Dear Patient,

Welcome to Overland Park Regional Medical Center. For over 30 years our hospital has prided itself on delivering the finest healthcare available to our patients. As a community hospital, our physicians, nurses and staff consider it an honor and a privilege to care for you — our neighbors, friends and family members.

Our highly trained staff will provide you with the highest level of service and care in the safest environment. In addition, you will receive all of the information you need to make important healthcare decisions. We encourage you to participate in your care by asking questions and making sure you have the explanations and support you need. Please don’t hesitate to address any concerns or questions with our staff as they arise.

Our goal during your stay is not limited to an excellent patient experience. We also want to provide the tools and information you need after you leave hospital. We hope that this will be an invaluable guide in answering questions, addressing concerns and providing resources. Don’t hesitate to contact us at (913) 541-5562, day or night if you need assistance.

From the Overland Park Regional Medical Center family to you, thank you for entrusting your care to us. We are honored to be your hospital of choice and your partner in delivering quality healthcare.

Sincerely,

Matt Sogard
Chief Executive Officer
Authorized parents or caregivers can act on behalf of a patient, such as a child or elderly parent, to view hospital records, sign up for classes or doctor appointments, pay hospital bills and more.

Once the patient has been discharged, call (855) 422-6625 to complete the enrollment process.

Thank you for visiting our hospital. Don’t forget, through MyHealthOne you can view your health information and details from your stay.

MyHealthOne consolidates many common tasks into one secure, easy-to-use online portal. You can use the portal on your desktop computer, laptop, tablet or smartphone 24 hours a day to access these features and more:

- Manage the Health of a Loved One
- Classes & Events
- Bill Pay *
- Lab Results
- Pre-Registration
- Health Information
- Find a Doctor
- Make an Appointment
- Health Visits

*Bill Pay excludes anesthesia or emergency physician bills, which are billed separately.

Manage the Health of a Loved One
Authorized parents or caregivers can act on behalf of a patient, such as a child or elderly parent, to view hospital records, sign up for classes or doctor appointments, pay hospital bills and more.

1. Visit oprmc.com/MyHealthOne and click "Start managing your health today."
2. Pick a username, password and enter your email address.
3. Have your Social Security number (SSN) available if you’d like to link your health records today.

If you need help or have questions about MyHealthOne, call (855) 422-6625.

Create a MyHealthOne account

1. Visit oprmc.com/MyHealthOne and click "Start managing your health today."
2. Pick a username, password and enter your email address.
3. Have your Social Security number (SSN) available if you’d like to link your health records today.

If you need help or have questions about MyHealthOne, call (855) 422-6625.

Visit oprmc.com/MyHealthOne and click "Start managing your health today."

Pick a username, password and enter your email address.

Have your Social Security number (SSN) available if you’d like to link your health records today.

If you need help or have questions about MyHealthOne, call (855) 422-6625.

1. Visit oprmc.com/MyHealthOne and click "Start managing your health today."
2. Pick a username, password and enter your email address.
3. Have your Social Security number (SSN) available if you’d like to link your health records today.

If you need help or have questions about MyHealthOne, call (855) 422-6625.
After your discount is applied, we will ask for payment of the balance at the time of service. If you are unable to pay, we will work with you to:
- Set up a payment plan
- Obtain coverage through Medicaid
- Apply for a Charity discount

Other Charges
Your hospital bill contains charges for hospital services only — you will be billed separately for other professional services including:
- Your physician  
- ER physicians  
- Radiologists  
- Cardiologists  
- Hospitalists  
- Pathologists  
- Neonatologists  
- Anesthesiologists

Please call the customer service number on that bill if you have questions about any of these charges.

Online Bill Payment
If you have a balance after discharge, the Patient Financial Resource website enables you to pay your bill online with a debit or credit card. Just click the Patient Pricing & Financial Information logo from our hospital’s home page and then click the Pay Bill icon to find and pay your bill. You can call Customer Service at (866) 209-9007 if you have questions; one of our representatives will be happy to help you.

