

## **NOTICE OF PRIVACY/INFORMATION PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Understanding Your Mental Health Record Information**

Each time that you visit a physician or other health care provider, the provider makes a record of your visit. Typically, this record contains your health history, symptoms, test results, diagnoses, treatment, and plan for future care. This information (your medical record) serves as the following:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care that you received
- Means by which you or a third-party payer can verify that you actually received the services billed for
- Tool in medical education
- Source of information for public health officials charged with improving the health of the regions they serve
- Tool to assess the appropriateness and quality of care that you received
- Tool to improve the quality of health care and achieve better patient outcomes

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness
- Understand who, what, where, why, and how others may access your health information
- Make informed decisions about authorizing disclosure to others

### **Uses and Disclosures of Protected Health Information**

Central Kansas Mental Health Center (CKMHC) uses and discloses clients' health information to provide treatment and services, to receive payment for those services, and to conduct daily healthcare operations. Disclosure of protected health information to individuals/entities outside CKMHC generally requires the client's written consent/authorization, with some exceptions:

- **Treatment** – CKMHC staff may disclose clients' health information to others involved in their treatment on an as-needed basis. Example: a physician, a therapist, or another member of your healthcare team will record information in your record to diagnose or assess your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way the primary caregiver will know how you are responding to treatment. We may share information with your other health care professionals who are treating you. We may contact you by telephone, mail, or in person to arrange services, schedule appointments, or to give appointment reminders.
- **Payment** – We may use and disclose your health information to obtain payment for services we provide to you. Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnoses, or treatment received.
- **Healthcare operations** – CKMHC may use and disclose clients' health information in connection with daily healthcare operations (to run our practice, improve your care, contact you when necessary). Example: CKMHC staff may disclose information to physicians, clinicians, supervisors, and other agency personnel for treatment coordination, peer review, or training purposes. Members of the medical staff or the quality assurance team may use information in your health record to assess the care and outcomes in your case and the work of the caregiver. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services that we provide.

### **Other Uses and Disclosures**

We are allowed or required to share your information in other ways – usually ways that contribute to the public good, such as public health or research.

- **Business Associates:** We provide some services through contracts with business associates. Examples may include certain diagnostic tests, a copy service to make copies of medical records, a shredding company, and the like. When we use these services we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do, and bill you or your third-party payer for services provided. Business associates must comply with the same federal security and privacy rules as we do.
- **Research:** We may disclose information to researchers when their research has been approved by an institution review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Funeral Directors/Organ Donation:** We may disclose health information to funeral directors or a medical examiner consistent with applicable law to enable them to carry out their duties. Decedent information may be shared with organ procurement organizations.
- **Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law. We may share information about you for workers' compensation claims.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, or a serious threat to anyone's health or safety. We may disclose information related to abuse, neglect, exploitation, or domestic violence reporting. Other examples include: reporting adverse reactions to medications, helping with product recalls.
- **Health Oversight Agencies and Public Health Authorities:** If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.
- **Law Enforcement/Required by Law:** We may disclose health information for law enforcement purposes or with a law enforcement official as required by law or in response to a valid subpoena or court order. We are allowed or may be required to share your information for special government functions such as military, national security, and presidential protective services.
- **The Federal Department of Health and Human Services ("DHHS"):** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.
- **Food and Drug Administration ("FDA"):** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacement.
- **Correctional institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- **Judicial and Administrative Proceedings:** We may use and share your information in response to lawsuits, legal actions, court/administrative orders, or in response to a subpoena.
- **Directory:** Federal regulations permit inclusion of limited patient information in a directory and related disclosure, unless the patient objects. However, CKMHC does not create or maintain a patient directory at this time.
- **Disaster Relief Efforts:** We may share your information in a disaster relief situation for your family's notification of your condition, status, or location.

- *Communication with Family:* Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close friend, or any other person that you identify, health information relevant to that person's involvement in your care or payment for your care.
- *Notification:* We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.
- *Fundraising:* We may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.
- *Marketing/Continuity of Care:* We may contact you to provide appointment or refill reminders or information about treatments prescribed for you, or provide notifications promoting health in general that might be of interest to you.

## Your Rights

Although your health records are the physical property of the health care provider who completed the records, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. (The right to request restriction does not extend to uses or disclosures permitted or required by law.) We will consider all requests for restriction, but do not have to agree to the restriction. If we do agree, we will comply with your request or give you notice. (If, you request restriction on a disclosure to a health plan/insurer for purposes of payment or health care operations (not for treatment), we will grant the request if the health information pertains solely to an item or a service for which we have been paid in full.)
- Obtain a copy of this notice. Upon request, you may obtain a paper copy even if you've agreed to receive the notice electronically.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
  - Psychotherapy notes. Such notes consist of those that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
  - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
  - Protected health information ("PHI") that is subject to the Clinical Laboratory Improvement Amendments of 1988 ("CLIA"), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
  - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These "reviewable" grounds for denial include the following:

- A licensed health care professional, such as your clinician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
  - PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
  - The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.
- For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. You have the ability to get an electronic copy of electronic records. We reserve the right to charge a reasonable, cost-based fee for making copies; if you request a copy or copies of your record, you will be charged a fee for each copy.
- Request amendment of your health information. We do not have to grant the request if the following conditions exist:
    - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
    - The records are not available to you as discussed immediately above.
    - The record is accurate and complete.

If we deny your request for amendment, we will notify you of the reason for the denial.

- Obtain an accounting (list) of non-routine uses and disclosures, those other than for treatment, payment, and health care operations (for up to six years prior to the date you ask). We do not need to provide an accounting for the following disclosures:
    - To you for disclosures of protected health information to you.
    - For a facility directory or to persons involved in your care or for other notification purposes, including notification to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death.
    - For national security or intelligence purposes
    - To correctional institutions or law enforcement officials
    - That occurred before April 14, 2003.
- The first accounting in any 12-month period is free. Thereafter, we will charge a reasonable, cost-based fee.
- Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or at a certain location (for example, to send mail to a different address). We will honor reasonable requests.
  - Revoke your authorization to disclose health information except to the extent that we have taken action in reliance on the authorization.

## Our Responsibilities

In addition to providing you your rights, as detailed above, we are required to take the following measures:

- Maintain the privacy and security of your health information
- Provide you this notice as to our legal duties and privacy practices with respect to protected health information that we collect and maintain about you
- Abide by the terms of this notice
- Notify you of any breach that may have compromised the privacy/security of your information
- We will not use or disclose your health information without your authorization or as described in this notice or required by law

## Changes to the Terms of this Notice

We reserve the right to change our practices and the changes will apply to all information we maintain about you. The new notice will be available upon request, in our office, and on our web site.

## How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, you may contact the Quality Assurance (QA) Director at 785-823-6322. Individuals who believe their rights, as described in this notice, have been violated, may file a written complaint to the QA Director, 809 Elmhurst Blvd., Salina, KS 67401, or to the Department of Health and Human Services. Clients are protected under federal law from retaliation for filing complaints.

The effective date of this notice is September 23, 2013.