



## 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!

*Effective date: April 14, 2003*

*Revised date: December 21, 2025*

### **THIS NOTICE OF PRIVACY PRACTICES APPLIES TO THE FOLLOWING ORGANIZATIONS:**

The Notice describes the privacy practices of the healthcare providers named below that participate in The University of Kansas Health System Organized Health Care Arrangement (OHCA). An OHCA is a clinically integrated setting in which individuals receive healthcare services from more than one provider or an organized system of healthcare in which more than one healthcare provider participates.

The University of Kansas Health System Organized Health Care Arrangement is defined as:

- The University of Kansas Health System including:
  - University of Kansas Hospital Authority and affiliates
  - UKHS Great Bend, LLC and affiliates
  - Olathe Medical Center, Inc. and affiliates
  - Miami County Medical Center, Inc. and affiliates
  - New Liberty Hospital Corporation and affiliates
  - Medical staff and providers credentialed by medical staff
- The University of Kansas Physicians
- The University of Kansas Medical Center

These providers include their employees, staff, contractors, trainees, volunteer groups, students, and other healthcare workers, including medical staff members when providing care at health system facilities. All these entities, sites, and locations follow the terms of this Notice. In addition, these entities, sites, and locations may share your health information with each other for treatment, payment, and/or healthcare operations as described in this Notice.

Collectively, these entities will be referred to as “we” or “us” in this Notice. We may share medical information with each other for treatment, payment, and operational purposes. The law allows us to do so to provide efficient healthcare services. Moreover, certain healthcare providers in The University of Kansas Health System Organized Health Care Arrangement may participate in clinically integrated networks for purposes of joint utilization review, quality assessment and improvement, or payment activities, and those

providers may share medical information with network participants as necessary to carry out the joint activities of the network.

### **Important Disclaimer**

The above providers are giving you this joint Notice. Each provider in this joint Notice is its own healthcare provider. Each provider is individually responsible for its own activities. This includes complying with privacy laws and all healthcare services it provides. We are not providing healthcare services mutually or on each other's behalf. We may share health information as allowed by law.

### **YOUR RIGHTS**

*You have the right to:*

- Get a copy of your paper or electronic medical record
- Request a correction to your paper or electronic medical record
- Request alternative communication
- 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 be involved in your care
- 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 psychotherapy services
- Market our services
- Raise funds
- Sell your information – Requires your authorization

### **OUR USES AND DISCLOSURES**

*We may use and share your information as we:*

- Treat you
- Run our organization
- Bill for 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 workers' 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.

*Ask us how to request the following:*

### **GET AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD**

- You can ask, in writing, to see or get an electronic or paper copy of your medical record and other health information we have about you.
- You can also direct us to send the records to a third party. This request must be made in writing and clearly tell us to whom and where to send the copy of the medical record.
- We can provide the appropriate form to assist in requesting a copy of your medical records and/or directing us to send the records to a third party. 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 and will not withhold a copy of your medical record because of an unpaid medical bill.
- Please contact the applicable facility's Health Information Management Release of Information Department.
  - Release of Information – 913-588-2454 or [roi@kumc.edu](mailto:roi@kumc.edu)
  - New Liberty Hospital Corporation – 816-792-7067 or [recordrequest@libertyhospital.org](mailto:recordrequest@libertyhospital.org)
  - If your associated patient portal has an option to request the release of your electronic medical record, you may submit your request following the instructions in the patient portal.

### **REQUEST A CORRECTION TO YOUR MEDICAL RECORD**

- You can ask us, in writing, to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. Denial reasons could include, but are not limited to, the following:
  - The information was not created by any member of the health system, unless the person or entity that created the information is no longer available to make the amendment.
  - The medical record is not part of the designated record set.
  - The request is related to information which you are not permitted to inspect and/or receive a copy.
  - The information is determined to be accurate and complete information.

## **REQUEST ALTERNATIVE COMMUNICATIONS**

- You can ask us, in writing, 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.

## **REQUEST 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 operations and for other limited purposes. These requests must be made in writing, but we are not required to agree to your request (except as described below) and we may say “no” if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full at the time of service, we are required to agree to your request to not share that information with your insurer if the purpose of the disclosure is for payment or operations. 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, in writing, for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, with whom we shared it, and why.
- We will include all the disclosures except for those that were made for purposes of treatment, payment, and/or 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**

- The Notice will be available upon request, in our offices, and on our website. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

## **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**

- We are committed to protecting the privacy and confidentiality of your personal health information. If you believe that your privacy rights have been violated, you may contact us at the phone number or address listed at the end of this Notice.

- You can also 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 877-696- 6775, or visiting HHS.gov.
- 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:**

- Not to include your information in a hospital directory
- Share information with your family, close friends or others involved in your care
  - We will only disclose the health information directly related to their involvement in your care or payment.
  - 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.

