



# 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.**

2301 Holmes Street, Kansas City, MO 64108  
UHCompliance@uhkc.org  
Compliance Concern Line: 1-866-494-3600  
*Spanish and Arabic offered*

Services provided by Truman Medical Center, Incorporated d/b/a University Health.

## Your Rights.

### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we 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

## Your Choices.

### 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

## Our Uses and Disclosures

### 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 Rights.

**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 will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). 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.

### 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/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## Your Choices.

**For certain health information, you can tell us your 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

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

### Treat you

- We can use your health information and share it with other healthcare professionals who are treating you.

**Example:** A doctor treating you for an injury asks another doctor about your overall health condition.

### Run our organization

- We can use and share your health information to run our hospital system, improve your care, and contact you when necessary.

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

### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

**Example:** We give information about you to your health insurance plan or payor so we can be paid for our services.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### Help with public health and safety issues:

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

### Do research:

- We can use or share your information for health research.

### Comply with the law:

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests:

- We can share health information about you with organ procurement organizations.

### Work with a medical examiner or funeral director:

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests:

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We participate in health information exchanges and may use or disclose your information with those health information exchanges. A health information exchange is an electronic method to share medical information about your care with other healthcare providers who have an established treatment relationship with you. You may obtain more information about the exchange or begin the opt-out process by contacting UH Health Information Management at 816-404-3125.

We may contract with outside businesses to provide some services for us. For example, we may use the services of transcription or billing agencies. Under such contracts, we may share your medical information with them to do the job we have asked them to do. These contracts require businesses to protect the medical information we share with them.

### 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](http://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](http://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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 816-404-3280 (TTY: 816-404-0002).

### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 816-404-3280 (TTY: 816-404-0002)。

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 816-404-3280 (TTY: 816-404-0002).

### Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 816-404-3280 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 816-404-0002).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 816-404-3280 (TTY: 816-404-0002).

### Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 816-404-3280 (رقم هاتف الصم والبكم: 816-404-0002).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 816-404-3280 (TTY: 816-404-0002)번으로 전화해 주십시오.

### Russian

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

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 816-404-3280 (ATS : 816-404-0002).

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 816-404-3280 (TTY: 816-404-0002).

### Pennsylvania German/Dutch

Wann du schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 816-404-3280 (TTY: 816-404-0002).

### Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 816-404-3280 (TTY: 816-404-0002) تماس بگیرید.

### Cushite-Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 816-404-3280 (TTY: 816-404-0002).

### Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 816-404-3280 (TTY: 816-404-0002).

### Amharic

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በእኛ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 816-404-3280 (መስማት ለተሳናቸው፡ 816-404-0002).

This notice serves as a joint notice for Truman Medical Center, Incorporated d/b/a University Health and University Health Physicians (collectively referred to as "we" or "our" or "us"). Because we are Affiliated Covered Entities (ACE) as defined by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we have elected to prepare a joint notice concerning our privacy practices. We will follow the terms of this notice and may share health information with each other for purposes of treatment, payment and health care operations as permitted by HIPAA and this notice. Effective October 1, 2021