QUESTIONS AND ANSWERS
What services are included in my hospital bill estimate?
If you are viewing estimates provided on the website, pricing includes estimated room and board (for inpatients), and supplies, nursing care, equipment use, nutritional services, and any services handled by the staff of the hospital within the walls of the hospital.

Can I get an exact pricing quote?
Unfortunately, no. We will do our best to provide you with a pricing range based on our hospital’s historical pricing for comparable services. Price quotes are not guaranteed since the services used to compute the quote can vary from services you receive due to treatment decisions, unforeseen complications, additional tests or services ordered by your physician, and variation in the clinical needs of each patient.

Knowing your price
Our facility now offers you access to the Patient Financial Resource, a website that provides pricing estimates for the most frequently used hospital services, online bill payment, and other helpful information such as:
- Payment options & alternatives for uninsured patients
- Guidelines about our billing process
- Frequently Asked Questions

Finding your price
Just click on Pay Your Bill and then the Patient Pricing & Financial Information logo from our hospital’s home page to get started. If you’re already in the hospital, can’t get to the Internet, or wish to speak to one of our friendly Customer Service representatives, you can call the hotline at 1-800-849-0829. We are also available to answer any questions you have concerning your hospital bill in the Patient Accounts Department at (866) 209-9019.
ARE YOU AN INPATIENT OR OUTPATIENT?

Each patient is evaluated by a physician to determine what level of care he or she will need. That level of care then determines your hospital billing status.

The Centers for Medicare and Medicaid, along with other insurance providers, require the Hospital and Physicians to follow strict guidelines to determine which of these is appropriate for your level of care. It is our goal to ensure you have an appropriate hospital status based on these guidelines.

When you are hospitalized, Medicare and other insurance providers require the doctor to assign a hospital status of either Outpatient or Inpatient. The hospital status is based on your medical condition, tests, and treatments. The hospital care administered is the same for all patients no matter what hospital status is ordered.

The doctor may order Observation Services, which is an outpatient status, in order to help decide whether your medical condition meets criteria to be admitted as an inpatient or has been stabilized so you can be discharged. The Outpatient Observation stay is a short hospital stay but is decided by the doctor based upon your progress.

The hospital status determines how the hospital stay will be billed to Medicare and/or other insurance providers.

UNDERSTANDING PRICE & PAYMENT

Your hospital bill and payment can be confusing. This section will help you understand your hospital charges, billing procedures, and payment options.

Up Front Payment
Our practice is to collect all known fees when you register at the hospital, including deductibles, co-payments, and co-insurance, based on estimated charges. Your final bill may be higher or lower than the estimates we use at registration, since it is based on actual charges for services provided. If it is higher, we may ask for additional payment at discharge; if it is lower, we will promptly refund the amount you overpaid.

Payment by Insurance
If you carry health insurance, we will bill your insurance carrier shortly after your visit and then send you an informational letter (not a bill) to let you know about it. Your insurance carrier should pay your bill within 60 days.

Your insurance company may contact you for additional information to process your claim. Please respond as quickly as possible to ensure you receive the maximum benefit from your coverage.

You will not receive further communication from the hospital unless the insurance company has not paid your claim or a balance is due from you (e.g., part not covered by your insurance).

Payment without Insurance
Our facility offers a discount for patients without health insurance, unless you receive an elective cosmetic procedure. You may ask for information about our Uninsured Discount Program upon registration or at any time during your visit.
We strongly encourage patients to voice complaints and/or concerns if at any time they feel we did not meet their expectations. Internal complaints can be directed to the department director, nursing supervisor, or the hospital patient advocate.