### **IN THESE CASES, WE NEVER SHARE YOUR INFORMATION UNLESS YOU GIVE US WRITTEN PERMISSION:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

### **IN THE CASE OF FUNDRAISING:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again. If you do not want us to contact you for fundraising purposes, you may contact The University of Kansas Health System's Fund Development team at 913-588-2800 or FundDevelopment@kumc.edu.
- The Liberty Hospital Foundation at 816-792-7014 or Foundation@libertyhospital.org

### **ELECTRONIC HEALTH INFORMATION TECHNOLOGY:**

- The health system participates in the electronic exchange of health information, which is also called health information exchange (HIE). This technology allows a provider to make a single request through a health information organization (HIO) to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, healthcare operations, and/or other lawful purposes. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

- Unless you direct otherwise, your electronic health information will be accessible through an HIO to properly authorized recipients.
- You may restrict access to your information through an HIO by submitting a request to opt out of HIE through Kansas Health Information Technology (KanHIT), by visiting KanHIT.org or calling the KanHIT Support Center at 785-296-0461. Even if you choose to restrict access, your information may still be exchanged via HIE for purposes that are required by law.
  - Please understand if you choose to restrict access to your electronic health information through an HIO, your information will not be readily available through HIE in the event of an emergency.
  - Additionally, choosing to opt out of permitting your information to be shared through an HIO will not have any effect on the other methods that we use to lawfully communicate your health information.
  - If you receive healthcare services in a state other than Kansas, different rules may apply regarding restrictions on access and the exchange of your electronic health information. Please communicate directly with your out-of-state healthcare provider regarding those rules.
  - For New Liberty Hospital patients only please contact — 816-415-3480 for opt out requests.

## **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 professionals who are treating you.
- 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.

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

### **BILL FOR 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 so it will pay for services you received.*

### **RUN OUR ORGANIZATION**

- We can use and share your health information to run our organization, improve your care, and/or contact you when necessary.
- We may contact you by phone, mail, or electronic means:

- As a reminder that you have an appointment for treatment and services
- Regarding treatment information
- Requesting you to complete a short survey about the care and service you received

*Example: We use health information about you to manage your treatment and 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 must meet many conditions in the law before we can share your information for these purposes.

### **DO RESEARCH**

- We will use and share your medical information for research when approved through a specialized process to ensure the privacy of your medical information. We may also share your medical information in preparation to conduct a research project and to contact you about the possibility of enrolling in a research study. If you do not want to be contacted for research purposes, please call 913-945-7397. We will use reasonable efforts to prevent this research contact. Opting out will not apply to the use of your health information for purposes in sections described above and will not prevent your providers from discussing research with you.

### **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 they want 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.

### **HELP WITH PUBLIC HEALTH AND SAFETY ISSUES**

- We can share health information about you for certain situations such as:
  - Preventing or controlling disease, injury, or disability (such as disease or trauma registries)
  - Notifying a person who may have been exposed to a disease or condition
  - To report births and deaths
  - Helping medical device manufacturers who may need to contact you about a medical device that is required for your care and/or for product recalls
  - Reporting adverse reactions to medications
  - Reporting certain types of suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone's health or safety

## **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.

## **RESPOND TO LAWSUITS AND LEGAL ACTIONS**

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

## **ADDRESS WORKERS' COMPENSATION, LAW ENFORCEMENT, INMATES 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
  - If you are an inmate of a correctional institution or under the custody of 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

## **EMPLOYERS**

- In limited instances, we may release health information about you to your employer if we provide healthcare services to you at the request of your employer and have provided you notice of such employer requested services.

## **OTHER USES AND DISCLOSURES**

- Other uses and disclosures of your health information not covered in the previous sections of this Notice will only be made with your written permission or authorization.
- In some instances, state or federal law may require us to obtain your prior written consent before disclosing information about certain health conditions or types of treatments, such as substance use disorders or mental health.

## **SUBSTANCE USE DISORDER RECORDS**

- We may not use or disclose your health information contained in substance use disorder treatment records we have received from substance use disorder programs subject to 42 C.F.R. Part 2 (Part 2), including information contained in communications we have received from such programs relaying the content of such records, in response to a request for the records associated with a civil, criminal, administrative, or legislative proceeding against you, unless we first have received your prior written consent or a court order accompanied by a subpoena that was obtained in accordance with the requirements of Part 2 that



compels our disclosure of such information. We may not use or disclose any health information that is contained in Part 2 substance use disorder records for fundraising purposes, unless we first provide you with a clear and conspicuous opportunity to elect not to receive any such fundraising communications.”

## **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 have copies available to you upon request.

*For more information regarding your rights under the Health Insurance Portability and Accountability Act (HIPAA), please visit [HHS.gov](http://HHS.gov).*

## **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, in our offices and on our website.

**For information on how to submit your written requests or if you have any questions about this Notice or our privacy practices, please see contact information below.**

### **University of Kansas Hospital Authority, System Privacy Officer**

2330 Shawnee Mission Pkwy., Suite 200  
Westwood, KS 66205  
913-588-2526 or toll free at 844-527-0597

### **UKHS Great Bend, Risk Manager and Privacy Official**

514 Cleveland St.  
Great Bend, KS 67530

620-603-7430

### **Olathe Medical Center and Miami County Medical Center, Privacy Official**

20333 W. 151<sup>st</sup> St.  
Olathe, KS 66061  
913-791-3548 or toll free at 855-340-4200

**New Liberty Hospital Corporation, Privacy Official**

2525 Glenn Hendren Drive  
Liberty, MO 64068  
816-792-7231

American Sign Language/ASL: If you speak American Sign Language, language assistance services, free of charge, are available to you. Let your caregiver know if you need language assistance services. Call 913-588-7811.

Español / Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Haga saber a su médico si necesita servicios de un intérprete. Llame 913-588-7811.