



## **Patients' Bill of Rights:**

### **Each patient receiving services at Kansas City Vascular Institute, LLC shall have the following rights:**

1. To be informed of the patient's bill of rights by being offered a written copy of these rights and given a written or verbal explanation of these rights in terms that the patient can understand. Efforts to have a written copy in the patient's primary language or large print available upon request. If unavailable, the Language Line will be used to translate.
2. To be informed of services available in this Clinic, of the names and professional status of the Associate providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee deposit and refund policy of the Clinic and any charges for services not covered by sources of third-party payment or not covered by the Clinic's basic rate.
3. To be informed if the Clinic has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment.
4. To receive, in terms the patient understands, an explanation of his or her recommended treatment, risk(s) of the treatment and possible complications, expected results and reasonable diagnostic alternatives. If the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin, guardian, or medical power of attorney, and documented in the patient's medical record.
5. Except in an emergency, to be informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure.
6. To participate in the planning of his or her own care and treatment, and to refuse medication and treatment.
7. To be included in experimental research only when the patient has given written consent to such participation, or when a guardian or medical power of attorney gives such consent in accordance with law, rule and regulation. A patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices.
8. To voice grievances or recommend changes in policies and services to Associates, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal.
9. To be free from mental, sexual, and physical abuse, neglect, exploitation, coercion, manipulation, and sexual assault and free from use of restraints or seclusion, misappropriation of personal private property by the Clinic's principals, members, Associates, as well as other employees, volunteers and students. Restraints may be authorized by a physician for a limited period of time solely to protect the patient or others from injury. Personal property of patients shall be preserved at all times while in custody of the Clinic. Drugs and other medications shall not be used for discipline of patients or for convenience of Associates.
10. To confidential treatment of information about the patient. Information in the patient's medical record and financial record shall not be released to anyone outside the Clinic without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the State Department of health for statutorily authorized purposes. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked.
11. To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when Associates are discussing the patient.
12. To not be required to work for the Clinic unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules.
13. To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient.
14. To treatment and medical services without discrimination based on race, age, religion, national origin, gender, sexual preferences, handicap, diagnosis, or ability to pay, nor should patient be deprived of any constitutional, civil and/or legal rights solely because of receiving services from the Clinic.



15. To consent to photographs before the patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes.
16. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient.
17. To refuse or withdraw consent for treatment before treatment is initiated.



## 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 this notice carefully.

### Our Responsibilities

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

### Uses and disclosures of your health information for treatment, payment or health care operations:

The following categories describe different ways we use and disclose health information. For each category of uses or disclosures we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use health information about you to provide treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facilities personnel who are involved in taking care of you at or through our facilities. *For example:* We may share health information about you to arrange the different items or services that you may need, such as prescriptions, lab work, meals, home care and x-rays.

**Payment:** We may use and disclose your health information to bill and collect payment from you, your insurance company, or a third-party payor for the services you received. *For example,* we may need to give information about your surgery to our billing business associate and ultimately to your health plan so your health plan will pay us or reimburse you for the treatment. We also may tell your health plan about treatment that you are going to receive so your plan can decide if it will cover the treatment.

Our facilities also may share your information with other providers who are involved in your care for their payment purposes. *For example,* we may provide your insurance information to an ambulance company that picked you up from our facility or to another health care provider that we referred you to.

**Health Care Operations:** We may use and disclose your health information for our facilities operations. These uses and disclosures are necessary to run our facilities and make sure that all our patients receive quality care. *For example,* members of our 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 then will be used to continually improve the quality of care for all patients that we serve. We may combine information about many patients to determine the need for new services or treatment. We may disclose information to doctors, nurses, technicians, medical students, and other health care professionals for educational purposes. We also may combine health information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this

set of health information so others may use it to study health care and patient care. We may disclose your health information to a health plan or another health care provider for their own health care operations as long as: they have or had a relationship with you; the information disclosed pertains to that relationship; and the information is used for one of the following health care operations: quality assessment and improvement; population-based activities; protocol development; case management and care coordination; contacting patients and providers with treatment alternatives; reviewing performance and competence of professionals, providers, health plans; and training programs, accreditation, certification, licensing, and credentialing; or corporate compliance.

**Health-Related Benefits and Services:** We may communicate to you about a product or service related to your treatment, management or coordination of your care, and recommendations about alternative treatment therapies, providers, or settings of care. We also may talk to you personally about some services and products or may give you small promotional gifts, from time to time.

