



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 IT CAREFULLY.

About This Notice

This notice describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information (PHI) is information about you, including demographic information, which may identify you and that relates to your past, present, or future physical or mental health or condition related to health care services.

Anesthesia Associates of Kansas City, PA (AAKC) is required by applicable federal and state laws to maintain the privacy of your health information.

Use and Disclosure of Your Protected Health Information

AAKC is permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to use and disclose your PHI, without your written consent in the following circumstances:

For Treatment

We will use and disclose your PHI to provide, coordinate, or manage your health care treatment and any related services. We may also disclose PHI to other physicians who may be treating you. For example, your PHI may be provided to a physician or other healthcare specialist (e.g., radiology or laboratory) to whom you have been referred to ensure that the physician has necessary information to diagnose, treat, or provide you with a service.

For Payment

Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may require before it approves or pays for the health care services recommended for you such as eligibility of coverage determination or undergoing utilization review activities.

For Health Care Operations

AAKC may use or disclose your PHI for healthcare operation purposes. This may include reviewing the care you receive for quality assessment, educational training, or compliance plan purposes.

Business Associates

From time to time, we enter into agreements with Business Associates who perform services on our behalf. These Business Associates are required to keep your information confidential according to the terms of the agreement and the requirements of the HIPAA Privacy Rules. In general, Business Associates are required to keep your information confidential to the same extent as we are.

Cookies and Tracking Technologies

AAKC's website may use cookies and similar technologies to improve user experience and analyze website traffic. We may collect certain non-personal information automatically through cookies and analytics tools, including browser type, IP address, and website usage data. You may disable cookies through your browser settings.

Other Use and Disclosures

Required By Law

We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health

We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight

We may disclose your PHI to governmental agencies and boards for investigations, audits, licensing, and compliance purposes.

Serious Threat to Health or Safety

We may disclose information about you to law enforcement or an identified victim to prevent a serious threat to your health or safety or the health or safety of another individual or the public.

Research

We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board.

Judicial And Administrative Proceedings

We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law enforcement

We may disclose PHI to the policy or other law enforcement officials as required or permitted by law or in compliance with a court order or a grand jury or administrative subpoena.

Coroners, Funeral Directors, and Organ Donation

We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. PHI may be used and disclosed to organizations that facilitate organ, eye or tissue procurement, banking, or transplantation.

Military and Veterans

If you are a member of the armed forces, we may release information about you as required by military command authorities.

Inmates

We may use or disclose your PHI if you are an inmate of a correctional facility or under the custody of law enforcement for the facility or your physician to provide you with care.

Worker's Compensation

Your PHI may be disclosed to comply with worker's compensation laws and other similar legally established programs.

Data Breach Notification Purposes

We may use or disclose your PHI to provide legally required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan, if applicable, through which you receive coverage.

Uses and Disclosures of PHI Based Upon Written Consent

Use and disclosure of your PHI that involves the release of psychotherapy notes (if any), marketing, sale of your PHI, or other uses and disclosures not listed in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization at any time. Revocations of an authorization must be in writing.

Your Rights Regarding Your Health Information

The following are statements of your rights with respect to your PHI and a brief description of how you may exercise those rights.

You have the right to inspect and copy your PHI.

A records request must be made in writing. Depending on the circumstances, AAKC may deny your request for copy. A decision to deny may be reviewable. Please contact our office regarding questions about access to your file. Our contact information can be found in the Complaints or Questions Section.

You have the right to request a restriction of your PHI.

You may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment, or healthcare operations. You may also request that portions of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the notice. Your request for restriction must be made in writing and include the specific restrictions requested and to whom you want those restrictions to apply.

You have a right to restrict your PHI sent to your third-party payor if you pay in full out of pocket for the services rendered.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.

This applies to any disclosures other than for the purpose of treatment, payment, or health care operations as described in this notice. The right to receive this information is subject to certain exceptions. This request must be made in writing.

You have the right to request to have your health record amended.

You may request that we amend your health record if you believe the information to be incorrect or incomplete. Your request must be made in writing.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

AAKC will accommodate reasonable requests. Your request must be made in writing.

SMS/Text Messaging Terms & Conditions

By providing your mobile phone number and opting into SMS communications from AAKC, you consent to receive conversational text messages related to:

- Customer service inquiries
- Appointment scheduling & reminders
- Follow-Up communications
- Responses to questions submitted through our website or staff members
- Ongoing support conversations

SMS consent is not a condition of purchase of service.

Message Frequency

Message frequency may vary depending on your interactions and conversations with our team.

Message and Data Rates

Message and data rates may apply depending on your wireless carrier and mobile plan.



Opt-Out Instructions

You may opt out of SMS communications at any time by replying:

- **STOP**-After opting out, you will no longer receive SMS message from us unless you opt back in.

Help Instructions

For assistance, reply:

- **HELP**-You may also contact us through our website contact form or office contact information found at the end of this document.

We do not sell, rent, or share your mobile information with third parties or affiliates for marketing or promotional purposes. All categories outlined in the Privacy Policy exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

AAKC's Duties

Our organization is required by law to maintain the privacy of protected health information. We do so by implementing reasonable administrative, technical, and physical safeguards to protect your information from unauthorized access, disclosure, or misuse. We are also required to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

Our organization is required to notify affected individuals following a breach of unsecured PHI.

Our organization must follow the terms of the current notice. If or when AAKC chooses to amend this notice, the notice will state that we reserve the right to change the terms of the notice and make the new notice provisions effective.

Organized Health Care Arrangement

If you are an inpatient or outpatient of a hospital or other health care facility where our healthcare professionals perform services, our practice is part of an organized health care arrangement (OHCA) with the hospital or other health care facility and the Notice of Privacy Practices at the hospital or other health care facility controls the use and disclosure of your information. The participants in the OHCA will share your information as necessary to carry out treatment, payment, and healthcare operations, as permitted by law.

Complaints or Questions

If you believe your privacy rights have been violated or you disagree with a decision made by AAKC about your health information, you may contact AAKC's Privacy Officer at 913-428-2922, by mail at P.O. Box 801185 Kansas City, MO 64180 or by email at hipaa@aakc.com. You may also contact the U.S. Department of Health and Human Services for Civil Rights by mail at 200 Independence Ave, S.W. Washington, D.C. 20201 or by visiting their website at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

This notice is effective May 26th, 2026.