



Notice of Privacy Practices

YOUR INFORMATION.

YOUR RIGHTS.

OUR 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.

Effective April 14, 2003; Revised March 1, 2021

Olathe
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 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 act for you
- File a complaint if you believe your privacy rights have been violated

See page 4 for more information on these rights and how to exercise them

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 health care
- Market our services and sell your information
- Raise funds

See page 8 for more information on these choices and how to exercise them



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 workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See page 10 for more information on these uses and disclosures

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.

Ask us how to request the following:

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.
- You can also direct us to send the records to a third party. This request must be made in writing and clearly tell us who and where to send the copy of the medical record.
- We can provide an Olathe Health form to assist in requesting a copy of your medical records and/or directing for 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.

REQUEST A CORRECTION TO YOUR MEDICAL RECORD

- You can ask us 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 not limited to, the following:
 - The information was not created by Olathe Health, 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 information kept by, or for, Olathe Health.
 - Is determined by Olathe Health to be accurate and complete information.

REQUEST ALTERNATIVE 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.

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. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full at the time of service, 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, whom we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care 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 office, and on our web site. 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 call one of the phone numbers on the back of this brochure, including our Privacy Contact at 913-791-3548 or our toll-free number at 1-855-340-4200. You may also file a written complaint with the Chief Privacy Officer, Olathe Medical Center, 20333 West 151st Street, Olathe, KS 66061.
- 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 1-877-696-6775, or visiting 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:

- 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.
- 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
- 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.



ELECTRONIC HEALTH INFORMATION TECHNOLOGY

- Olathe Health participates in electronic health information technology (HIT), which is also called a 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 HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.
- You have two options with respect to HIT.
 - First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.
 - Second, you may restrict access to all of your information through an HIO (except as required by law). If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

Olathe Health participates in the following:

Commonwell

- Commonwell allows organizations on the same electronic medical record platform to access information from other providers on the same platform. Your health information is automatically included in the Commonwell system unless you tell us that you want your information excluded. To have your health information excluded from the Commonwell system, you must Opt-Out. To opt-out or for questions regarding Commonwell, please contact the Olathe Health Privacy Office at 913-791-3548.

Kansas Health Information Exchange (KHIE)

- Kansas Health Information Exchange (KHIE) is an approved health information exchange (HIE) that we participate with. It allows a provider or a health plan to make a single request through electronic methods to obtain records for a specific patient from other HIE participants for purposes of treatment, payment or health care operations.
- If you wish to restrict access to this HIE, you must complete and submit a specific form available at <http://www.khie.org> and mailed to KHIE, P.O. Box 4769, Topeka, KS 66604.

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 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 so it will pay for your services.

RUN OUR ORGANIZATION

- We can use and share your health information to run our practice, improve your care, and 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 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.

DO RESEARCH

- In limited circumstances, we can use and 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.

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 (e.g., 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 with 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, 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

- We may release health information about you to your employer if we provide health care services to you at the request of your employer.

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.

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.

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 office, and on our web site.



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

Olathe Health is defined as Olathe Health System, Inc., Olathe Medical Center, Inc., Miami County Medical Center, Inc., Olathe Health Physicians, Inc. and its medical staff members participating in the Organized Health Care Arrangement.



For information on how to submit your written requests or if you have any questions about this notice or our privacy practices, you may call us at 913-791-3548 or our toll-free number at 1-855-340-4200.



20333 W. 151st St
Olathe, KS 66061
913-791-4200



2100 Baptiste Dr.
Paola, KS 66071
913-294-2327



13045 S. Mur-Len Rd.
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913-782-2974

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