**Fundraising:** We may use limited health information about you in an effort to raise money for our facilities and its operations. We may disclose limited contact information, such as your name, address, phone number, and dates of service, to a foundation related to our facilities or to a business associate so that they may contact you to raise money for our facilities. You have the right to opt out from receiving fundraising communications.

**Business Associates:** We may disclose health information to those that we contract with as business associates so that they may do their jobs on behalf of our facilities. *Examples* include billing, and transcription services. Business Associates are required under federal law to implement appropriate physical and technical safeguards to protect your health information.

We may also use and disclose health information:

- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For population-based activities relating to improving health or reducing health care costs.

When disclosing information, primarily appointment reminders and billing related calls, we may leave messages on your answering machine/voicemail.

### Uses and disclosures that we may make with your agreement or unless you object:

**Disaster Relief:** We may disclose PHI such as your condition, status and location, to disaster relief agencies, such as the Red Cross, for disaster relief purposes.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your health information to a family member, other relative, close personal friend, or any other person you identify as participating in your care or payment for that care. We may disclose:

- Health information that is relevant to that person's involvement in your care or payment related to your care



- Health information that is necessary to notify or assist in notifying those close to you of your location or condition.

*For example*, we may teach your family how to provide for your needs or notify your family that an ambulance took you to hospital from one of our facilities. We may also disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**If you object to the sharing of your health information with those involved in your care or payment for that care, please discuss your concerns with your caregivers.**

**Affiliated covered entity:** Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment this time. Please contact the Facility Privacy Official for further information on the specific sites included in this affiliated covered entity.

**Health information exchange/regional health information organization:** Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes; and such other purposes as may be permitted by law.

**Uses and disclosures that we may make without your specific authorization:**

**As Required by Law:** We may disclose health information about you when required to do so by federal, state, or local law.

**Public Health Activities:** We may disclose health information about you for public health activities. These activities generally include disclosures for:

- Prevention or control of disease, injury, or disability
- Reporting of births and deaths
- Reporting of child abuse and dependent adult abuse/neglect
- Military command authorities
- Reporting of reactions to medications or problems with products or medical devices
- Reporting of recalls of medications/products/medical devices they may be using
- Correctional Institutions
- Notification to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Public health surveillance, investigations, and interventions.

**Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

**Lawsuits and Disputes:** If you are involved in a lawsuit, a dispute, or some other legal action, we may disclose health information about you in response to a lawful court or administrative order. Subject to the local law, we also may disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if the requesting party states that efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement Activities:** We may release health information if asked to do so by a law enforcement official:

- Where required by federal, state, or local law
- In response to a court order, subpoena, warrant, summons, or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person (but we will give only limited information)
- About the victim of a crime
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facilities
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

**Medical Examiners and Funeral Directors:** We may release health information to the medical examiner as necessary, or required, to identify a deceased person or determine the cause of death. We also may release health information about patients of our facilities to funeral directors as necessary to perform their duties.

**Organ and Tissue Donations:** We may release health information to organizations that handle organ procurement or organ, eye, or tissue transplants or to an organ donation bank, as required and necessary to facilitate organ or tissue donation and transplants.

**Research:** Under certain circumstances, we may use and disclose health information about you for research purposes. Research projects are subject to a special review process that evaluates uses of health information, trying to balance the research needs with the need for patient privacy. Before we use or disclose health information for research, the project will have to be approved through this review process.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone who is likely to help prevent the threat.

**Workers' Compensation:** We may release health information about you to your employer, your employer's workers' compensation insurer and administering government agencies for purposes of compliance with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.



**Protective Services for the President and others:** We may disclose health information about you to authorized federal officials if required for the protection of the President, other authorized persons, or foreign heads of state.

