

**Kansas Gastroenterology, L.L.C.**

**Kansas Endoscopy, L.L.C**

**PRIVACY POLICY NOTICE TO CLIENTS**

Effective February 16, 2026

**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.**

**THIS NOTICE IS FOR YOUR INFORMATION. NO RESPONSE IS REQUIRED.**

This Privacy Policy Notice to Clients is provided to you as a requirement of the Health Insurance Portability & Accountability Act of 1996 (HIPAA). It describes how we may use or disclose your protected health information (PHI) and certain rights you have with respect to your PHI. We are required by HIPAA to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI.

**HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe different ways that we are permitted to use and disclose your PHI. To the extent state law requires your consent to these disclosures, we would not make the disclosure without first obtaining your consent. If state law does not require your consent, we are permitted to use and disclose your PHI for these purposes without a consent or authorization.

Other state laws regarding disclosure include, but are not limited to, reporting abuse of children, reporting mental health or infectious diseases to the department of health, and requiring written consent for the disclosure of mental health and alcohol or substance abuse records in many circumstances. These state law requirements are state law specific examples of the following permitted uses of your PHI. To the extent we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

**For Appointment Reminders and Treatment Alternatives:** We may use your PHI to contact you to provide you appointment reminders and information about treatment alternatives, or other health-related benefits and services that may be of interest to you. For example, we may call you the day before your scheduled appointment to remind you about the appointment.

**For Treatment:** We can use your health information and share it with other professionals who are treating you.

**For Payment:** We can use and share your health information to bill and get payment from health plans or other entities.

**For Health Care Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

**To Others Involved in Your Healthcare:** We have policies and procedures that provide for the release of information about your care or payment for such care to a member of your family, a relative, a close friend, or any other person involved in your care or payment for your care when you are not present or able to give authorization for the release of information. If you are present for such a disclosure (whether in person or on a telephone call), we will either seek your verbal agreement to the disclosure or provide you an opportunity to object to it.

**Comply with the Law:** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Do research:** We can use or share your information for health research.

**Respond to organ and tissue donation requests:** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director:** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Help with Public Health and Safety Issues:** We can share health information about you for certain situation such as: Preventing disease, Helping with product recalls, Reporting adverse reactions to medication, Reporting Suspected abuse, neglect or domestic violence, Preventing or reducing a serious threat to anyone's health or safety.

**For Health and Safety:** We may use or disclose your PHI if we, in good faith, believe it is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health or safety of others. Any disclosure, however, would only be made to someone reasonably able to help prevent or lessen the threat.

**Correctional Institutions:** We may disclose your PHI to a correctional institution or law enforcement official if you are in their custody if the disclosure is necessary for certain purposes, including the provision of your healthcare and the safety and health of others.

**Business Associates:** Information may be shared with third party "business associates" that perform various activities on our behalf. Whenever such an arrangement involves the use or disclosure of your PHI, we will have a written contract with such third party that contains terms designed to protect the privacy of your PHI.

**Worker's Compensation:** We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**OTHER USES AND DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION**

In these cases we never share your information unless you give us written permission: Marketing purposes, Sale of your information, Most sharing of psychotherapy notes. In the case of fundraising, we may contact you for these efforts, but you can tell us not to contact you again. If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

## YOUR RIGHTS

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no”, for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### Request confidential communications

- You can ask us to contact you in a specific way (for example: home, office or cell phone) or to send mail to a different address
- We will say “yes” to all reasonable requests

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If someone has the authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**Our Responsibilities:** We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Rights Regarding Electronic Health Information:** We participate in electronic health information technology or HIT.

This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures. You have two options with respect to HIT. 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 all of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information. If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information. If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

## QUESTIONS AND COMPLAINTS

For additional information or if you have any questions regarding our privacy policy, please write to us at: Kansas Gastroenterology, L.L.C., Attn: HIPAA Privacy Officer, 3121 N. Webb Road, Wichita, Kansas 67226 or call us at (316) 261-3130. If you are concerned that your privacy rights have been violated, or if you disagree with a decision we made about access to your PHI, you may file a complaint with the HIPAA Privacy Officer at the above address or by phone at (316) 261-3130. You also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. You will not be penalized for filing a complaint.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.