Your Information. Your Rights. Your Responsibilities.

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.

We use health information about you to manage your treatment and services.

We will share information about you if state or federal laws require it, including with the health insurance plan or payor so we can be paid for your services.

Get a copy of this privacy notice.

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

Get an electronic or paper copy of your medical record:

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- 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.

Ask us to correct your medical record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications:

- You can ask us 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.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our healthcare operations.
- If you pay for a service or healthcare item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information:

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address worker’s compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Information. Your Rights.

You have the right to:

- Get a copy of your paper or electronic medical record
- Ask us to limit what we use or share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Our Uses and Disclosures

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental healthcare
- Market our services
- Raise funds

For certain health information, you can tell us our choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes, unless otherwise required by law

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.

Choose someone to act for you:

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated:

- You can complain if you feel your rights have been violated by mail to the Compliance/Privacy Officer at 2301 Holmes, Kansas City, MO 64108, by email at UHCompliance@uhkc.org or by calling the Compliance Concern Line 1-866-494-3600.
- You can 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 1-877-696-6775, or visiting www.hhs.gov/ocr/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Interpreting Services

- We provide services of interpreters and language aids in the following languages:
  - Arabic
  - Chinese
  - French
  - German
  - Italian
  - Korean
  - Polish
  - Russian
  - Spanish
  - Tagalog
  - Turkish
  - Urdu

For more information, please call 816-404-3280 (TTY: 816-404-0002).
Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- 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 and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, at our facilities, and on our web site (www.universityhealthkc.org).

Interpreting Services

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you.

Call 816-404-3280 (TTY: 816-404-0002).

Spanish


Chinese

注意：如果您使用简体中文，您可以免费获得语言沟通服务。请致电 816-404-3280 (TTY: 816-404-0002)。

Vietnamese


Serbo-Croatian


German


Arabic


Korean


Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Звоните 816-404-3280 (релейный: 816-404-0002).

French


Tagalog


Pennsylvania German/Dutch


Persian (Farsi)

توجه کنید که برای زبان فارسی فارسی می‌توانید تماس بگیرید. تلفن همراه می‌توانید در شماره 816-404-3280 (TTY: 816-404-0002) تماس بگیرید.

Cushite-Oromo


Portuguese


Amharic

አማርኛ ይታገባ በማለእ መጋቢት በማለእ ይታገባ በማለእ ይታገባ በማለእ ይታገባ በማለእ ይታገባ በማለእ ይታገባ በማለእ ይታገባ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለ엘 ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለ엘 ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለኢ ይታጋይ በማለአ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለእ ይታጋይ በማለ santa 816-404-3280 (TTY: 816-404-0002).