



NOTICE OF PRIVACY PRACTICES

ADMINISTRATIVE SIMPLIFICATION PRIVACY SECURITY TRANSACTIONS

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this notice, please contact the Privacy Officer by dialing the main hospital number.

Our Responsibilities

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Uses and Disclosures:

How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information.

For Treatment: We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, health students, or other hospital personnel who are involved in taking care of you at the hospital. For example: a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital also may share health information about you in order to coordinate the different things you may need, such as prescription, lab work, meals, and x-rays. We may also provide you physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

For Payment: We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

For Health Care Operations: Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;

- To assess your satisfaction with our services;
- To tell you about health-related benefits or services;
- To contact you as part of fundraising efforts;
- To inform Funeral Directors consistent with applicable law;
- For population based activities relating to improving health or reducing healthcare costs; and
- For conducting training programs or reviewing competence of healthcare professionals.
- When disclosing information, primary appointment reminders and billing/collections efforts, we may leave messages on your answering machine or voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in the radiology department, certain laboratory tests, and a copy services we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you, your insurance company or a third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and healthcare operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

As required by law, we may also use and disclose health information for the following types of entities, including but not limited to:

- Food and Drug Administration
- Public Health or Legal authorities charged with preventing or controlling disease, injury or disability.
- Correctional Institutions
- Workers Compensation Agents
- Organ and Tissue Donation Organizations

- Military Command Authorities
- Health Oversight Agencies
- Funeral Directors, Coroners and Medical Directors
- National Security and Intelligence Agencies
- Protective Services for the President and Others

Law Enforcement/Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

State Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the **Right to:**

Inspect and Copy: You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or healthcare operations where an authorization was not required.
- **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. The facility will grant requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

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 can go to our website and print a copy of this notice by clicking on the Notice of Privacy Practices link. To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer. You may also file a complaint with the Secretary of the Department of Health and Human Services. **All complaints must be submitted in writing. You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.



11217 Lakeview Avenue
 Lenexa Kansas, 66219
 913-322-7408
www.MISHhospital.com



PATIENT RIGHTS AND SERVICES

At The Minimally Invasive Surgery Hospital (MISH), we're committed to making your hospital experience the best possible. That means quality care, attentive staff, high quality and efficient service. Health care delivery is enhanced by the involvement of the patient and family as partners with our staff in the health care process. In the spirit of mutual trust and respect, it is our responsibility to advise you of your rights as a patient, your legal rights regarding healthcare treatment decisions, and to identify your role and responsibilities in your treatment and care. It is also our responsibility to address your concerns to assure your satisfaction and your good care. We urge you to ask questions, be proactive and take an active part in your health care plan. If you have questions or concerns, we encourage you to discuss these with the Director of Nursing or our Patient Advocate.

Questions About Your Care Occasionally there may be snags in our complex processes. There may be a situation that leaves you with a question or concern. If that happens, below you will find information on exactly how to address and resolve your concerns in a way that helps assure your satisfaction and quality care. Here's how:

Point of Contact

The best time to address any concern is when it happens. If you have questions about your care, your service or even your food, ask questions immediately. We encourage our staff to listen carefully to our patients and to adopt a customer service attitude that emphasizes an attentive, timely response to any inquiry. By working directly with the person who provides your care, you may be able to resolve the situation immediately and help avoid any recurrences. We want to know if we aren't meeting your needs, so we have the opportunity to correct the situation while you're here.

Call the Director of Nursing

Not comfortable talking with the person with whom you have an issue? Simply ask to speak with the director of nursing. But remember, it's best to address the issue immediately. Our goal is to answer your questions and resolve any problems as quickly as possible to help ensure you receive effective, quality care. Be assured that calling our attention to a problem will never have a negative impact on your treatment. Even though we try, we know perfection isn't always possible and we want to work with you to make things right.

Call the Patient Advocate

Because we realize some problems are just more stubborn than others, we also provide a special staff member – called a Patient Advocate specially trained to serve as a liaison between you, your family and the hospital. He has the ability to work with

every department and every staff member to assure your situation is addressed and resolved. To reach the Patient Advocate call 913-322-7408. The Patient Advocate is available Monday through Friday, from 9 a.m. to 5:00 p.m. The Patient Advocate will investigate your concerns within three working days of your call and he will keep in touch with you until your situation has been resolved.