**Authorization:** Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. 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 our facilities with an authorization to use and disclose health information about you, you may revoke that permission at any time by sending a request in writing to the facility's medical records department or Privacy Officer / Privacy Officer Designee. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you. If the authorization was to permit disclosure of your information to an insurance company as a condition of obtaining coverage, other laws may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

**ELECTRONIC HEALTH INFORMATION TECHNOLOGY:** This Facility participates in the electronic exchange of health information, which is also called health information exchange (HIE). This technology allows a provider to make a single request through a health information organization (HIO) to obtain electronic records for a specific patient from other HIE participants for purposes of treatment, payment, healthcare operations and/or other lawful purposes. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

- You have two options with respect to HIE. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.
- Second, you may restrict access to your information through an HIO by submitting a request to opt out of HIE through Kansas Health Information Technology (KanHIT), by visiting [KanHIT.org](http://KanHIT.org) or calling the KanHIT Support Center at 785-296-0461. Even if you choose to restrict access, your information may still be exchanged via HIE for purposes that are required by law. Please understand if you choose to restrict access to your electronic health information through an HIO, your information will not be readily available through HIE in the event of an emergency.
- Additionally, choosing to opt out of permitting your information to be shared through an HIO will not have any effect on the other methods that we use to lawfully communicate your health information.
- If you receive healthcare services in a state other than Kansas, different rules may apply regarding restrictions on access and the exchange of your electronic health information. Please communicate directly with your out of state healthcare provider regarding those rules.

**YOUR HEALTH INFORMATION RIGHTS:** Although your health record is the physical property of our facilities, you have the rights described below with respect to your health information:

**Right to Inspect and Copy:** You have the right to inspect and obtain copies of health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes, information we put together to prepare for a legal action or incomplete test reports. If your health information is maintained electronically, we will provide you with information in the electronic format requested, if it is readily producible in that format, or if not, in a readable electronic form and format we agree to.

To inspect or obtain a copy of your health information, please submit a request in writing to the Privacy Officer (contact information below), whose responsibility will be to respond to your request within 30 days. We may charge you a reasonable fee for the costs of supplying a copy of your health records.

We may deny your request to inspect and copy your records in certain very limited circumstances. We will notify you in writing if we deny your access and explain how you may appeal the decision. In certain limited situations, we will have to deny you access and you will not have the right to appeal that decision.

**Right to Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend this information. You have the right to request a reasonable amendment for as long as this information is kept by, or on behalf of, our facilities. We may deny your request for an amendment in certain situations. If this occurs, you will be notified of the reason for the denial. If you disagree with our denial, you may submit a statement of disagreement or ask that your request become part of your record. In response, we may prepare a rebuttal statement. These will be made a part of your record. To request an amendment, please contact Privacy Officer (contact information below). Requests must be in writing and must provide reasons for requesting the amendment. We will respond to your request within 60 days.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information made by our facilities. This accounting will not include disclosures:

- For treatment, payment, or health care operations
- To persons involved in your care, or for notification purposes
- Incidental to an otherwise permitted use or disclosure
- To correctional institutions or other custodial law enforcement officials
- As part of a limited data set
- For national security or intelligence purposes
- For any use or disclosure that you specifically authorized or requested

To request this list or accounting, please submit your request in writing to Privacy Officer whose contact information is below. Your request must state a specific time period.

**Right to 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 health care 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 of your care. Our facilities are not required to agree to restriction requests related to treatment, payment or health care operations, except as outlined below regarding disclosures to your health plan. If we do agree to your request, we will



comply with your request unless the information is needed to provide you emergency treatment. To request a restriction on the use or disclosure of your health information for treatment or health care operations, you must make your request in writing to the Privacy Officer (contact information below). In your request you must tell us: what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

To request a restriction on the use or disclosure of your health information to your health plan for payment or health care services you must contact the facility's admitting staff before or on the date of service. We will comply with your request to restrict the disclosure of health information to your health plan where the purpose of the disclosure is for payment or the facility's health care operations and is not otherwise required by law and the health information pertains solely to an item or service for which you paid out of pocket in full.

To request a restriction on disclosure of your health information to family or others involved in your care or payment for that care, please talk with your caregiver.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. *For example*, you may request that our facilities use an alternative address for billing purposes.

To request confidential communications regarding billing, you must discuss your request with the Privacy Officer identified below on or by the date of service. Requests for confidential communications in regards to appointment reminders, mailings of test results or other such communications must be discussed with the facility and/or department from which you are receiving the service. We will agree to the request to the extent that it is reasonable for us to do so. Agreements for confidential communications are conditioned upon obtaining information about how payment, if any, will be handled. Our facilities may terminate its agreement to the request if payment arrangements are not honored.

**Right to Breach Notification:** You have the right to receive notifications of breaches of your unsecured protected health information.

**Right to a Copy of this Notice:** You will be provided a copy of this Notice of Privacy Practices the first time you come to our facilities. You have the right to receive a paper copy of this Notice at any time. Copies of the current Notice are available from our facilities' admission areas and with the Privacy Officer (contact information below). You also may access our website at [kcv.com](http://kcv.com) to print a copy of this Notice.

