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<b>Title:</b> Notice of Privacy Practices	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**NOTICE OF PRIVACY PRACTICES  
STORMONT-VAIL HEALTHCARE**

This Notice of Privacy Practices is effective September 23, 2013

***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.***

STORMONTVAIL HEALTH HIPAA PRIVACY OFFICER

1500 S.W. 10th Ave.

Topeka, KS 66604

Phone: (785) 354-6343

Fax: (785) 354-6302

**UNDERSTANDING USES AND DISCLOSURES OF YOUR MEDICAL INFORMATION**  
**OUR COMMITMENT TO THE PROTECTION OF YOUR HEALTH INFORMATION**

As your Provider of Choice, StormontVail Health is sensitive to the information we maintain regarding your health and our obligation to protect this information. StormontVail and each of our providers is required by law to:

- Protect the privacy of your health information and disclose it as the law permits;
- Explain our legal duties and privacy practices;
- Follow the practices found in this notice;
- Tell you when we cannot agree to a disclosure restriction or an amendment request that you asked us to make or accommodate a reasonable request to deliver your health information in a particular fashion or to a specific place.

We will not use or disclose your health information without your authorization, except as explained in this notice. However, certain laws require that we disclose your health information without your authorization, and we will follow those laws.

If you have questions about this Notice, contact:

HIPAA PRIVACY OFFICER

STORMONTVAIL HEALTH

1500 SW 10<sup>th</sup> Ave, Topeka KS 66604

(785) 354-6343 (phone)

(785) 354-6302 (fax)

You may also access this Notice and access forms at our website, [www.stormontvail.org](http://www.stormontvail.org).

This Notice applies to the records maintained by the StormontVail Health System. The names or locations of the providers in the Stormont-Vail Health System who are governed by the policies and procedures described in this notice and share information with each other includes but is not limited to:

COTTON-O'NEIL WOMEN'S HEALTH

COTTON-O'NEIL CARDIOTHORACIC AND VASCULAR SURGEONS  
COTTON-O'NEIL CLINIC - ALMA  
COTTON-O'NEIL CLINIC-CARBONDALE  
COTTON-O'NEIL CLINIC-CROCO  
COTTON-O'NEIL CLINIC-DERMATOLOGY  
COTTON-O'NEIL CLINIC - EMPORIA  
COTTON-O'NEIL CLINIC-GARFIELD  
COTTON-O'NEIL CLINIC-LAWRENCE  
COTTON-O'NEIL CLINIC-LEBO  
COTTON-O'NEIL CLINIC-LYNDON  
COTTON-O'NEIL CLINIC-MERIDEN  
COTTON-O'NEIL CLINIC-NOTO  
COTTON-O'NEIL - NORTH  
COTTON-O'NEIL CLINIC-OSAGE CITY  
COTTON-O'NEIL CLINIC-OSKALOOSA  
COTTON-O'NEIL CLINIC-ROSSVILLE  
COTTON-O'NEIL CLINIC-URISH  
COTTON-O'NEIL CLINIC-WAMEGO  
COTTON-O'NEIL CANCER CENTER  
COTTON-O'NEIL DIABETES AND ENDOCRINOLOGY CENTER  
COTTON-O'NEIL DIGESTIVE HEALTH CENTER  
COTTON-O'NEIL EXPRESSCARE  
COTTON-O'NEIL HEART CENTER  
JANE C. STORMONT WOMEN'S HEALTH CENTER  
COTTON -O'NEIL ORTHOPEDICS AND SPORTS MEDICINEMEDICAL ARTS CLINIC EMPORIA  
MEDICAL ASSOCIATES OF MANHATTAN  
COTTON-O'NEIL CLINIC PEDIATRICCARE  
STORMONT-VAIL EXCELLENT SURGERY CENTER  
STORMONT-VAIL HEALTH  
STORMONT-VAIL MRI CENTER OF KANSAS  
STORMONT-VAIL REGIONAL HEALTH CENTER  
STORMONT-VAIL SINGLE DAY SURGERY  
STORMONT-VAIL SLEEP CENTER  
STORMONT-VAIL WEST  
STORMONT-VAIL WEST OUTPATIENT PSYCHIATRIC SERVICES  
STORMONT-VAIL WORKCARE  
STORMONT-VAIL WOUNDCARE CENTER

### **WHAT IS YOUR HEALTH INFORMATION?**

Each time you receive medical care from a hospital, physician or other health care provider, a record of your visit is made. Typically, this record contains a history of your illnesses or injuries, symptoms, exam and laboratory results, treatment provided and treatment plans, and notes on future care. Depending on your health care situation your record may contain more or different information. How your health information is used and when it may be disclosed is described on the following pages.