Patient Complaint and Grievance Resolution Process

Any concern that isn't resolved promptly is called a grievance. You may lodge a grievance by contacting the Patient Advocate. Your grievance will be resolved as quickly as possible, and you will receive a written response on the subject within 30 days. Exercise your right to the grievance process freely without being subject to coercion, discrimination, reprisal or unreasonable interruption of care. In addition, we respect your confidentiality at all times. You also have the right to lodge a grievance with the state agency directly, regardless of whether you have first used the medical center's grievance process. The state advocacy agency and phone number is provided in this brochure.

For More Information

If you have questions about your care and MISH, ask to see the Director of Nursing or call our Patient Advocate at 913-322-7408.

State Advocacy Agency for Health Care

Kansas Department of Health and Environment, Bureau of Health Facilities, Adult Care Concern 900 SW Jackson • Topeka, KS 66612 1-800-842-0078.

Joint Commission

Office of Quality Monitoring 1-800-994-6610 or by e-mail at jointcommission.org

Your Legal Rights Regarding Healthcare Treatment Decisions

Adults who have the capacity and have been informed as to the nature of their illness and their treatment options have the right to consent or refuse any healthcare treatment. This includes the right to forgo treatment or to have the treatment withdrawn after it is started. This right extends to any medical treatment or procedure including surgery, respirators, antibiotics, cardiac resuscitation, diagnostic tests and tube feedings. If you decide to refuse treatments you believe are more of a burden than a benefit, your doctors and nurses will continue to provide you comfort and care. Such choices can be made by telling a physician your wishes regarding your healthcare treatment. However, it is also suggested that you write out your wishes if you later are unable to communicate them. This process of writing down your wishes for future treatment can be accomplished by completing an advance directive. There are several types of advance directive documents: a living will, a health care treatment directive (HCTD) and a durable power of attorney for health care (DPAHC). If you already have an advance directive, please let your nurse and physician know immediately. It is critical that you discuss any healthcare directives with your family and health care providers.

Living Wills

A living will is a written, signed, dated, and witnessed document that allows individuals to state that they do not want death-prolonging procedures performed. Living Wills are effective only if you have a terminal condition, will die in a short time, and are unable to communicate your wishes.

Health Care Treatment Directives

A health care treatment directive is a statement of your wishes to be used if you are unable to speak for yourself. You may request that any procedure prolonging the dying process be withheld or withdrawn or that no procedure be provided. Treatments that relieve pain and suffering are never discontinued. Health care treatment directives are effective when you are no longer able to communicate your wishes. Even if you are not terminally ill, you may request through a health care treatment directive that treatment be withdrawn or withheld should it be unlikely to help you to recover an acceptable quality of life. You may also request that treatments be provided. Examples of such non-terminal conditions might include an overwhelming illness or injury in which recovery is not likely, a comatose condition such as with some severe strokes, the final stages of a dementing illness such as Alzheimer's.

Durable Power of Attorney for Healthcare (DPAHC)

The DPAHC provides you with the right to name an individual as an agent to make healthcare decisions for you should you ever be in a situation where you are no longer able to make your own decisions. You may choose anyone whom you trust to speak for you to assist your healthcare providers in determining which treatment options you would have chosen for yourself. In Missouri the DPAHC must be notarized; however in Kansas it may either be witnessed by two individuals or notarized.

Additional Information:

You may revoke a health care treatment directive, living will or a durable power of attorney at any time. If you wish to revoke or modify one of these documents, please notify your physician or nurse. You may contact your nurse, physician, or patient advocate to receive further information and instructions on advance directives. Forms are available for these advance directives, which meet the requirement of Kansas and Missouri. Your attorney may also draft such documents for you. This hospital recognizes both state and federal laws that entitle patients to make personal healthcare treatment decisions. All patients will be provided an appropriate level of care whether or not they have put in writing their wishes about healthcare treatments. Advance directives assist us with providing you the care you believe to be appropriate to your situation.

Patient Rights and Responsibilities

Patient Rights You have the right to:

- To receive a copy of the "Patient Rights and Responsibilities" in advance of patient care being furnished or discontinued whenever possible and during the admission process.