#### **OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION:**

We are required by law to:

- Maintain the privacy of your health information
- Give you this Notice of our legal duties and privacy practices with respect to the information we collect and maintain about you
- Follow the terms of the Notice that is currently in effect.

**CHANGES TO THIS NOTICE:** We reserve the right to change our privacy practices as described in this Notice at any time. Except when required by law, we will make available upon request a new Notice before we make any changes in our privacy practices. The new Notice will also be posted on our website. The privacy practices in the most current Notice will apply to information we already have about you as well as any information we receive in the future. The Notice will contain an effective date.

**QUESTIONS OR COMPLAINTS:** If you have any questions about this Notice or believe that your privacy rights have been violated, you may contact or file a complaint contacting our Privacy Officer or the Privacy Officer Designee by mail, phone or email at the address or phone number listed below. In addition, you may file a complaint with the Office of Civil Rights of the United States Department of Health and Human Services. ***We will not retaliate against you if you file a complaint.***

#### **COMPLIANCE OFFICER**

**5320 College Blvd**

**Leawood, KS 66211**

**TEL: (913)529-8600**

**EMAIL: [ECARLSON@KCVI.COM](mailto:ECARLSON@KCVI.COM)**



## Missed Appointments Policy

At Kansas City Vascular Institute, we understand circumstances can change, and we request patients notify us at least 24 hours in advance if they need to cancel or reschedule an appointment. This allows us to manage our schedule effectively and offer the time slot to another patient in need of care. If you must be late, please, contact us as soon as possible so we can determine if we need to reschedule your appointment.

Cancellations or rescheduling requests with less than 24 hours' notice may result in a cancellation fee of \$25 charged to your account. If a patient does not notify the clinic that they are not able to make an appointment they will be considered a no-show and a no-show fee of \$50 may be charged to your account. This fee is not covered by insurance. We also reserve the right to terminate our relationship with you after three (3) or more occurrences and/or if you continually cancel or reschedule your appointments.

We appreciate your understanding and cooperation in ensuring we can provide timely and efficient care to all of our patients. Please note we consider exceptions for unavoidable emergencies on a case-by-case basis.

## Financial Policy

**Payment is due at time of service.** Payment is required when services are rendered unless you and/or your insurance carrier have made other arrangements in advance. You are responsible for checking your insurance benefits as it applies to Kansas City Vascular Institute. We accept cash, personal checks, VISA, MasterCard, Discover, American Express, Health Savings and Flexible Spending Accounts. We reserve the right to reschedule if you are unprepared to pay your co-pay or unpaid balance.

**INSURANCE.** We will bill your insurance company if you have insurance covering your visit. All co-pays are expected at the time of service. You are responsible for any remaining portion of the costs your insurance does not cover. We will submit claims for you if we receive copies of all current insurance cards and proper submission of patient intake forms. You are required to update us promptly if your insurance carrier or policy has changed. If your injury is a work-related injury, our office must be informed in advance of your appointment. We are required to obtain all Work Comp claim information and authorization from an adjuster prior to seeing the provider. If authorization is not obtained, you could be responsible for charges.

**SELF-PAY.** Our office does provide self-pay reduced cash rates to patients due at the time of service. Our Billing Department is prepared to provide self-pay prices upon request.

**REFUNDS.** Refunds will be issued to accounts with credit if no account charge is pending. Refunds will not be issued to accounts with an outstanding patient balance. Overpayment will be applied to outstanding patient balances.

**COLLECTIONS.** We will refer unpaid accounts to a third-party collection agency, where they will incur an additional collection fee. Accounts not paid within 30 days are subject to referral to collections. Unpaid account balances will prohibit any further scheduling until paid in full.

**BILLING QUESTIONS & CONCERNS.** If you have any questions or concerns about payment plans or regarding your account, please contact our billing department at 913-529-8600. We understand that unexpected financial difficulties may arise. Therefore, please contact us as soon as possible to discuss payment options for your account.

## Non-Discrimination Policy

Kansas City Vascular Institute, LLC (KCVI) complies with applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, or sex. KCVI does not exclude or treat people differently because of race, color, national origin, age, disability, or sex. KCVI provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). KCVI provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact us at 913-529-8600. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, KCVI can assist. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, D.C. 20201 1-877-696-6775