### **HOW WILL WE USE AND DISCLOSE YOUR HEALTH INFORMATION?**

As described below, the System may use and disclose your health information without your authorization or permission under certain circumstances. Some disclosures may be made by electronic means as further described below in the section titled Your Rights Regarding Electronic Health Information Exchange.

**For Treatment.** We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, pharmacists, medical students or other health care providers who are or may be involved in your treatment. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the health care system also may share health information about you in order to coordinate different services within and outside the health system such as other doctors, health care workers, and pharmacists. We may also disclose your health information for the treatment activities of any other health care providers involved in your care to promote continuity of care, including providers who are treating you in the future.

**For Payment.** We may use and disclose your health information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, a third party, or any other person. For example, we may need to give your health plan (health insurance company) information about surgery you received at the health care system so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about treatment you plan to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. We may also disclose your health care information to other health care providers or health plans in order for other providers or plans to process payment activities. We may also disclose your health information for the purposes of collection activities including filing statutory liens to collect amounts owed to us for your treatment, care and maintenance. However, see the section titled **Right to Request Restrictions** on page 8, below, for information about restricting disclosures to a third party payor.

**For Health Care Operations.** We may use and disclose your health information for our health care system operations. These uses and disclosures are necessary to run the health care system. For example, we may use health information to review our services and to evaluate the performance of our staff in caring for you. We may also combine health information about many health care system patients to decide what additional services the health care system should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students and other health care system personnel for review and learning purposes. We may also combine the health information we have with health information from other health care systems to compare how we are doing and see where we can make improvements in the care and services that we offer. Your health information may also become part of information that lets the System develop methods to improve health and reduce costs, to develop protocols and policies, to manage how care is provided to System patients, to train our workforce, to obtain accreditation, certification, licenses, credentials, for insurance, for audits, to comply with laws, to utilize legal services, to plan for our development, to conduct our business and to administer our business, and to resolve grievances. We may also disclose your health information when we contract with other businesses to do specific tasks for us. These businesses are called Business Associates.

**Appointment Reminders.** We may use and disclose your health information to contact you, a family member or friend involved in your health care as a reminder that you have an appointment for treatment or medical care at our facility. We may also leave a reminder on your answering machine/voice mail system unless you tell us not to.

**Treatment Alternatives.** We may use and disclose your health information to tell you about or recommend other possible treatment options or to let you know about treatments that may be of interest to you. In some cases, the facility may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.

**Health-Related Benefits and Services.** We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you. In some cases, Stormont-Vail may receive payment for these activities. We will give you the opportunity to tell us if you no longer wish to receive this type of information.

**Surveys.** We may use and disclose your protected health information to contact you to assess your satisfaction with our services.

**Fundraising Activities.** We may disclose your health information to a foundation related to our health care system so that the foundation may contact you for fundraising purposes. We release contact information, such as your name, address, phone number, as well as date of birth, health insurance information, dates you received treatment or services, department of service, and treating physician. You have the right to opt out of receiving this type of communication and the procedure to opt out will be described on the communication. To opt out in advance of such communication, please contact the privacy officer as identified on page 1 of this Notice.

**Facility Directory.** We may include certain limited information about you in the health care system directory while you are a patient at the hospital. This information may include your name, location in the health care system, your general condition (e.g., fair, stable, etc.) and your religious affiliation. This directory information, except for your religious affiliation may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the health care system and generally know how you are doing. If you do not want to be included in the health care system directory you must tell us at the time of registration, or notify your nurse as soon as possible if you were unable to tell us at the time of registration.

**Individuals Involved in Your Care or Payment for Your Care.** We may release your health information to a family member, friend or other person who is involved in your medical care. We may also give information to others (i.e. insurance companies) who help pay for your care. We may also tell your family or friends your condition and that you are receiving care from our health care system. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. The amount of information disclosed will depend on our understanding of that person's particular involvement in your care.

**Research.** Under certain circumstances, we may use and disclose your health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with the patients' need for privacy of the health information. Before we disclose health information for research, the project will have been approved through this research approval process. However, we may 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. In these instances the health information they review does not leave the health care system.

