



Kansas City Physician Partners, Inc
Center for Rheumatic Disease
Center for Allergy and Immunology
www.kcphysicianpartners.com

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.

During your treatment at Kansas City Physician Partners, Inc., our employees may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Kansas City Physician Partners, Inc. and is effective as of January 1, 2022.

Kansas City Physician Partners, Inc. is committed to protecting patient privacy. We are required by the Health Insurance Portability and Accountability Act (HIPAA) to provide you with this Notice of Privacy Practices and to make sure that: your identifiable medical information is kept private; you understand our legal duties and privacy practices with respect to medical information about you; the terms of the notice that are currently in effect are followed; and you are notified in the event of a breach of any unsecured protected health information about you.

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.

Get an electronic or paper copy of your medical record

- You can request an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 48-72 hours of your request. This could be affected by business hours, holidays, staffing, natural disasters, etc. We may also charge a reasonable fee.

Ask us to correct your medical record

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- If you believe part of your medical record is incorrect or incomplete, please let us know. You can request that we make necessary changes. We may deny your request, but we will give a written response with an explanation within 30 days.

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 comply with all reasonable requests.

Ask 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will comply 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 of the times we've 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 for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). There may be a fee incurred with this request.

Get a copy of this privacy notice

- 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

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- 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 www.hhs.gov/oar/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

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For certain health information, you can tell us your choices about what we share.

In these cases, you have the right to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

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:

- Marketing purposes
- Sale of your information

How do we typically use or share your health information?

To provide you with quality care:

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

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed and sometimes required to share your information in ways that contribute to the public good, such as public health and research. For more information go to:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease

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- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Support research

We can use or 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.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.

Address workers' compensation, law enforcement, 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
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

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.

Other Instructions for Notice

We will never share any substance abuse treatment records without your written permission.

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.

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- 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. You may change your mind at any time. Let us know in writing if this issue arises.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Notice Regarding the Use of Technology

We may use electronic software, services, and equipment, including without limitation to email, video conferencing technology, cloud storage and servers, internet communication, cellular network, voicemail, facsimile, electronic health record, and related technology ("Technology") to share Protected Health Information (PHI) with you or third-parties subject to the rights and restrictions contained herein. In any event, certain unencrypted storage, forwarding, communications and transfers may not be confidential. We will take measures to safeguard the data transmitted, as well as ensure its integrity against intentional or unintentional breach or corruption. However, in very rare circumstances security protocols could fail, causing a breach of privacy or PHI.

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.

Complaints or Questions

If you believe your privacy rights have been violated, you may file a complaint with us by notifying our Compliance Officer:

Tara Rios
Corporate Compliance Officer
Email: compliance@mykapp.com
Direct phone: 816-531-2723

You can also contact the Secretary of Health and Human Services. We will not retaliate against you for filing a complaint.

This privacy policy applies to the following organizations:

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Kansas City Physician Partners, Inc.

The Center for Rheumatic Disease

The Center for Allergy and Immunology