- To formulate advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law and to have hospital staff practitioners who provide care in the hospital comply with these directives.
- To have access to written notice of rights in the most frequently used languages.
- To request, the name of your attending physician, the names of all other practitioners directly participating in your care and the name and functions of other healthcare persons having direct contact with the patient.
- To the hospital's reasonable response to your requests and needs for treatment or services, within the hospital's capacity, its stated mission and applicable law and regulations.
- To considerate and respectful care including: 1) consideration of psychosocial, spiritual, and cultural variables that influence and perception of illness, and 2) optimal comfort and dignity of the dying patient through treating primary and secondary symptoms, effectively managing pain, and acknowledging the psychosocial and spiritual concerns of the patient and family.
- To accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
- To have a family member or representative of your choice and your physician notified promptly of your admission.
- The patient's guardian, next of kin, or legally authorized responsible person has the right to exercise, to the extent permitted by the law, the rights delineated on behalf of the patient if the patient has been adjudicated incompetent in accordance with law, is found by their physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate their wishes regarding treatment, or is a minor.
- To receive appropriate care regardless of age, race, ethnicity, religion, culture, language, color, national origin, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression providing proper facilities are available. If you must be transferred to another hospital, you must be told why.
- To request consultation or second opinion from another physician, to change physicians, or to change hospitals. Patient has the right to assistance in obtaining consultation with another physician or practitioner at the patient's request and own expense.
- If at any time the patient/family requests a transfer to another setting or if the needs exceed the hospital's capacity, the hospital will assist in the transfer to another facility upon approval of that facility.
- To participate in the development and implementation of your plan of care and to make decisions involving your health care, including managing pain

effectively. Each patient has the right to the information necessary to make treatment decisions reflecting the patient's wishes.

- To participate in ethical questions that arise in the course of care including issues of conflict resolution, withholding resuscitative service, and foregoing or withdrawal of life sustaining treatments.
- To participate in the consideration of the ethical issues that arises in the care of the patient. Ethical concerns may be addressed directly to Administration or to the Director of Nursing through the nurse's desk. All issues will be reviewed, investigated and responded to in a timely manner. You have the right to call the Kansas Department of Health and Environment, Bureau of Health Facilities, Adult Care Concern 900 SW Jackson • Topeka, KS 66612 (800) 842-0078.
- To personal privacy and safety.
- To confidentiality of your clinical records and access to information contained in your clinical records within a reasonable time frame.
- To access of information contained in the patient's medical records within the limits of the state law, by a patient's legally designated representative.
- To be free from all forms of harm including abuse, neglect and exploitation.
- To be free from restraints, of any form, that is not medically necessary or is used as a means of coercion or discipline.
- To be informed of, and to refuse any human experimentation or other research/educational projects affecting your care or treatment.
- To have unrestricted access to communication including, but not limited to, access to interpreters, telephones, mail, visitors, and educational materials. Sometimes it may be necessary to restrict access to some communications (for example: to prevent injury or deterioration in the patient, damage to the environment, or infringement on the rights of others). Any restrictions on communication are fully explained to the patient and family and are determined with their participation.
- To receive assistance with discharge planning when required to foster continuity of medical and/or other care to meet other identified needs including access to protective services.
- To examine/receive an explanation of your bill, regardless of source of payment.

Patient Responsibilities The patient is responsible for the following:

- Care, service, or treatment plan developed and recommended by the practitioner(s) primarily responsible for his/her care, including nurses and allied health professional carrying out the coordinated plan of care.
- The patient and family are responsible for understanding the consequences of the treatment, alternatives, and of not following the proposed course, the patient is also responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.

- The patient is responsible for assuring that the financial obligation for his/her healthcare is fulfilled as promptly as possible.
- The patient is responsible for following the facility rules and regulations concerning patient care and conduct.
- The patient is responsible for being considerate of the rights of other patients and hospital personnel and for assisting in the control of noise, smoking, and the number of visitors.
- The patient is responsible for being respectful of the property of other persons and of the facility.
- The patient is expected to discuss pain management and pain relief options with their physician/clinicians.
- The patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medication, and other matters relating to his/her health.
- The patient and family are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition. The patient and family help the hospital to improve its understanding of the patient's environment by providing feedback about service needs and expectations.
- The patient is responsible for reporting whether he/she clearly understands a contemplated course of actions and what is expected of him/her.

Patient Advocate We want to answer any questions or concerns you may have during your stay with us. A patient advocate is available to help in this regard. To contact the patient advocate, call 913-322-7408.

Rights of the Disabled Our hospital continually strives to meet the objectives of the Americans with Disabilities Act regarding the rights of all disabled individuals. If you or a visitor encounter any physical or communication barrier during your time at our hospital, or believe you have been denied access to the hospital's full array of services because of your disability, we encourage you to contact the patient advocate.

Insurance Concerns

Concerns related to adverse decisions by your health insurance plan may be directed to the Administrative office at 913-322-7408

Ownership

The Minimally Invasive Surgery Hospital (MISH) is a for-profit healthcare facility. Governed by a Board of Directors. Owned by Dr. Paramjeet Sabharwal, and Dr. Wanda Kaniewski MISH Inc.

11217 Lakeview Avenue
Lenexa Kansas, 66219
913-322-7408
www.MISHhospital.com