If you have questions regarding access to services or a concern regarding discrimination in access to services, contact:

Anita Nelson, Equity Compliance Coordinator
Overland Park Regional Medical Center
10500 Quivira Rd.
Overland Park, KS 66215
(913) 541-5418
Email: Anita.Nelson@hcamidwest.com

TO REPORT A PATIENT RIGHTS CONCERN, CONTACT:
• Kansas Department of Health and Environment (KDHE)
  1000 SW Jackson, Suite 330
  Topeka, KS 66612-1365
  Complaint Hotline: 1-800-842-0078

• Quality Improvement Organization (QIO)
  (855) 408-8557 TTY (855) 843-4776

• The Joint Commission:
  Office of Quality and Patient Safety
  One Renaissance Boulevard
  Oakbrook Terrace, IL 60181
  Fax: 1-650-792-5636
  Email: patientssafetyreport@jointcommission.org
  Online complaint form:
  https://apps.jointcommission.org/QMSInternet/IncidentEntry.aspx

• HCA Ethics Line at 1-800-455-1996

• You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

  U.S Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HH Building
  Washington, D.C. 20201
  1-800-368-1019, TDD 800-537-7697

Online complaint forms:

Each patient is evaluated by a physician to determine what level of care he or she will need. That level of care then determines your hospital billing status.

The Centers for Medicare and Medicaid, along with other insurance providers, require the Hospital and Physicians to follow strict guidelines to determine which of these is appropriate for your level of care. It is our goal to ensure you have an appropriate hospital status based on these guidelines.

When you are hospitalized, Medicare and other insurance providers require the doctor to assign a hospital status of either Outpatient or Inpatient. The hospital status is based on your medical condition, tests, and treatments. The hospital status is the same for all patients. That level of care then determines which of these criteria to be admitted.

The doctor may order Observation Services, which is an outpatient status, in order to help decide whether your medical condition meets criteria to be admitted as an outpatient or has been stabilized so you can be discharged. The Outpatient Observation stay is a short hospital stay but is decided by the doctor based upon your progress.

The hospital status determines how the hospital stay will be billed to Medicare and/or other insurance providers.

Here are some important points to remember:
• If you are a Medicare patient, please be aware that Outpatient Observation Services classification does not meet the three-day inpatient Medicare requirement for Skilled Nursing facility benefits. For further detail, please contact your Hospital Case Manager.

For more detailed information on how Medicare covers hospital services, including premiums, deductibles and co-payments, visit medicare.gov to view the “Medicare & You” handbook. You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Regardless of your hospital status, outpatient or inpatient, Overland Park Regional Medical Center, is here to provide exceptional care to you.
PATIENT BILL OF RIGHTS AND RESPONSIBILITIES

We respect the dignity and pride of each individual we serve. Every patient has the right to have his/her rights respected without regard to age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability, or any other basis prohibited by federal, state, or local law. Each individual shall be informed of the patient’s rights and responsibilities in advance of administering or discontinuing patient care. We adopt and affirm as policy the following rights of patient/clients who receive services from our facilities:

Considerate and Respectful Care

• To be treated with consideration, respect and recognition of their individuality, including the need for privacy in treatment. This includes the right to request the facility provide a person of one’s own gender to be present during certain parts of physical examinations, treatments or procedures performed by a health professional of the opposite sex, except in emergencies, and the right not to remain undressed any longer than is required for accomplishing the medical purpose for which the patient was asked to undress

Information regarding Health Status and Care

• To be informed of his/her health status in terms that patient can reasonably be expected to understand, and to participate in the development and the implementation of his/her plan of care and treatment

• The right to be informed of the names and functions of all physicians and other healthcare professionals who are providing direct care to the patient

• The right to be informed about any continuing healthcare requirements after his/her discharge from the hospital. The patient shall also have the right to receive assistance from the physician

Missouri: Missouri requires that the Advance Directive called a Declaration is signed by the individual (or direct another to sign it in the individual’s presence) in the presence of at least two witnesses who are 18 years or older, who can show they know the individual, believe the individual is of sound mind and that they voluntarily signed the document. The person who signed the Declaration on the individual’s behalf cannot serve as a witness. Missouri law requires the individual to sign the DPOAHC document in the presence of a notary public.

The Center for Practical Bioethics recommends that these documents be witnessed and notarized by notary public ensure the portability of your advance directives across states.

