

HIPAA Notice of Privacy Practices

CHILDREN'S MERCY PEDIATRIC PARTNERS, INC.

Locations:

7450 West 135th Street, Overland Park, KS 66223

2111 East Kansas City Road, Olathe, KS 66061

Phone: (913) 888-1277

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NOTICE OF PRIVACY PRACTICES: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") describes how Children's Mercy Pediatric Partners, Inc. ("we," "us," or "our"), our business associates, and their subcontractors may use and disclose your protected health information (PHI) for treatment, payment, and healthcare operations (TPO), as well as for other purposes permitted or required by law. This Notice also describes your rights regarding your PHI and our legal obligations concerning it. This Notice is **not** an authorization. **Protected Health Information (PHI)** means information about you, including demographic information, which may identify you and relate to your past, present, or future physical or mental health condition and related healthcare services.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION: Your PHI may be used and disclosed by your physician, our staff, and others involved in your care for purposes of providing healthcare services, obtaining payment for services, supporting healthcare operations, and as otherwise required by law.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your healthcare and related services. This includes sharing information with other healthcare providers involved in your care, such as specialists to whom you are referred.

Payment

We may use and disclose your PHI as necessary to obtain payment for healthcare services. For example, relevant PHI may be shared with your health plan to obtain authorization or payment for services.

Healthcare Operations

We may use or disclose your PHI to support the operations of our practice. These activities may include quality assessment and improvement, employee review, training of medical students, licensing, credentialing, fundraising, and other administrative or business functions.

Examples of routine uses include:

- Use of sign-in sheets at registration
- Calling patients by name in the waiting area
- Appointment reminders
- Communication about treatment alternatives or other health-related benefits and services

If PHI is used for fundraising purposes, you will be given the opportunity to opt out and may opt back in at any time.

Other Uses and Disclosures Permitted or Required by Law

We may use or disclose your PHI without your authorization in certain circumstances, including but not limited to: As required by law, Public health activities and reporting of communicable diseases, Health oversight activities, Reporting abuse, neglect, or domestic violence, Food and Drug Administration (FDA) activities, Legal proceedings and law enforcement requests, Coroners, medical examiners, funeral directors, and organ donation, Research, as permitted by law, Criminal activity, military activity, and national security matters, Workers' compensation claims, and Inmates and correctional institutions

We are required by law to disclose PHI to you upon request and to the Secretary of the U.S. Department of Health and Human Services for purposes of investigating or determining our compliance with HIPAA.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Uses and disclosures of PHI not described in this Notice will be made only with your written authorization, unless otherwise permitted or required by law.

- We will **not** use or disclose your PHI for marketing purposes without your authorization.
- We will **not** sell your PHI without your authorization.
- We will **not** use or disclose most psychotherapy notes without authorization.
- We will **not** use or disclose genetic information for underwriting purposes.

You may revoke an authorization at any time in writing, except to the extent action has already been taken in reliance on that authorization.

SUBSTANCE USE DISORDER (SUD) RECORDS – SPECIAL PRIVACY PROTECTIONS

Uses and Disclosures of Substance Use Disorder Records

We maintain certain records related to substance use disorder (SUD) treatment that are protected by federal law under **42 CFR Part 2** in addition to the HIPAA Privacy Rule. These records are subject to stricter confidentiality requirements.

With Your Written Consent:

We may use and disclose your SUD treatment records for purposes of treatment, payment, and healthcare operations only with your written consent. You may revoke this consent at any time in writing.

Without Your Consent:

We may disclose SUD treatment records without your consent only in limited circumstances permitted by law, including:

- Medical emergencies
- Public health reporting
- Audits and evaluations
- Research, as permitted under HIPAA and applicable federal regulations

Prohibition of Redisclosure

Federal law strictly prohibits the redisclosure of SUD treatment records unless you provide written consent or the disclosure is otherwise permitted by **42 CFR Part 2**. Any recipient of these records is prohibited from redisclosing them.

Your Rights Regarding SUD Records

In addition to your HIPAA rights, you have the following rights under 42 CFR Part 2:

- The right to receive an accounting of disclosures of your SUD records
- The right to request restrictions on certain disclosures
- The right to revoke your consent for sharing SUD records at any time

For more information about these protections, please contact our Privacy Officer.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the right to **inspect and obtain a copy** of your PHI in paper or electronic form (fees may apply). Certain records are excluded by law, including psychotherapy notes, information compiled for legal proceedings, PHI restricted by law, research records with agreed restrictions, information that could cause harm, or information obtained under a promise of confidentiality.

You have the right to **request restrictions** on how your PHI is used or disclosed for treatment, payment, or healthcare operations, and to family members or others involved in your care. We are not required to agree to all requests; except we must agree not to disclose PHI to a health plan for services paid in full out-of-pocket.

You have the right to **request confidential communication** by alternative means or at alternative locations.

You have the right to **request an amendment** to your PHI. If your request is denied, you may submit a statement of disagreement, and we may provide a written rebuttal.

You have the right to **receive an accounting of certain disclosures** of your PHI, excluding disclosures made for treatment, payment, healthcare operations, those made pursuant to authorization, those required by law, or disclosures made prior to April 14, 2003, or more than six years before your request.

You have the right to **receive notice of a breach** of unsecured PHI.

You have the right to **obtain a paper copy** of this Notice at any time, even if you have agreed to receive it electronically.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice and apply those changes to all PHI we maintain. Any revised Notice will be available at your next appointment and upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

HIPAA Compliance Officer: Jennifer Mellick, MD

Phone: 913-888-4567

Email: office@pediatricpartnerskc.com