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 It Carefully.

This Notice applies to the following organizations:

• North Kansas City Hospital
• North Kansas City Hospital Medical Staff and allied health professionals credentialed by the Medical Staff
• Meritas Health Corporation
• MATO Pathology Group, Ph
• Midwest Emergency Medical Services, PC
• North Kansas City Hospital
• North Kansas City Hospital Radiation Oncology, LLC

The organizations listed above will use and disclose this Notice as their Joint Notice of Privacy Practices and follow the information practices described in this notice when using or disclosing records and information. They will share your health information with each other, as necessary, to carry out treatment, payment or healthcare operations as described in this Notice.

Background

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires healthcare providers such as North Kansas City Hospital and Meritas Health Corporation, referred to in this notice collectively as “we” or “our” or “us,” to maintain the privacy of patients’ health information. We must also notify patients about the policies and practices we use to protect the confidentiality of patient health information. This notice tells you the ways we may use and disclose health information about you, describes your rights, and states obligations we have regarding the use and disclosure of your health information. It replaces any prior notice that you may have received from us.

This notice applies to any information created or received by our nurses and other professionals, physicians and other healthcare providers who provide services to you when you are seen at North Kansas City Hospital or a Meritas Health practice. This includes information that is created by a nurse or other healthcare provider who is not affiliated with us, or in whose private office, different policies or practices may apply and you may want to ask them for a copy of their Notice of Privacy Practices.

Our Promise Regarding Your Health Information Privacy

Our privacy policies and practices that protect confidential health information that identifies you or your family of your location.

• Rights and Protections

Our privacy policies and practices protect confidential health information that identifies you or describes your rights, and states obligations we have regarding the use and disclosure of your health information. It replaces any prior notice that you may have received from us.

The law allows us to use or disclose your PHI under the following special circumstances without first obtaining your written authorization.

• To Avert Serious Threat to Health or Safety.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Research.
• To Prevent or Control Disease or Injury.
• To Provide Access to Records under Your Request.
• To Carry Out Healthcare Treatment, Payment or Operations.
• To Conduct Compliance, Medical or Legal Services Reviews, Audits or Quality Improvement Activities.
• To Provide Access to Records under Your Request.
• To Prevent or Control Disease or Injury.
• To Conduct Research.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Compliance, Medical or Legal Services Reviews, Audits or Quality Improvement Activities.
• To Provide Access to Records under Your Request.
• To Prevent or Control Disease or Injury.
• To Conduct Research.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Compliance, Medical or Legal Services Reviews, Audits or Quality Improvement Activities.
• To Provide Access to Records under Your Request.

We may use and disclose your PHI as we may use and disclose your PHI without first obtaining your written authorization.

• To Our Own Healthcare Providers.
• To Your Health Care Payor.
• To Your Law Enforcement Official.
• To Avert Serious Threat to Health or Safety.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Research.
• To Prevent or Control Disease or Injury.
• To Provide Access to Records under Your Request.
• To Prevent or Control Disease or Injury.
• To Conduct Research.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Compliance, Medical or Legal Services Reviews, Audits or Quality Improvement Activities.
• To Provide Access to Records under Your Request.

We will keep your medical information private and secure under the following special circumstances without first obtaining your written authorization.

• As Required By Law. We will disclose your PHI when required to do so by federal, state or local law, including laws that require the reporting of certain types of wounds or physical injuries.
• Lawsuits and Disputes. If you become involved in a lawsuit or other legal action, we may disclose your PHI in your response to a court or administrative order, a subpoena or search warrant.
• Law Enforcement. We may release your PHI if asked to do so by a law enforcement official.
• Military and Veterans. If you are or become a member of the U.S. armed forces, we may release medical information about you if required by military command authorities.
• Workers’ Compensation. We may disclose your PHI as authorized by and to comply with workers’ compensation laws.
• Material Support. If you are or become a member of the U.S. armed forces, we may release medical information about you if required by military command authorities.
• To Prevent or Control Disease or Injury.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Compliance, Medical or Legal Services Reviews, Audits or Quality Improvement Activities.
• To Provide Access to Records under Your Request.
• To Prevent or Control Disease or Injury.
• To Conduct Research.
• To Carry Out Treatment, Payment or Healthcare Operations.
• To Conduct Compliance, Medical or Legal Services Reviews, Audits or Quality Improvement Activities.
• To Provide Access to Records under Your Request.