INFORM YOUR PHYSICIAN OR HEALTHCARE PROVIDER!
If you have or are executing an advance directive (healthcare treatment directive, DPOAHC, or living will) it is very important to inform your Physician and the Hospital. Bring a copy of your advance directive documents to every hospital visit so that the hospital can include the documents with your medical record. This helps the healthcare team to support you and your family and to make sure we honor your healthcare treatment wishes should you be unable to communicate them.

REVOCATION OF ADVANCE DIRECTIVES
If the individual changes his/her mind about the advance directives at a later date, the individual may do so. The individual may revoke a healthcare treatment directive, living will or a durable power of attorney at any time by:

• a competent patient destroying the document; or

• if the patient is mentally competent but physically unable to destroy the document or sign a written revocation, by instructing two persons that he/she wishes the document revoked and having those persons write a verification of the instructions specifying the date and time of revocation; or

• in the case of an incompetent individual, a court order revoking the document.

This must be documented in the individual’s medical record.

ADVANCED DIRECTIVES (concluded)

WE CAN HELP!
After reading this information, if you would like to execute an advance directive, you may contact the Case Management/Social Services Department at (913) 541-6822 or ask your nurse to contact the Social Worker assigned to your location in order to request assistance with the advance directives. The Hospital can provide a notary public to notarize your advance directives if you desire.

RESOURCES

• Overland Park Regional Medical Center Case Management and Social Services Department (913) 541-6822

• Center for Practical Bioethics Hartzfeld Building 1111 Main Street, Suite 500 Kansas City, MO 64105-2116 (800) 344-3829 bioethics@practicalbioethics.org

Download: “Caring Conversations Making Your Healthcare Wishes Known”

• Kansas City Metropolitan Bar Association 1125 Grand Boulevard, Suite 400 Kansas City, MO (816) 474-4522 kcmba.info@kcmba.org
ADVANCED DIRECTIVES (continued)

Competency is a legal term that refers to the condition of being capable of making and articulating rational decisions. It is also known as "legal incapacity." Unless a court of law determines otherwise, individuals 18 years and older are presumed to be competent under Kansas law.

TYPES OF ADVANCE DIRECTIVES:

Living Will is a written, signed, dated and witnessed document in which an adult may request that, under certain circumstances, life sustaining procedures be withheld or withdrawn and that he/she be allowed to die. In Kansas, the Living Will statute applies only when a patient lacks capacity or is otherwise incompetent to make healthcare treatment decisions and is terminally ill or there is no hope of significant recovery. The Living Will can define specific treatments and procedures they wish to have withheld or withdrawn when they do not improve quality life acceptable to the individual.

Healthcare Treatment Directive is a statement of the individual’s wishes and to be used if the individual is unable to communicate his/her wishes. Even if the individual is not terminally ill, he/she may request through the Healthcare Treatment Directive to withdraw or withhold treatment only when a patient lacks capacity or is otherwise incompetent to make healthcare treatment decisions and is terminally ill or there is no hope of significant recovery. The Healthcare Treatment Directive is a two-part form. The Healthcare Treatment Directive is a legal document directing healthcare providers to provide or to withhold or withdraw medical treatment in the event the person completing the document loses decision-making capacity. This document may also designate specific healthcare choices and instructions. The durable power of attorney for healthcare and the healthcare providers must follow the individual’s expressed wishes. This means that they must also respect wishes that are stated in a living will.

Witnessing and Notary Public: Kansas and Missouri Requirements

Kansas: Kansas requires that each of these documents either be witnessed by two persons or notarized by Notary Public. The two witnesses must be 18 years or older, must show that they personally know the individual, believe the individual is of sound mind, that they did not sign the document on the individual’s behalf and that the witness is not:

- appointed as the healthcare agent,
- entitled to any portion of the individual’s estate,
- directly financially responsible for the individual’s healthcare, or
- related to by blood, marriage or adoption.

The Healthcare Treatment Directive available at Overland Park Regional Medical Center is a two-part form. The individual may complete both parts or only one part.

