

Rehabilitation Institute of Kansas City (RIKC)  
**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 describes RIKC's privacy practices and how we may use and disclose your protected health information.

This notice describes our responsibilities required by law and your rights to access and control your protected health information. "Protected Health Information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. An explanation of this information and how it is used and disclosed is provided here.

**Responsibilities of RIKC**

RIKC is required by law to:

- Keep your health information private and only disclose it when required by law to do so;
- Provide you with this notice that explains our legal duties and privacy practices in connection with your health records; and
- Obey the rules found in this notice.

RIKC's therapists, case managers, nurses, physicians and other professionals may have access to and share medical information for treatment, payment and health care operations described in this notice. We will not use or disclose your health information without your written authorization, except as explained in this notice or as required by law. Certain laws may require that we disclose your health information without your written authorization and we are obligated to follow those laws.

In addition to RIKC departments, employees, staff and other RIKC personnel, the following persons will also follow the practices described in this Notice of Privacy Practices:

- Any health care professional who is authorized to enter information in your health record;
- Any student who is authorized to enter information in your medical record;
- Any member of a volunteer group that we allow to help you while you are at RIKC.

**How We May Use and Disclose Medical Information About You:**

**For Treatment:** We may use health information about you to provide you with medical treatment or services. We may need to use or disclose information about you to doctors, nurses, technicians, medical students or other RIKC personnel who are involved in your treatment. Departments within RIKC may share medical information about you to coordinate your care. For instance, the therapists may request information to complete an evaluation. We may also disclose medical information about you to people who may be involved in your medical care after you leave RIKC, such as home health agencies and your family. We may also disclose information to other covered entities that are not affiliated with RIKC for your continued medical care.

**For Payment:** We may use and disclose your medical information for RIKC to bill and receive payment for the treatment that you received here. For example, we may use or release your medical information to your insurance company about a service you received at RIKC so that your insurance company can pay us or reimburse you for the service. We may also ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. We may also disclose your information so that other covered entities may obtain payment for treatment that they have provided (e.g. ambulance service providers).

**For Health Care Operations:** We can use and disclose medical information about you in order to support business activities that are considered necessary to run RIKC operations. These include uses and disclosures that are necessary to run RIKC and make sure that our patients receive quality care. For example, we may use or disclose medical information about you to evaluate our staff's performance in caring for you. We may share your information with business associates that perform various activities on our behalf, such as accreditation programs, patient satisfaction inquiries, legal services and other.

**Individuals Involved in Your Care or Payment:** We may disclose your health information to your family, friends or any other person identified by you when they are involved in your care or payment for your care. We may also use your information to notify a family member or another person responsible for your care of your location, general condition or death. We will not make these disclosures if you object. If you are available, we will determine whether a disclosure to your family or friends is in your best interest and we will disclose only the information that is directly related to their involvement in your care. When permitted to do so by law, we may coordinate our uses and disclosures of your health information with public or private entities authorized to assist in disaster relief efforts.

**Patient Information Directory:** We may provide some general information (your location and your general condition) to people who ask for you by name. If you do not want to be included in this directory you must tell the Admitting Clerk when you check in.

**Appointment Reminders and Treatment Communications:** We may contact you by phone, mail or electronic means as a reminder that you have an appointment for treatment or services. We may also contact you by phone, mail or electronic means to remind you of a family conference or other meeting. We may leave a brief message unless you tell us not to.

**Treatment Alternatives and Health Related Benefits and Services:** We may use your health information to tell you about or recommend new treatment alternatives or other health-related services that may be of interest to you.

**Fundraising Activities:** RIKC may contact you in an effort to raise money for our non-profit organization and its operations. You have the right to opt out of receiving further fundraising materials.

**Research:** We may disclose information about you for research purposes. In limited circumstances, we may use and disclose information related to a research project when a waiver of authorization has been approved by a special approval process. We may also disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific health needs, so long as the health information they review is not removed from our facility.

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

- When it involves use and disclosure for public health activities, such as mandated disease reporting, reporting to device manufacturers who need to contact you about a device, etc.;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for judicial and administrative proceedings, for instance, in response to a court order;
- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give consent or authorization because of incapacity.
- We may release your health information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**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 prevent the threat.

**Special Situations** (Other uses and disclosures that do not require authorization):

**Military:** If you are a member of the armed forces, we may release health information about you as required by military command authorities.

**Health oversight activities:** When disclosing information for audits, investigations, licensure or disciplinary actions or legal proceedings or actions.