**As Required By Law.** We will disclose your health information when required to do so by federal, state or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma, health oversight matters and other public policy requirements.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Organ and Tissue Donation.** We may disclose your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. If you are foreign military personnel, we may disclose your health information to the appropriate foreign military authority.

**Employers.** We may disclose your health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.

**Workers Compensation.** We may disclose your health information for workers' compensation or similar programs providing you benefits for work-related injury or illness.

**Public Health Activities.** We may disclose your health information for public health activities. These activities generally include the following reporting and notifications: to prevent or control disease, injury or disability (e.g. disease or trauma registries); to report births and deaths; to report abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. If you agree, we can provide immunization information to schools.

**Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, licensing functions and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or in a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request or other lawful process by someone else involved in a lawsuit. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your health information unless you have already signed an Authorization.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official; in response to a court order, subpoena, warrant, summons or similar process; to identify

or locate a suspect, fugitive, material witness, or missing person; if you are the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct involving the health care system; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release your health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release health information about patients of the health care system to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**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 conduct special investigations.

**Inmates or Persons in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official, if the release is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **OTHER USES AND DISCLOSURES AND REVOKING PREVIOUS AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. In addition, most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures that constitute a sale of protected health information require your authorization.

Psychotherapy notes are a particular type of protected health information. Mental health records generally are not considered to be psychotherapy notes. Your authorization is necessary for us to disclose psychotherapy notes.

There are some circumstances when we directly or indirectly receive financial (*e.g.* monetary payment) or non-financial (*e.g.* in-kind item or service) benefit from a use or disclosure of your protected health information. Your authorization is necessary for us to sell your health information. Your authorization is also necessary for some marketing uses and disclosures.

If your written authorization has been given to us, you may revoke that authorization at any time. To revoke an authorization you must do so in writing by notifying the Privacy Officer as indicated on page 1 of this Notice. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization, but we cannot take back any disclosures we have already made with your permission.

#### **WHAT ARE YOUR HEALTH INFORMATION RIGHTS?**

Although your health record is the physical property of the health system, the information belongs to you. You do not have the right to remove your original medical record from the property of the health care system. However, you DO have the right to:

**Inspect and Obtain A Copy of Your Records.** You have the right to inspect and obtain a copy of the designated record set which is information used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, information that is subject to special laws or other information not contained in the medical or billing records. You must make a specific request to inspect your health information.

To request records from:

Contact:

1. Stormont-Vail HealthCare  
Stormont-Vail Regional Health Center  
Stormont-Vail West – Inpatient Services  
Stormont-Vail Single Day Surgery  
Stormont-Vail Cancer Center  
Stormont-Vail ExcellENT Surgery Center  
Stormont-Vail Sleep Center  
Stormont-Vail Wound Care Center
  
2. Any other Stormont-Vail HealthCare Provider  
listed on the first two pages of this notice and  
Stormont-Vail West Outpatient Services

Medical Record  
Release of Information  
Stormont-Vail HealthCare  
1500 SW Tenth Ave.  
Topeka, KS 66604

Billing Record  
Patient Financial Services  
Stormont-Vail HealthCare  
1500 SW Tenth Ave.  
Topeka, KS 66604

Medical Record  
Cotton-O’Neil Administration  
Release of Information  
901 SW Garfield  
Topeka, KS 66606

Billing Record  
Business Office  
Cotton-O’Neil Clinic  
901 SW Garfield  
Topeka, KS 66606

You may request that your records be provided in an electronic format and we will work with you to agree on an appropriate electronic format. You may also receive your records in a paper copy. You may also direct that your records be sent in electronic format to another individual.

You may be charged a reasonable cost-based fee for copies of your record. We may deny your request to inspect and copy in certain very limited circumstances. Certain reasons for the denial are not reviewable and some are reviewable. If you are denied access to health information you will be told in writing. In certain circumstances, however, you may request that the denial be reviewed. If the original denial of access to the medical record was made by a licensed health care provider as allowed by law, another licensed professional chosen by the health care system will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review and you will be advised in writing of this reviewing official’s decision.

**Right to Amend Your Records.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the health care system. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: was not created by this health

care system, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for the health care system; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. A form to request an Amendment may be found at [www.stormontvail.org](http://www.stormontvail.org) under Privacy Practices. You will be notified in writing if your request is refused and you will be provided an opportunity to have your request included in your protected health information.

**Right to an Accounting of Disclosures.** You have the right to request, in certain circumstances, an “accounting” of disclosures of your protected health information that is maintained in a “designated record set.” An “accounting” is a list of some of the disclosures we made of your health information. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years ago. Your request should indicate in what form you want the list (for example, on paper, electronically or some other form). You have the right to one accounting per year at no cost.