Durable Power of Attorney for Healthcare (DPOAHC) is a written, signed, dated and witnessed statement that allows adult individuals with decision-making capacity to name an individual (referred to as an agent, proxy, surrogate or attorney-in-fact) to make healthcare decisions in the event the person completing the document loses decision-making capacity. This document may also designate specific healthcare choices and instructions. The durable power of attorney for healthcare and the healthcare providers must follow the individual’s expressed wishes. This means that they must also respect wishes that are stated in a living will.

Decision Making and Notification

To choose a person to be his/her healthcare representative and/or decision maker. The patient may also exercise his/her right to exclude any family members from participating in his/her healthcare decisions and appropriate hospital staff in arranging for required follow-up care after discharge.

- To be informed of risks, benefits and side effects of all medications and treatment procedures, particularly those considered innovative or experimental
- To be informed of all appropriate alternative treatment procedures
- To be informed of the outcomes of care, treatment and services
- To appropriate assessment and management of pain
- To be informed if the hospital has authorized other healthcare and/or education institutions to participate in the patient’s treatment. The patient shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient’s treatment.

Access to Services

- To receive, as soon as possible, the services of a translator and/or interpreter, telecommunications devices, and any other necessary services or devices to facilitate communication between the patient and the hospitals’ healthcare personnel
- To bring a service animal into the facility, except where service animals are specifically prohibited pursuant to facility policy (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation)
- To pastoral counseling and to be part in religious and/or social activities while in the hospital, unless one’s doctor thinks these activities are not medically advised
- To safe, secure and sanitary accommodation and a nourishing, well-balanced and varied diet
- To access people outside the facility by means of verbal and written communication
- To have accessibility to facility buildings and grounds. We recognize the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request.

To have accessibility to facility buildings and grounds. We recognize the Americans with Disabilities Act, a wide-ranging piece of legislation intended to make American society more accessible to people with disabilities. The policy is available upon request.
PATIENT RIGHTS AND RESPONSIBILITIES (continued)

• To a prompt and reasonable response to questions and requests for service

Access to Medical Records
• To have his/her medical records, including all computerized medical information, kept confidential and to access information within a reasonable time frame. The patient may decide who may receive copies of the records except as required by law
• Upon leaving the healthcare facility, patients have the right to obtain copies of their medical records

Ethical Decisions
• To participate in ethical decisions that may arise in the course of care including issues of conflict resolution, withholding resuscitative care including issues of conflict resolution, withholding resuscitative
• If the healthcare facility or its team decides that the patient's refusal of treatment prevents him/her from receiving appropriate care according to ethical and professional standards, the relationship with the patient may be terminated

Protective Services
• To access protective and advocacy services
• To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff
• The patient who receives treatment for mental illness or developmental disability, in addition to the rights listed herein, has the rights provided by any applicable state law
• To all legal and civil rights as a citizen unless otherwise prescribed by law
• To have upon request an impartial review of hazardous treatments or irreversible surgical treatments prior to implementation except in emergency procedures necessary to preserve one's life
• To an impartial review of alleged violations of patient rights

• To expect emergency procedures to be carried out without unnecessary delay

• To give consent to a procedure or treatment and to access the information necessary to provide such consent

• To not be required to perform work for the facility unless the work is part of the patient's treatment and is done by choice of the patient

• To file a complaint with the Department of Health or other quality improvement, accreditation or other certifying bodies if he/she has a concern about patient abuse, neglect, about misappropriation of a patient’s property in the facility or other unresolved complaint, patient safety or quality concern

Payment and Administration
• To examine and receive an explanation of the patient's healthcare facility’s bill regardless of source of payment, and may receive upon request, information relating to the availability of known financial resources

• To a prompt and reasonable response to questions and requests for service

Access to Medical Records
• To have his/her medical records, including all computerized medical information, kept confidential and to access information within a reasonable time frame. The patient may decide who may receive copies of the records except as required by law
• Upon leaving the healthcare facility, patients have the right to obtain copies of their medical records