**Medical examiners, coroners and funeral directors:** To carry out their duties

**Organ and tissue donation purposes:** To facilitate organ or tissue donation and transplantation.

**Employers:** We may release health information about you to your employer if we provide health care services to you at the request of your employer, and the services are provided to conduct an evaluation relating to medical surveillance of the workplace. Any other disclosures to your employer will be made only if you execute a specific authorization.

**Workers' Compensation:** We may release health information about you for workers' comp or similar programs. These programs provide benefits for work-related injuries or illness.

**Inmates:** Information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health and safety of others; or (3) for the safety and security of the correctional facility; and

**Protective Services for the President and Others:** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Uses and Disclosures of Medical Information That Do Require Your Authorization:**

We will not use or disclose your protected health information under any of the following circumstances without first obtaining your authorization:

**Marketing.** We will not use or disclose your protected health information for marketing purposes without your authorization, unless the marketing is in the form of a face-to-face communication or a promotional gift of nominal value. "Marketing" does not include communications to you for treatment, case management, or care coordination purposes or to describe a product or service that we provide.

**Sale.** We will not sell your protected health information without your authorization.

**Psychotherapy notes.** We will generally not use or release psychotherapy notes that contain your protected health information without your authorization. However, we may use or disclose psychotherapy notes:

- To provide treatment to you;
- For our own training programs involving mental health students;
- To defend ourselves in any legal action or other proceeding brought by you;
- In connection with an investigation by the Secretary of Health and Human Services or a health agency that has oversight over us;
- If necessary to prevent a serious or imminent threat to the health or safety of any person or if otherwise required by law; and
- To a coroner or medical examiner after your death.

### **Other Uses or Disclosures**

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

### **Your Rights**

Although your health records are the physical property of the provider who created them, you have the following rights with regard to the information contained therein:

- **Request restriction** on uses and disclosures of your health information for treatment, payment, and health care operations, as those terms are described above.
- **Restrict Certain Disclosures of PHI to Health Plans:** You have the right to restrict certain disclosures of PHI to a health plan when you have paid, in full, for the health care item or service you wish to restrict. We will honor this request except under certain circumstances including when the disclosure is required by law.
- **Request Alternative Communications:** You may also ask us to communicate with you about medical matters or billing information in a certain way or location. We will accommodate your request if it is reasonable for us to do so.
- **Obtain a copy of this notice of information practices.**
- **Inspect and copy your health information upon request.** You have the right to review and obtain a copy of your medical information. Usually this includes medical records and billing records. You must submit your request in writing using the Authorization to Release Information form. We may charge a fee that includes costs for copying, labor, supplies and postage. We can deny your request in certain, limited circumstances. In some situations, we must provide you a review of our decision denying access. Another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access.
- **Request amendment/correction of your health information.** We do not have to grant the request if the following conditions exist:
  - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
  - The records are not available to you as discussed immediately above.

- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- **Obtain an accounting of non-routine uses and disclosures** other than those for treatment, payment, and health care operations. We do not need to provide an accounting for any disclosure that occurred before April 14, 2003.
- **Revoke your consent or authorization** to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.
- **Right to Receive Breach of PHI Notification:** You have the right to be notified if we determine that there has been a breach of your PHI.

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### **Complaints**

We are committed to protecting the privacy and confidentiality of your personal health information. If you believe that we have violated any of your privacy rights or have not adhered to the information contained in this Notice of Privacy Practices, you can file a complaint by putting it in writing and sending it to: Privacy Officer, Rehabilitation RIKC of Kansas City, 3011 Baltimore Ave., Kansas City, MO 64108 (816-751-7832). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. **You will not be retaliated against for filing a complaint with either RIKC or the U.S. Department of Health and Human Services.**

### **Changes to This Notice of Privacy Practices**

We reserve the right to change or modify the information contained in this Notice of Privacy Practices. Any changes that we make can be effective for any health information that we have about you and any information that we might obtain. Each time you receive services from RIKC, we will provide the most current copy of our Notice of Privacy Practices. The most recent version of Privacy Practices will be posted in our building and on our website, [www.rehabkc.org](http://www.rehabkc.org).

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at RIKC about any of the information contained in this Notice of Privacy Practices, the contact information is:

Privacy Officer  
Rehabilitation Institute of Kansas City  
3011 Baltimore, Kansas City, MO 64108  
816-751-7832

Effective Date February 10, 2003  
Revised: February 1, 2010  
Revised: December 16, 2011  
Revised: September 23, 2013  
Revised: November 13, 2014