**Right to Request Restrictions.** You have the right to request a restriction on your health information disclosures for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that (1) we do not use or disclose information about a surgery you had or (2) that certain people not be told certain information. This request must be in writing to the Privacy Officer. Except as stated below, we are not required to agree to your request. Only the Privacy Officer can agree to your request. If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you emergency treatment. If we agree to a restriction we may terminate any restriction if you agree to the termination or if we inform you in writing that we are terminating our agreement to the restriction. You may also terminate any restriction. To request restrictions or limitations, you must notify the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse. A form to request a Restriction may be found at [www.stormontvail.org](http://www.stormontvail.org) under the Resources tab, HIPAA Forms.

Stormont-Vail will not deny a request for restriction when the request is to restrict disclosures to a third party payor, where the disclosure pertains solely to a health care item or service for which you or someone on your behalf has paid in full, unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, if your treatment is a bundled service and cannot be unbundled and you do not wish to pay for the entire bundle, or the law requires us to bill the third party payor (*e.g.* a government payor), then we cannot accept your request.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We may ask for clarification so we can understand your request. You are not required to give an explanation. We will try to accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice you may contact the Privacy Officer or you may also obtain a copy of this notice from our website at [www.stormontvail.org](http://www.stormontvail.org).

**Breach Notification.** You have the right to be notified if we determine that there has been a breach of your protected health information.

**Your Rights Regarding Electronic Health Information Exchange.** As described in this Notice, we disclose your health information without your written authorization when other hospitals, physicians and health care providers need it to treat you. Having your health information from other treaters is helpful for continuity of care when the providers exchanging your information each have been involved in your treatment.

Until now, we did this with paper medical records using hand delivery, mail, facsimile or e-mail. New technology allows us to share health information electronically. It is normally called electronic health information exchange (HIE) and is managed through health information organizations (HIOs). We will have two methods to exchange information.

1. Care Everywhere®. We have a software product called *Care Everywhere®* that allows us to exchange health information with other providers that have the *Care Everywhere®* product. Your health information is automatically included in the *Care Everywhere®* system unless you tell us that you want your information excluded. To have your health information excluded from the *Care Everywhere®* system you must complete the *Care Everywhere®* Opt-Out/Opt-In Request Form. The same form will be used if you later determine you want your information included. Registration staff will have forms available and can give them to you upon request.

If you have questions regarding *Care Everywhere®*, please contact the Stormont-Vail HealthCare Privacy Officer at 785-354-6343.

2. Kansas Health Information Exchange (KHIE). KHIN, Kansas Health Information Network, is a KHIE approved provider of health information exchange 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 or HIO 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 HIE. First, you may permit authorized individuals to access your information through an HIO (except as required by law). 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 access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form to Kansas Health Information Technology, 1000 SW Jackson, Suite 540, Topeka KS 66612. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information. Registration staff will have forms available and can give them to you upon request.

If you have questions regarding HIE or HIOs, please visit <http://www.KanHIT.org> for additional information.

The processes for excluding your records from *Care Everywhere*® or an HIO are different. You must complete both processes to have your records excluded from both *Care Everywhere*® and the HIO. Further, even if you restrict access through *Care Everywhere*® or an HIO, providers and health plans may share your information directly through other means (e.g. facsimile or secure e-mail) without your specific written authorization.

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.

**WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR  
MEDICAL RECORDS?**

**YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT**

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer as listed at the bottom of this notice and/or with the Secretary of the Department of Health and Human Services at U.S. Department of Health & Human Services-Office of Civil Rights, 601 East 12<sup>th</sup> Street - Room 248, Kansas City, MO 64106, (816) 426-7278; (816) 426-7065; (TDD)(816) 426-3686.

**IF CHANGES ARE MADE TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each facility of our health care system. You will find the date the notice became effective at the top of the first page below the title. In addition, each time you register at or are admitted to any facility of our health care system for treatment or health care services, a copy of the current notice in effect will be given to you if you request.

**IF YOU NEED ASSISTANCE, WISH TO EXERCISE YOUR PRIVACY RIGHT OR  
HAVE QUESTIONS ABOUT THIS NOTICE CONTACT OUR PRIVACY OFFICER**

**STORMONT-VAIL HEALTHCARE HIPAA PRIVACY OFFICER**

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