the health information we maintain about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for any information that we maintain about you. To request an amendment, your request must be made in writing, submitted to our privacy contact person identified on the first page of this notice, and must be contained on one piece of paper legibly handwritten or typed. In addition, you must provide a reason that supports your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or organization that created the information is no longer available to make the amendment,
- is not part of the health information kept by or for the Health Center,

NOTICE OF PRIVACY PRACTICES

- is not part of the information which you would be permitted to inspect and copy, or is accurate and complete.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of certain disclosures of your health information that we have made. Any accounting will not include all disclosures that we make. For example, an accounting will not include disclosures:

- to carry out treatment, payment and health care operations as previously described in this notice.
- pursuant to your written authorization.
- to a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so.
- to law enforcement officials.

To request an accounting of disclosures, you must submit your request in writing to our privacy contact person identified on the first page of this notice. Your request must state a time period which may not be more than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; this date will not exceed 60 days from the date you made the request.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you may request that we not disclose information about you to a certain doctor or other health care professional, or that we not disclose information to your spouse about certain care that you received.

We are not required to agree to your request for restrictions if it is not feasible for us to comply with your request or if we believe that it will negatively impact our ability to care for you. If we do agree, however, we will comply with your request unless the information is needed to provide emergency treatment. To request a restriction, you must make your request in writing to our privacy contact person identified on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

Right to Receive Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way. For example, you can ask that we only contact you at work or by mail to a specified address.

To request that we communicate with you in a certain way, you must make your request must specify in writing to our privacy contact person identified on the first page of this notice how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this notice at any time, please request it from **Swope Health's** privacy contact person, see communication information below. You may also obtain a copy of this notice on our website: www.swopehealth.org

Changes to this Notice: We reserve the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received about you or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint by mailing, faxing or emailing us a written description of your complaint or by telling us about your complaint in person or over the telephone:

Privacy Contact
Swope Health
3801 Blue Parkway
Kansas City, MO 64130
816-922-7645, ext. 7662

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we can respond to your complaint. You will not be penalized for filing a complaint.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or applicable law will be made only with your written authorization. If you provide written authorization to use or disclose your PHI, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any uses and disclosures that we have already made with your authorization, and that we are required to retain our records of the care that we have provided to you.