Ethical Decisions
• To participate in ethical decisions that may arise in the course of care including issues of conflict resolution, withholding resuscitative
• If the healthcare facility or its team decides that the patient's refusal of treatment prevents him/her from receiving appropriate care according to ethical and professional standards, the relationship with the patient may be terminated

Protective Services
• To access protective and advocacy services
• To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience, or retaliation by staff
• The patient who receives treatment for mental illness or developmental disability, in addition to the rights listed herein, has the rights provided by any applicable state law
• To all legal and civil rights as a citizen unless otherwise prescribed by law
• To have upon request an impartial review of hazardous treatments or irreversible surgical treatments prior to implementation except in emergency procedures necessary to preserve one's life
• To an impartial review of alleged violations of patient rights

• To expect emergency procedures to be carried out without unnecessary delay

• To give consent to a procedure or treatment and to access the information necessary to provide such consent

• To not be required to perform work for the facility unless the work is part of the patient's treatment and is done by choice of the patient

• To file a complaint with the Department of Health or other quality improvement, accreditation or other certifying bodies if he/she has a concern about patient abuse, neglect, about misappropriation of a patient’s property in the facility or other unresolved complaint, patient safety or quality concern

Payment and Administration
• To examine and receive an explanation of the patient's healthcare facility’s bill regardless of source of payment, and may receive upon request, information relating to the availability of known financial resources

The Patient Self-Determination Act of 1990 protects the individual’s right to make decisions about personal healthcare. It provides you the opportunity to initiate, refuse or withdraw medical treatment and appoint an agent, surrogate, proxy or representative to speak for you when you are no longer able to do so. This Act, along with the Hospital’s policy, ensures that all patients who are placed in a hospital bed, will have their wishes regarding life-sustaining treatment or the decisions by a proxy decision-maker, honored even when the patient is no longer capable of communicating. Advance care planning is a gift which each of us can give to our family and friends through caring conversations. Each of us can help them understand what we would want done during a difficult and emotional time when we cannot express our wishes for treatment decisions.

Advance Directive is a general term. It is a written healthcare directive and/or appointment of an agent or representative, or a written refusal to appoint an agent or execute a directive. It is a way for the individual with decision-making capacity to communicate instructions about medical care preferences in writing, should he/she become incapable of communicating such wishes. Advance Directives includes Living Wills, Healthcare Treatment Directives, Durable Power of Attorney for Healthcare (DPOAHC), and Do Not Resuscitate (DNR) Directives.

Decision-making Capacity means that an adult person has the functional ability to:
• comprehend information relevant to a particular decision to be made;
• deliberate regarding the available choices, considering his/her own values and goals; and
• communicate, verbally or non-verbally, his/her decisions.

Capacity may be defined by the State. In Kansas, an individual under the age of 18 years old lacks the capacity to execute an advance directive.
NOTICE OF PRIVACY PRACTICE (concluded)

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. If the facility has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

Communication: To exercise any of your rights, please obtain the required forms from the Privacy Official 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. The current notice will be posted in the facility and on our website and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility’s Patient Rights documentation. 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 authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, 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 authorization, and that we are required to retain our records of the care that we provided to you.

Facility Privacy Official: Telephone Number: Cindy Kerns, Privacy Official, (913) 541-5038

Patient Responsibilities: The care a patient receives depends partially on the patient him/herself. Therefore, in addition to the above rights, a patient has certain responsibilities. These should be presented to the patient in the spirit of mutual trust and respect.

Additional Patient Rights:
- Except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution.
- To initiate their own contact with the media.
- To get the opinion of another physician, including specialists, at the request and expense of the patient.
- To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment.
- To request a transfer to another room if another patient or a visitor in the room is unreasonably disturbing him/her.
- To request pet visitation except where animals are specifically prohibited pursuant to the facility’s policies (e.g., operating rooms, patient units where a patient is immunosuppressed or in isolation).