We may disclose your PHI to a coroner or medical examiner for identifying a deceased person or determining the cause of death. We also may release your PHI to a medical examiner, as necessary, to carry out his/her duties including prior to and in reasonable anticipation of your death.

We are allowed to notify government authorities if we believe a person is a victim of abuse, neglect or poverty. We may make this disclosure only if such disclosure is specifically requested by or authorized by law. In cases of domestic violence, we will only report when a patient authorizes disclosure or when disclosure is required or authorized by law.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your rights regarding the health information we maintain about you are as follows:

• Right to Inspect and Copy. You have the right to inspect and copy your PHI. To inspect and copy your health information, you must submit your written request to the appropriate individual as listed in the contacts section at the end of this notice. You may be charged a fee for the cost of copying and/or mailing your request. In limited circumstances, we may deny your request if you were charged a fee for the cost of copying and/or mailing your request. Generally, if you were denied access to your health information, you may request a review of the denial.

• Right to Amend. You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. To request an amendment, you must submit a written request to the appropriate individual as listed in the contacts section at the end of this notice. (NOTE: We are not required to agree to your request.)

• Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures. This is a list of disclosures of your PHI that we made to others, except for those necessary to carry out healthcare treatment, payment or operations, and disclosures you have authorized. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. In a 12-month period, you are eligible to receive one cumulative accounting, but additional requests will be subject to a reasonable cost-based fee. To request an accounting of disclosures, submit your request in writing to the appropriate individual as listed in the contacts section at the end of this notice. (NOTE: We are not required to agree to your request.)

• Right to Request Restrictions. You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request that we limit the information disclosed to your family member involved in the care of someone who is someone involved in your care or that the payment for your care, like a family member or friend. To request restrictions, submit your request in writing to the appropriate individual as listed in the contacts section at the end of this notice. We will not require that you provide any reasons for your request. (NOTE: We are not required to agree to your request.)

• Right to a Paper Copy of this Notice. To obtain a paper copy of this notice at any time, request it from the appropriate individual as listed in the contacts section at the end of this notice.

• Right to Notice in the Event of a Breach. We will maintain your privacy information private and secure as required by law. If we learn of a breach of your PHI, we will notify you without unreasonable delay but within 60 days following the discovery of a breach.

Changes to This Notice

We reserve the right to change this Notice at any time by making a revised or changed Notice effective for health information we already have about you. A copy of the current Notice is posted in our registration sites. If changes are made to the Notice, a copy of the revised Notice will be made available to you.

We are required to abide by the terms of the Notice currently in effect.

Complaints

If you believe your privacy rights under this policy have been violated, we encourage you to express your concerns by filing a written compliant with the Compliance Officer, North Kansas City Hospital, 2800 Clay Edwards Drive, North Kansas City, MO 64116. Alternatively, you may voice your concern to the Secretary of the U.S. Department of Health and Human Services. (NOTE: You will not be penalized or retaliated against for filing a compliant.)

Other Uses and Disclosures of PHI

Other uses and disclosures of PHI not covered by this Notice or by the laws that apply to us will be made only with your written authorization. If you do not give your written authorization for such uses or disclosures, we will not use or disclose your PHI. You may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI, but any uses or disclosures that occurred before we received the revocation request in writing will not be reversed.

Contacts

For questions or concerns regarding the notice specific to North Kansas City Hospital please contact:

Director, Health Information Management
North Kansas City Hospital
2800 Clay Edwards Drive
North Kansas City, MO 64116
816.691.1587

For questions or concerns regarding the notice specific to Meritas Health Corporation please contact:

Compliance Manager
Meritas Health Corporation
2700 Clay Edwards Drive, Suite 240
North Kansas City, MO 64116
816.691.1606

Effective Date: April 1, 2021