



# 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.**



# 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.*

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## **Get a copy of your health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. There may be a fee for this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- If you are a patient of an independent medical provider and have Laboratory records with Stormont Vail Health, please contact our Lab at (785) 354-5937 or (785) 354-5938.

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## **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

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## **Request confidential 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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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## **Ask us to share your information or to limit what information we share**

- You can ask us to share your health information with others.
- You can ask us to limit the health information that we use or share, and we will notify you if we cannot agree to your request.

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## **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except those for treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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## **Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, from any of our Registration Staff, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting us using the information on the last page.</li> <li>• You can 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 <a href="http://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/">www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## 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.*

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends, or others involved in your care or payment for your care.</li> <li>• Share information in a disaster relief situation.</li> </ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may 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.</i></p>
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<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes for which Stormont Vail would receive financial remuneration.</li> <li>• Sale of your information</li> <li>• However, your authorization is not necessary for communications for treatment or health care operations that are face-to-face, or for promotional gifts of nominal value.</li> </ul>
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<b>In these cases we share your information unless you ask us not to:</b>	<ul style="list-style-type: none"> <li>• Stormont Vail Health may use and disclose your information to an institutionally related foundation.</li> <li>• Information on how to Opt Out will be provided on all fundraising communications.</li> </ul>
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# Our Uses and Disclosures

We typically use or share your health information in the following ways.

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## For treatment purposes

- We can use your health information and share it with professionals who are treating you.

***Example:** 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.*

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## To obtain 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.

***Example:** We share information about you with your health plan to coordinate payment for your surgical admission.*

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## 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.

***Example:** We may use health information to review our services and to evaluate the performance of our staff in caring for you or to send you appointment reminders.*

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## 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 some conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/).

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## For public health and safety issues

- We may share health information about you in certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting births and deaths
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence or certain types of wounds
  - Preventing or reducing a serious threat to anyone's health or safety

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## For research

- We can use or share your information for health research.

<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we are complying with federal privacy law.</li></ul>
<b>Health Care System Directory</b>	<ul style="list-style-type: none"><li>• 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, satisfactory, etc.) and your religious affiliation.</li></ul>
<b>To organ and tissue banks, medical examiners or funeral directors</b>	<ul style="list-style-type: none"><li>• We can share health information about you with organ procurement organizations.</li><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers' compensation claims</li><li>• For law enforcement purposes</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>
<b>Substance Abuse Disorder Information</b>	<ul style="list-style-type: none"><li>• In accordance with 42 CFR Part 2, we will not use nor disclose your substance abuse information in response to a request for the records associated with a civil, criminal, administrative, or legislative proceeding against you without your consent, a valid court order as defined by 42 CFR Part 2 or otherwise required by law. All other uses and disclosures we will follow the privacy practices set forth in this notice.</li></ul>

# Your Rights Regarding Electronic Health Information Exchange

## ***Care Everywhere***<sup>®</sup>

- *Care Everywhere*<sup>®</sup> 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 *Care Everywhere*<sup>®</sup> system unless you tell us that you want your information excluded. To have your health information excluded from the *Care Everywhere*<sup>®</sup> system you must complete the *Care Everywhere*<sup>®</sup> Opt-Out/Opt-In Request Form. Forms are available from Registration Staff. For questions regarding *Care Everywhere*<sup>®</sup>, please contact the Stormont Vail Health HIPAA Privacy Office at (785) 354-6343.

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## **Kansas Health Information Exchange (KHIE)**

- Kansas Health Information Network 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 a specific form available at <http://www.kanhit.ks.gov>. Form can be submitted electronically or mailed to KanHIT 1000 SW Jackson Suite 130, Topeka, KS 66612.

# 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 or permitted by HIPAA 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).**

## Changes to the Terms of This Notice

We may 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 when visiting our facilities, on our web site, or we will mail a copy to you if requested. A summary of the notice will be posted in each facility of our health care system.

## This Notice of Privacy Practices applies to the following organizations

This Notice of Privacy Practices applies to all entities within the Stormont Vail Health system as well as to Affiliated Covered Entities and to members of Stormont Vail's Organized Health Care Arrangements when they are providing services to our patients. It applies to the Stormont Vail/Cotton O'Neil workforce, including employees, volunteers, members of the medical staff, and other health care personnel authorized to enter information into your Stormont Vail medical record. It applies to Stormont Vail Retail Pharmacy as well as the following entities when providing care for Stormont Vail patients: Anesthesia Associates of Topeka, Pediatrix, Radiology and Nuclear Medicine, and Topeka Pathology Group. For a full list of the entities and providers to which this Notice applies, contact the Stormont Vail Privacy Officer.

**For more information about your HIPAA rights or to exercise your rights, please contact:**

HIPAA Privacy Office  
Stormont Vail Health  
1500 S.W. 10th Ave.  
Topeka, KS 66604  
Phone: (785) 354-6343  
Fax: (785) 354-6398

**To obtain a copy of your medical records, please contact:**

Stormont Vail Health  
Release of Information  
1500 S.W. 10th Ave.  
Topeka, KS 66604  
Phone: (785) 354-6816 (Listen to options)  
Fax Clinic request: (785) 354-4268  
Fax Hospital request: (785) 354-5119  
[medicalrecordrequest@stormontvail.org](mailto:medicalrecordrequest@stormontvail.org)

Stormont Vail Flint Hills Campus  
Release of Information  
1102 St. Mary's Road, MAB 2  
Junction City, KS 66441  
Phone: (785) 579-4433  
Fax: (785) 210-3435  
[FlintHillsmedicalrecordrequest@stormontvail.org](mailto:FlintHillsmedicalrecordrequest@stormontvail.org)

**To obtain a copy of your billing records, please contact:**

Patient Financial Services  
Stormont Vail Health/Clinic/Flint Hills Campus  
1500 S.W. 10th Ave.  
Topeka, KS 66604  
Phone: (785) 354-1150  
Toll free: (800) 637-4716  
Fax: (785) 270-0733

