



# 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 of Privacy Practices describes how we may use and disclose your protected health information and related photographs to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. The Kansas City Health Department (KCHD) is required by law to maintain the privacy of protected health information. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical condition. Any other uses or disclosures not described in the notice will be made only with your individual written authorization.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at central registration.

**Uses and Disclosures of Protected Health Information After Client Signs a Consent to Treatment form:** When you receive treatment after signing your consent form at one of the clinics within KCHD, your health record including related photographs is the physical property of our Department. The information in your health records belongs to you. A copy of your record may be transferred to another healthcare provider when you sign an authorization to disclose your records.

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 share information with your family, close friends, or others involved in your care and share information in a disaster relieve situation.

KCHD may contact you to provide appointment reminders and information about our services if you sign our consent for text messages.

Your health information rights are as follows:

- You may request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- You may inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- You may ask for an amendment on your health record as provided in 45 CFR 164.528
- You may obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- You may revoke your authorization to use or disclose health information except to the extent that action has already been taken

I have read and understand the above provisions regarding the use of my medical information, and related photographs, and I had the opportunity to ask questions about it. I voluntarily, and without compulsion, give my consent to use my medical information including photographs as provided above.

## Examples of Disclosures for Treatment, Payment and Healthcare Operations That May Be Made Without Your Consent or Authorization:

**Treatment:** We will use and disclose your protected health information and related photographs to provide, coordinate, or manage your healthcare among staff members in the direct line of service within the KCHD.

**Payment:** If you are an active member of an insurance plan, the KCHD may use your protected health information, as needed, to obtain payment for your healthcare services.

**Healthcare Operations:** Members of our clinical staff, quality improvement teams, or other staff member who participated in your treatment may use information and related photographs in your health record to assess the care and outcomes in your case. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent or Authorization:** We may use or disclose your protected health information and related photographs in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information and related photographs to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**Public Health:** State Law mandates certain communicable diseases must be reported to other public health agencies including the State Department of Health. The disclosure will be made for the purpose of controlling disease. Immunization records can be released without authorization to the following: Employees of public agencies, departments and political subdivisions; Health records staff of school districts and child care facilities; Adoptive or foster parents; and health care professionals.

**Legal Proceedings:** We may disclose protected health information and related photographs in the course of any judicial or administrative proceeding, in response to an order of a court.

**Breaches:** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the KCHD's Privacy Officer Clifford Dennis by calling 816-513-6063. You may 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](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

\_\_\_\_ Patient or parent/guardian signature \_\_\_\_\_

\_\_\_\_ Date \_\_\_\_\_