To provide accurate and complete information concerning his/her health status, medical history, hospitalizations, medications and other matters related to his/her health.
- To report perceived risks in his/her care and unexpected changes in his/her condition to the responsible practitioner.
- To report comprehension of a contemplated course of action and what is expected of the patient, and to ask questions when there is a lack of understanding.
- To follow the plan of care established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician’s orders.
- To keep appointments or notifying the facility or physician when he/she is unable to do so.
- To be responsible for his/her actions should he/she refuse treatment or not follow his/her physician’s orders.
- To assure that the financial obligations of his/her healthcare care are fulfilled as promptly as possible.
- To follow facility policies, procedures, rules and regulations.
- To be considerate of the rights of other patients and facility personnel.
- To be respectful of his/her personal property and that of other persons in the facility.
- To help staff to assess pain, request relief promptly, discuss relief options and expectations with caregivers, work...
Patient Bill of Rights and Responsibilities (concluded)

with caregivers to develop a pain management plan, tell staff when pain is not relieved, and communicate worries regarding pain medication

• To inform the facility of a violation of
regarding pain medication management plan, tell staff when pain is
with caregivers to develop a pain

• To designate visitors, including but not
• To be informed of their visitation rights,

VISITATION RIGHTS

We recognize the importance of family, spouses, partners, friends and other
visitors in the care process of patients. We adopt and affirm as policy the
following visitation rights of patients/
clients who receive services from our
facilities:

• To be informed of their visitation rights,
including any clinical restriction or
limitation of their visitation rights

• To designate visitors, including but not
limited to a spouse, a domestic partner
(including same sex), family members,

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.

• Request Restrictions:
You have the right to request
a restriction or limitation that facilities
may need to place on such rights

• To receive visits from one's attorney,
physician or clergy person at any
reasonable time

• To speak privately with anyone he/
she wishes (subject to hospital visiting
regulations) unless a doctor does not think it is medically advised

• To refuse visitors

• Media representatives and
photographers must contact the
hospital spokesperson for access to
the hospital

• To inform the facility of a violation of
regarding pain medication
management plan, tell staff when pain is
with caregivers to develop a pain

• To designate visitors, including but not

• To be informed of their visitation rights,

• To be informed of their visitation rights,
including any clinical restriction or
limitation of their visitation rights

• To designate visitors, including but not
limited to a spouse, a domestic partner
(including same sex), family members,

OPRMC.COM
payment and healthcare 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 at 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 other healthcare 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 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 and Coroners
- National Security and Intelligence Agencies
- Protective Services for the President and Others

- A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Authorization Required: We must obtain your written authorization in order to use or disclose psychotherapy notes, use or disclose your protected health information for marketing purposes, or to sell your protected health information.

State-Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personnel, agents of the facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

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: How we may use and disclose Health Information about you. The following categories describe examples of the way we use and disclose health information:

Effective Date: September 23, 2013

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 Facility Privacy Official by dialing the main facility number.

Cindy Kerns, Privacy Official
10500 Quivira Road
Overland Park, KS 66215
(913) 541-5000
oprmc.com

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan
NOTICE OF PRIVACY PRACTICE (continued)

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, medical students, or other facility personnel who are involved in taking care of you at the facility. 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 facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also provide your physician or a subsequent physician or treatment. We may also provide 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 Healthcare 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. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

Fundraising: We may contact you to raise funds for the facility; however, you have the right to elect not to receive such communications. 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 healthcare costs;
- For conducting training programs or reviewing competence of healthcare professionals; and
- To a Medicaid eligibility database and the Children’s Health Insurance Program eligibility database, as applicable

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

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

Directory: We may include certain limited information about you in the facility directory while you are a patient at the facility. The information may include your name, location in the facility, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Opt Out Form from the admission staff or Facility Privacy Official.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to notify, or assist in the notification of (including identifying or locating), a family member, your personal representative, or another person responsible for your care of your location and general condition. In addition, we may disclose health information about you to an entity assisting in the notification process. We may also disclose health information that you have the right to receive to your power of attorney, health care proxy, or other person with whom you share decision-making responsibility.

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, research projects, or other community based initiatives or activities our facility is participating in.

Organized Healthcare 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.

Affiliated Covered Entity: Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment.