

# Notice of Privacy Practices



St. Joseph & St. Mary's Medical Centers

[CarondeletHealth.org](http://CarondeletHealth.org)

# Carondelet Health

## ***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 April, 14, 2003  
Revised February 2010

If you have any questions about this notice please contact:

Carondelet Health Privacy Officer  
1000 Carondelet Drive  
Kansas City, MO 64114  
phone: **816-943-2740**  
e-mail: [privacyofficer@carondelet.com](mailto:privacyofficer@carondelet.com)  
Web site: *CarondeletHealth.org*



## **Our Pledge Regarding Medical Information**

We will strive to protect your information. We create a record of the care and services you receive at our facilities. This notice applies to all of the records of your care generated by the Carondelet Health entities listed on the next page. Your doctor may have different policies regarding your medical information created at his/her office or clinic.

This notice will tell you about the ways in which we may use and disclose your medical information. It also describes your rights regarding your information.

### **We are required by law to:**

- Keep your medical information private
- Give you this notice of our privacy practices
- Follow the terms of our current notice.

## **Who Will Follow This Notice**

This notice describes the practice of Carondelet Health and all employees, healthcare professionals and volunteers at Carondelet Health.

Carondelet Health has entered into an arrangement (*called an organized healthcare arrangement*) with all Carondelet Health entities, and the physicians and the allied health professionals that may provide care to you while you are in a Carondelet Health facility. This arrangement will help us treat you by allowing these facilities and providers to share information about you.

We will share your information to treat you, to get paid, for quality improvement and for management purposes. The following individuals and entities are covered by the terms of this notice:

Carondelet Health  
St. Joseph Medical Center  
St. Mary's Medical Center  
Carondelet Manor  
St. Mary's Manor  
Villa Saint Joseph  
Carondelet Care Resources  
Carondelet Home Care Services  
Carondelet Pharmacy  
Carondelet Physician Services

Blue Springs Internal Medicine, Blue Springs Neurology, Carondelet Surgical Associates, Contemporary Women's Care, Family Medical Care Associates, Kansas City Orthopaedic Surgical Associates, Oak Grove Medical Clinic, St. Joseph Family Care, Women's Health

St. Joseph Medical Center Foundation  
St. Mary's Medical Center Foundation

Physicians and other individuals authorized to enter information into your medical record.

This arrangement does not affect, **in any way**, how your physician medically treats you. It does not affect your doctor's medical decisions about your care. It only affects how information about you is shared with your providers. **Physicians or allied health professionals not part of Carondelet Physician Services are not employees or agents of Carondelet Health or any Carondelet Health entity. Your physicians and allied health professionals make their own independent medical decisions about your care.**

This notice does not cover your information in your doctor's office unless your doctor's office is specifically listed above. You will receive another notice when you go to his/her office.



## **How We May Use and Disclose Your Medical Information**

We need certain information to care for you. We also need information so we can receive payment for our services. We will use and disclose your information in the ways described below. We have listed some of the uses and disclosures in categories and provided an example within each category. We did not list all the uses and disclosures in each category.

### **Treatment**

We may use and disclose your information to provide, coordinate or manage your care. For example, your information may be disclosed to people providing care to you. We may also disclose your information to people outside the hospital who may be involved in your care after you leave.

We may use your information to coordinate community services for you (e.g., Meals on Wheels).

### **Payment**

We may use and disclose your information for payment of the services and treatment provided to you. For example, we use your information to create a bill and send the bill to your insurance company, you or a third party. The payor may request more information to determine whether the bill is covered by your insurance. We may tell your health plan about a treatment you are going to receive to get approval for payment or to determine whether your health plan will cover the treatment.

### **Healthcare Operations**

We may use and disclose your information for healthcare operations purposes. Healthcare operations include quality improvement and educational, business planning and compliance activities. For example, we review your medical information to evaluate our performance in serving you.

*You have the opportunity to object to the following uses and disclosures of your information:*

### **Individuals Involved in Your Care or Payment for Your Care**

Unless you object, we may release medical information about you to a family member, other relative or any other person identified by you who is involved either in your care or payment for your care. We may use your information to notify a family member, or another person responsible for your care, of your location, general condition or death.

### **Facility Directory**

Unless you object, we will include your name, location and phone number within our facility and your general condition (e.g. fair, good, etc.) in our facility directory. This information may be released to people who ask for you by name.

### **Fundraising Activities**

We may use your medical information to contact you to raise money for Carondelet Health entities. For this purpose, we would use only basic information, such as your name, address and phone number and the dates you were here. We will give you the opportunity to opt out of future fundraising efforts.

### **Disaster Relief**

We may disclose your information to public or private agencies for disaster relief purposes.

*We may also use and disclose your medical information for:*

### **Notification of Clergy**

You will be asked if you would like for us to notify a clergy member that you are in our facility. We may only provide your name, location and phone number within the facility, and your general condition. Patient lists are not provided to clergy.



## **Communication Barriers**

We may use and disclose your medical information with an interpreter to communicate with you. This interpreter will sign an agreement with us to keep your information private.

## **Appointment Reminders**

We may use and disclose your medical information to provide appointment reminders if you have been referred to schedule a visit, or to follow up with you on a recent visit. You may request that we send reminders to an alternative or confidential location. We may leave a brief reminder on your answering machine/voicemail unless you tell us not to.

## **Treatment Alternatives or Other Benefits**

We may use and disclose your medical information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you. For example, we may send you a newsletter about the services we offer.

## **Media Stories**

We may use your information to identify you for a media story. If identified, you will be contacted to ask if you would like to participate. Your information will not be shared with the media without your written authorization.

## **Third Parties**

We may disclose your medical information to third parties we contract with to perform services on our behalf. For example, we send information to a company to send patient satisfaction surveys on our behalf. We may release your information to voluntary accreditation programs such as the Joint Commission for Accreditation of Healthcare Organizations who monitor and provide guidance regarding the quality of our services. If we disclose your information to these entities, we will have an agreement with them to safeguard your information.

*We may also disclose your medical information to outside parties without your authorization in the following circumstances:*

### **As Required By Law**

We will disclose your medical information when required to do so by federal, state or local law. For example, we are required to report gunshot wounds to the police.

### **Public Health Purposes**

We may disclose your medical information for public health activities.

For example:

- Preventing or controlling disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Notifying a person who may be at risk for contracting or spreading a disease or condition.

### **Victims of Abuse**

We may disclose your medical information to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose your medical information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. For example, we may disclose your information during a survey by a licensing agency.

### **Judicial Purposes**

We may disclose your medical information in response to a court or administrative order. We may disclose your medical information in response to a subpoena, or other lawful process, if you provide us with your authorization or we are required by law.



## **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official, if the disclosure is:

- Required by law
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime, under certain limited circumstances
- About a death we believe may be the result of criminal conduct
- About criminal conduct on our property
- In emergency circumstances to report a crime, the location of the crime or the victims or the identity, description or location of the person who committed the crime.

## **Coroners, Medical Examiners and Funeral Directors**

In certain circumstances, we may disclose medical information to a coroner or medical examiner. For example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

## **Organ and Tissue Donation**

We may disclose your medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, to facilitate organ, eye or tissue donation and transplantation.

## **Workers' Compensation**

We may disclose your medical information to comply with workers' compensation laws.

## **Research**

We may use and disclose your medical information for research purposes. For example, a research project may involve comparing the health and recovery of patients who received one drug to patients who received another drug for the same condition. We may use and disclose your information without your written authorization if this use or disclosure has been approved through an independent research approval process. We may also disclose your information to researchers preparing to conduct research.

## **To Avert a Serious Threat to Health or Safety**

We may use and disclose your medical information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

## **Specified Government Functions**

In certain circumstances, federal law authorizes the government agencies to use or disclose your medical information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities and protective services for the president or others.

## **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your medical information to the correctional institution or law enforcement official. The disclosure would be necessary: (1) for the institution to provide you with healthcare; (2) to protect your health or safety or the health and safety of others or (3) for the safety and security of the correctional institution.

## **Change in Ownership**

In the event that Carondelet Health or one of its facilities is sold or merged with another company, your medical information will become the property of the new owner.

## **Limited Data Sets**

In some cases involving research, public health or healthcare operations, we may use or disclose information via a Limited Data Set that excludes all direct identifiers of the patient, patient's relatives or household members and employers. In these situations, we will enter into a data use agreement with the receiving party, which provides assurance that the recipient will only use or disclose the information for the limited purpose.



## Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with your authorization to use or disclose your medical information, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your authorization. You understand that we are unable to take back any disclosures we have already made under the authorization.

## Your Rights Regarding Your Medical Information

You have the following rights regarding medical information we maintain about you:

### Right to Request Restrictions

You have the right to request a restriction or limitation of your medical information we use or disclose for treatment, payment or healthcare operations. You also have the right to request a restriction of your medical information we disclose about you to someone who is involved in your care or the payment for your care. **We are not required to agree to your request except if you have paid for the service out of pocket in full and you request that we not submit your information to your health plan.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction of the use or disclosure of your information, contact our director of Medical Records (*see contact information on back inside cover of this booklet*) to obtain the form to make your request.

