



## Notice of Privacy Practices

The PACE KC Notice of Privacy Practices explains how PACE KC may use and disclose your medical information and how you can access this information. Please review carefully. If you don't understand any part of this, or if you have any questions, it is very important that you ask a PACE KC staff member

The Health Insurance Portability and Accountability Act (HIPAA) requires PACE KC, as your health care provider, to maintain the privacy of your protected health information (PHI), to provide you with notice of PACE KC's legal duties and privacy practices with respect to PHI, and to notify affected individuals if there is a breach of protected health information. PACE KC is required to maintain records of your health care and to maintain confidentiality of those records.

HIPAA also allows PACE KC to use your information for treatment, payment, and certain health care operations without your authorization, unless otherwise prohibited by law with the exception of records regarding Substance Use Disorder referrals or treatment.

- **Treatment:** PACE KC may disclose your protected health information to you, to staff, or to other health care providers in order to provide you the care you need. This includes information that may go to the pharmacy to get your prescription filled, to a diagnostic center to assist with your diagnosis, to a specialist for diagnosis or care, or to the hospital should you need to be admitted. If necessary to ensure that you get this care, PACE KC staff may also discuss the minimum necessary information with friends or family members who are directly involved in your care unless you tell us you do not want us to discuss your information with that person.
- **Payment:** PACE KC may send information to you or to your health plan in order to receive payment for the service or item we delivered. We may discuss the minimum necessary information with friends or family members directly involved in your payment unless you tell us you do not want us to discuss your information with that person.
- **Healthcare Operations:** PACE KC is allowed to use or disclose your protected health information to train new PACE KC health care workers, to evaluate the health care delivered, to improve PACE KC's business development, or for other internal needs.
- PACE KC is required to disclose information as required by law, such as public health regulations, health care oversight activities, certain lawsuits and law enforcement.

Particular uses or disclosures of your protected health information requires an authorization from you such as:

- Disclosure of psychotherapy notes;
- Disclosure of any Substance Use Disorder records;
- Use or disclosure of your information for marketing;
- Disclosures or uses that constitute a sale of protected health information;
- Any uses or disclosures not described in this Notice of Privacy Practices.
- Any disclosure of your protected health information to your employer or to your school, unless required by law.

- You will receive a copy of your authorization. You may revoke the authorization in writing at any time. PACE KC will honor that revocation beginning the date we receive the written signed revocation.

You also have several rights concerning your protected health information. When you wish to use one of these rights, please inform the PACE KC office so you may receive the correct form for documenting your request.

- You have the right to access your records and/or to receive a copy of your records, with the exception of psychotherapy notes, and any other information your provider believes in his/her best medical judgement would be detrimental to you or others if you have that information. Your request must be in writing, and PACE KC must verify your identity before allowing the requested access. PACE KC is required to allow the access or provide the copy within 30 days of your request. We may provide the copy to you or to your designee in an electronic format acceptable to you or as a hard copy. We may charge you our cost for making and providing the copy. If your request is denied, you may request a review of this denial by a licensed health care provider.
  - You have the right to request restrictions on the disclosure of your records. For example: Your friend works at PACE KC and you don't want your friend to see your information. You may request that person not have access to this information. PACE KC is not required to agree to this request, but if we agree to your request, we are obligated to fulfill the request, except in an emergency where this restriction might interfere with your care. PACE KC may terminate these restrictions if necessary to fulfill treatment or payment. PACE KC is required to grant your request for restriction if the requested restriction applies only to information that would be submitted to a health plan for payment for a health care service or item for which you have paid in full out-of-pocket, and if the restriction is not otherwise forbidden by law. For example, we are required to submit information to federal health plans and managed care organizations even if you request a restriction.
  - You must have submitted your written request for restriction prior to initiating the service.
  - Some exceptions may apply, so ask for a form to request the restriction and to get additional information.
  - PACE KC is not required to inform other covered entities of this request, but we are not allowed to use or disclose information that has been restricted to business associates that may disclose the information to the health plan.
- You have the right to request confidential communications. For example, you may prefer that staff calls your cell phone number rather than your home phone.
  - The request must be in writing, signed and dated
  - You may revoke the request in writing
  - You must give PACE KC an effective means of communication
  - If the alternate means of communications incurs additional cost, you will be responsible for paying that cost.
- Your medical records are legal documents that provide crucial information regarding your care.
- You have the right to request an amendment to your medical records.
  - You must make this request in writing
  - PACE KC is not required to grant this request.
- You have the right to an accounting of disclosures. This will tell you how we have used or disclosed your protected health information.

- PACE KC is required to inform you of a breach that may have affected your protected health information.
- You have the right to receive a copy of this notice, either electronic or paper or both.
- You have the right to opt out of fund-raising communications.
- You have the right to file a complaint with us or with the Office for Civil Rights. We will not discriminate or retaliate in any way for this action. To file a complaint, please contact the applicable party:

Office for Civil Rights

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

If you have any questions about PACE KC's privacy practices, please contact the Compliance Officer at the number below.

Compliance Officer

Phone: 816-321-3299

Fax: 816-599-5909 – Attention: Compliance Officer

PACE KC reserves the right to change this notice and to make the changed notice effective for all of the health information that we maintain about you, whether it is information that we previously received or information we may receive about you in the future. We will post a copy of our current notice in our facility. Our notice will indicate the effective date on the first page, in the top right-hand corner. We will also give you a copy of our current notice upon request.

**NOTICE OF PRIVACY PRACTICES (NPP)  
ACKNOWLEDGEMENT**

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information (PHI).

I received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my PHI.

I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time to obtain a current copy of the Notice of Privacy Practices.

Participant Name: \_\_\_\_\_

Signature of Participant or Participant: \_\_\_\_\_

Participant Representative: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

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**PRACTICE USE ONLY**

I attempted to obtain the participants signature in acknowledgement of the Notice of Privacy Practices Acknowledgement but was unable to do so as documented below:

<b>Date:</b>	<b>Staff Initials:</b>	<b>Reason:</b>