

Your Information
Your Rights
Our Responsibilities

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your
Rights

You have the right to:

- Get a copy of your child(ren) paper or electronic medical record
- Request a correction your child(ren) paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your child(ren) information
- Get a copy of this privacy notice
- Choose someone to act for your child(ren)
- File a complaint if you believe your child(ren) privacy rights have been

Your
Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your child(ren) condition
- Provider disaster relief
- Include your child(ren) in a hospital directory
- Provide mental health care
- Market our services and sell your child(ren) information
- Raise funds

Our Uses
and
Disclosures

We may use and share your information as we:

- Treat your child(ren)
- Run our organization
- Bill for your child(ren) services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Respond to lawsuits and legal actions

Our
Responsibilities

- We are required by law to maintain the privacy and security of your child(ren) protected health information.
- We will let you know promptly if a breach occurs.
- We must follow the duties and privacy practices described in this notice and give you a copy if requested.

Changes to Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about your child(ren). The new notice will be available upon request in our office and on our website.

Your
Rights

When it comes to your child(ren) health information, you have certain rights.

This section explains your child(ren) rights and some of your responsibilities.

<p>Get an electronic or paper copy of your child(ren) medical record(s)</p>	<ul style="list-style-type: none"> You can ask to see or get an electronic or paper copy of your child(ren) medical record(s) and other health information we have. Ask us how to do this. We will provide a copy or summary of your child(ren) health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
<p>Ask us to correct your child(ren) medical record</p>	<ul style="list-style-type: none"> You can ask us to correct health information about your child(ren) that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
<p>Request confidential communications</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office, mobile) or to send mail to a different address. We will say “yes” to all reasonable requests
<p>Ask us to limit what we use or share</p>	<ul style="list-style-type: none"> 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, and we may say “no” if it would affect your care. 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 say “yes” unless a law requires us to share that information.
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your child(ren) health information for six years prior to the date you ask, who we shared it with, and why. We will provide 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). 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.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> 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.
<p>Choose someone to act for your child(ren)</p>	<ul style="list-style-type: none"> 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.
<p>File a complaint if you feel your child(ren) rights are violated</p>	<ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting us at <ul style="list-style-type: none"> Security Officer -9405 N Oak Trwy, Kansas City, MO 64155 (816-412-2900) 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 Ave, S.W. Washington D.C 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints We will not retaliate against you for filing a complaint

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 child(ren) information in the situations described below, talk to us. Tell us what 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 child(ren) family, close friends, or others involved in your care.
- Share information in a disaster relief situation
- Include your child(ren) information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your child(ren) information if we believe it is in your best interest. We may also share your information when needed to lesson a serous and imminent threat to health and safety.

In these cases we never share your child(ren) information unless you give us written permission:

- Marketing purposes
- Sale of your child(ren) information
- Most Sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your child(ren) health information?

We typically use or share your child(ren) health information in the following ways.

Treat you	<ul style="list-style-type: none"> • We can use your child(ren) health information and share it with other professionals who are treating your child(ren) 	Example: A doctor treating your child(ren) for an illness asks another doctor about your child(ren) overall health.
Run our organization	<ul style="list-style-type: none"> • We can use and share your child(ren) health information to run our practice, improve your child(ren) care, and contact you when necessary 	Example: Appointment reminders Example: We use health information about you to manage your child(ren) treatment and services
Bill for your services	<ul style="list-style-type: none"> • We can use and share your child(ren) health information to bill and get payment from health plans or other entities 	Example: We give your child(ren) information about you to your child(ren) health insurance so it will pay for your services

How else can we use or share your child(ren) health information? We are allowed or required to share your child(ren) information in other ways-usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your child(ren) information for these purposes. For more information see:

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

<p>Help with public health and safety issues</p>	<ul style="list-style-type: none"> • We can share health information about your child(ren) in certain situations such as: <ul style="list-style-type: none"> ○ Preventing disease ○ 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
<p>Do research</p>	<ul style="list-style-type: none"> • We can use or share your child(ren) information for health research
<p>Comply with the law</p>	<ul style="list-style-type: none"> • We will share information about your child(ren) 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.
<p>Respond to Organ and Tissue Donation Requests</p>	<ul style="list-style-type: none"> • We can share health information about your child(ren) with organ procurement organizations.
<p>Work with medical examiner or funeral director</p>	<ul style="list-style-type: none"> • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<p>Address worker’s compensation, law enforcement, and other government requests</p>	<ul style="list-style-type: none"> • We can use or share health information about your child(ren): <ul style="list-style-type: none"> ○ 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
<p>Respond to lawsuits and legal actions</p>	<ul style="list-style-type: none"> • We can share health information about your child(ren) in response to a court or administrative order, or in response to a subpoena
<p>Consultations Regarding Pregnancy, Venereal Disease, or Drug and Substance Abuse</p>	<ul style="list-style-type: none"> • We may consult with you, the minor patient, for medical treatment in the event you are pregnant, but excluding matters involving abortion, venereal disease, and drug or substance abuse. In such events, we may disclose to your parent, parents, conservator, or relative caregiver your IHI about such pregnancy, venereal disease, and drug or substance abuse, with or without your consent, subject to the discretion of our physician consulting with you on the matter, in accordance with applicable law. Alternatively, our physician consulting with you on the matter may refrain from disclosing the same information to your parent, parents, conservator, or relative caregiver at the physician’s discretion, in accordance with applicable law.
<p>Certain Adolescent Consultations</p>	<ul style="list-style-type: none"> • We may consult with you, the minor patient, about your transition from a pediatric model of care where parents make most decisions to an adult model of care beginning at age 18. Your parent, conservator, or relative caregiver may choose to be present or not be present in the adolescent consultations. However, your IHI discussed in the teenage consultations is subject to disclosure to your parent, conservator, or relative caregiver, in accordance with applicable law, unless your parent, conservator, or relative caregiver expressly agrees before the adolescent consultations that such consultations are confidential between you, the minor patient, and us, except as otherwise provided in section above.