## **Right to Request Confidential Communications**

You have the right to request that we communicate with you or your responsible party about your healthcare in an alternative way or at a certain location. We will not ask you for the reasoning for your request but may ask for clarification. We will accommodate your request, if it is reasonably within our means to do so. You may be required to make alternative payment arrangements. To request confidential communications, contact our director of Medical Records to obtain the form to make your request.

## **Right to Inspect and Copy**

You have the right to inspect and copy medical information contained in a designated record set for as long as we retain the protected health information. A “designated record set” contains medical and billing records and any other records our organization uses for making decisions about you. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. To request to inspect or copy your records, contact our director of Medical Records to obtain the form to make your request. We may deny your request where required by law. If you are denied access, you may request that the denial be reviewed, and we will comply with the outcome of the review.

## **Right to Amend**

You have the right to ask us to amend your medical and/or billing information that you feel is incorrect or incomplete for as long as the information is kept by us. 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 us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for us
- Is not part of the information which you would be permitted to inspect or copy
- Is not accurate and complete.

To request an amendment to your record, contact our director of Medical Records to obtain the form to make your request.



## **Right to an Accounting of Disclosures**

You have the right to receive an accounting of disclosures, a list of individuals and entities that have received your medical information. This list will not include an accounting of disclosures for treatment, payment and health care operations, disclosures made pursuant to authorization, incidental disclosures, disclosures of information in the facility directory, disclosures for notification purposes, disaster relief purposes and to persons involved in your care; disclosures for national security or intelligence purposes, disclosures to correctional institutions or law enforcement officials having custody of you disclosures as part of a limited data set and disclosures made before April 14, 2003.

You may receive one free accounting during a twelve-month period. If you request more than one accounting, you will be charged a fee. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

To request an accounting of disclosures, contact our director of Medical Records to obtain the form to make your request. Your request must state a time period: which may not be longer than six years.

## **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.

You may obtain a copy of this notice at our Web site at [CarondeletHealth.org](http://CarondeletHealth.org)

To obtain a paper copy of this notice, contact our director of Medical Records.

## **Changes to This Notice**

We may change this notice. We may make the revised notice effective for medical 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 a clear and prominent location to which you have access. The notice is also available to you upon request. The effective date is on the first page of the notice.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Carondelet Health or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our director of Medical Records to obtain the form to file your complaint.

You will not be penalized in any way for filing a complaint.

## **Contact Information:**

### **Director of Medical Records**

St. Joseph Medical Center  
1000 Carondelet Drive  
Kansas City, MO 64114  
816-943-2112

### **Director of Medical Records**

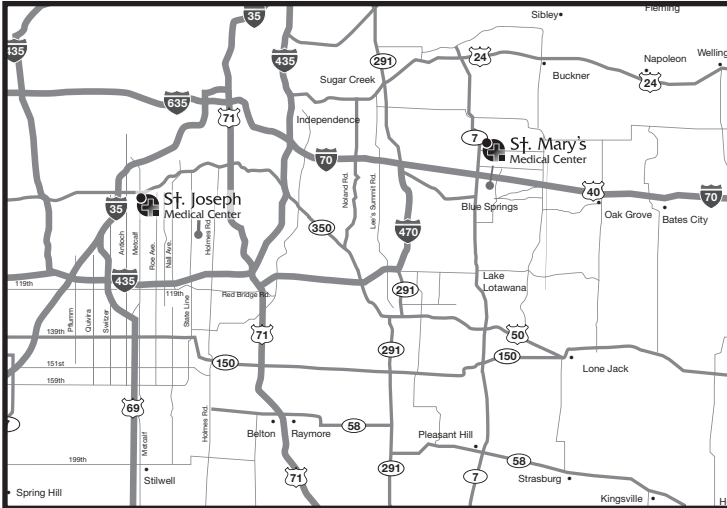
St. Mary's Medical Center  
201 NW R.D. Mize Road  
Blue Springs, MO 64014  
816-655-5421

### **Carondelet Physician Services**

Billing Office Manager  
801 NW St. Mary's Drive  
Blue Springs, MO 64014  
816-655-5788



## LOCATIONS



### **St. Joseph Medical Center**

1000 Carondelet Drive  
Kansas City, MO 64114  
816-942-4400

### **St. Mary's Medical Center**

201 NW R.D. Mize Road  
Blue Springs, MO 64014  
816-228-5900 (TDD)