

Rehabilitation Institute of Kansas City

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 is intended to inform you about our practices related to the protection of the privacy of your medical and vocational records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you this information related to our legal duties and privacy practices with respect to any medical information we create or receive about you. We are required by law to follow the terms of the notice that is currently in effect.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the medical records that are generated in or by The Institute.

With a few exceptions, we are required to obtain your authorization for the use or disclosure of information for reasons other than for treatment, payment or health care operations. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories.

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

Peri John
Director of Professional Standards
3011 Baltimore, Kansas City, MO 64108
816-751-7900

In addition to Institute departments, employees, staff and other Institute 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 the Institute.

Use and Disclosure of Medical Information for Treatment, Payment or Health Care Operations:

We can use or disclose medical information about you regarding your treatment, payment for services or for certain Institute operations.

For Treatment: 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 Institute personnel who are involved in your treatment. Departments within the Institute 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 the Institute, such as home health agencies and your family. We may also disclose information to other covered entities that are not affiliated with the Institute for your treatment (e.g. durable medical equipment providers, emergency medical providers, and unaffiliated physicians).

For Payment: We may use and disclose your medical information for the Institute to bill and receive payment for the treatment that you received here. For example, we may use or disclose your medical information to your insurance company about a service you received at the Institute 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 for Institute operations. These include uses and disclosures that are necessary to run the Institute 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. Medical information about you and other Institute patients may also be combined to allow us to evaluate whether the Institute should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other organizations to evaluate whether we can make improvements in the care and services that we offer.

Uses and Disclosures of Medical Information that do not Require Your Authorization:

We can use or disclose health information about you without your authorization when there is an emergency or when we are required by law to treat you, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining consent from you.

Further, we may use or disclose your health information without your consent or authorization in any of the following circumstances:

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response to a court order, such as a court-ordered subpoena;
- 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;
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Privacy Committee;

- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, 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
- When disclosure is necessary to comply with worker's compensation laws or purposes.

Planned Uses or Disclosures to Which You May Object

We will use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release. You must direct your written objections or restrictions to our Privacy Officer, Peri John, 3011 Baltimore Ave., Kansas City, MO 64108.

- We may use or disclose your health information to contact you and remind that you have an appointment for therapy or medical care.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may use and disclose your health information to inform you about health benefits or services that may interest you.
- We may use or disclose your health information in order to include you in the Institute's patient directory. Directory information includes your name, location in the Institute and your general condition. We may disclose this information to people that ask for you by name. In addition, a member of clergy may obtain your religious affiliation, even if they do not ask for you by name.
- We may use health information about you to contact you in an effort to raise money for the Institute. A Foundation related to the Institute may receive contact information, which includes your name, address and phone number and the dates that you received services from the Institute.
- We may release health information about you to a friend and/or family member who is involved in your care. We can tell your family and/or friends of your condition and that you are in the Institute for treatment or services. We can also give this information to someone who will help or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.

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 under the Federal Privacy Standard

Although your health records are the physical property of the provider who completed the records, 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. “Health care operations” consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request. You may request restriction or alternate communications on the consent form for treatment, payment, and health care operations. If, however, you request restriction on a disclosure to a health plan for purposes of payment or health care operations (not for treatment), we must grant the request if the health information pertains solely to an item or a service for which we have been paid in full.
- Obtain a copy of this notice of information practices.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, 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. We reserve the right to charge a reasonable, cost-based fee for making copies.

- 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, those other than for treatment, payment, and health care. We do not need to provide an accounting for the following disclosures:
 - To you for disclosures of protected health information to you.
 - For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your care, of the your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - To correctional institutions or law enforcement officials under § 164.512(k)(5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
 - That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure.

The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- 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.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality

Complaints

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: Ms. Peri John, Director of Professional Standards, Rehabilitation Institute of Kansas City, 3011 Baltimore Ave., Kansas City, MO 64108 (816-751-7700). 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 the Institute 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 the Institute, 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.

Effective Date February 10, 2003

Revised: February 1, 2010

Revised: October 1, 2011