

Effective Date: 04/10/2017

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

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of our patients' health information and to provide patients with this Notice of Information and Privacy Practices. These privacy regulations extend to all officers, employees, volunteers, and agents of High Plains Mental Health Center who have access to or obtain knowledge of treatment information.

Your Rights under the Federal Privacy Standard

As a patient at High Plains Mental Health Center, you have the right to the confidentiality of your records, and information regarding whether you currently are, or ever have been a patient. Although your mental health records are the physical property of High Plains Mental Health Center, 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 healthcare operations. The right to request restriction does not extend to uses or disclosures permitted or required under federal privacy regulations. Your request must be in writing mailed to the contact identified at the end of this Notice. Your request must describe in detail the restriction you are requesting. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise, or we give you advance notice.
- Request restrictions on disclosures to your health insurance company for purposes of treatment or healthcare operations. We are required to agree to this restriction so long as you have paid for the underlying service in full. Your request must be in writing mailed to the contact identified at the end of this Notice.
- You have the right to receive a paper copy of this Notice of Information and Privacy Practices upon request. We also have posted this notice in prominent locations throughout the agency and on our website.
- You have the right to receive confidential communication. For example, you may ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request.
- You have the right to access, or to inspect and obtain a copy of your health information upon request. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. However, in certain situations, we can deny access. You do not have a right of access to the following: 1) information compiled in reasonable anticipation of or for use in civil, criminal, or administration actions or proceedings; 2) information that was obtained from another healthcare provider; or 3) information that was obtained from someone other than a healthcare provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

There are also instances where we can deny access, but must provide you a review of our decision to deny such access. These reviewable grounds for denial include the following: 1) a licensed healthcare professional has determined that the access is reasonably likely to endanger the life or physical safety of yourself or another person; 2) the information makes reference to another person (other than a healthcare provider) and a licensed professional has determined that access is likely to cause substantial harm to such other person; or 3) the request is made by your personal representative and a licensed professional has determined that giving access to the 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 to deny access within 30 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. We reserve the right to charge a reasonable fee for making copies that may be requested following review.

- You have the right to request an amendment or correction of your health information. We do not have to grant the request if the following conditions exist: 1) we did not create the record; 2) the records are not available to you as discussed above; 3) the record is already accurate and complete. If we deny your request for amendment or correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction as allowed.
- You have the right to obtain an accounting of non-routine uses and disclosures, those other than for treatment, payment, and healthcare operations. We do not need to provide an accounting for the following disclosures: 1) to you for disclosures of protected health information to you; 2) for uses and disclosures that you authorized; 3) to persons involved in your care or for other notification purposes as allowed in the federal privacy regulations; 4) for national security or intelligence purposes as allowed under the federal privacy regulations; 5) to correctional institutions or law enforcement officials as allowed under the federal privacy regulations; 6) that occurred before April 14, 2003.

We must provide the accounting within 60 days, and the accounting must include the following information: 1) date of each disclosure; 2) name and address of the organization or person who received the information; 3) brief description of the information disclosed; 4) brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, a copy of your written authorization or written request for the disclosure.

- You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.
- You have the right to be notified if we determine that there has been a breach of your protected health information.
- You have the right to file a complaint with High Plains Mental Health Center or with the U.S. Department of Health and Human Services if you believe High Plains Mental Health Center is not in compliance with the regulations.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your health information, including implementing reasonable and appropriate safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to the information that we collect and maintain about you.
- Abide by the terms of this notice that is currently in effect.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy or confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy or confidentiality.

- Use or disclose your information only with your consent or authorization except as described in this notice or as allowed by law. Under provisions of HIPAA, the Center may disclose protected health information for the following purposes without your consent or authorization.
 - 1) Information and communication between or among treatment facilities for purposes of promoting the provision, coordination, or management of health care and related services by one or more health care providers.
 - 2) Information for health care operations including quality assessment activities; review of competence or qualifications of health care professionals and their performance accreditation, licensing, certification or credentialing activities; conducting or arranging for medical review, legal services, and auditing functions; business planning and development; and business management and general administrative activities of the entity.
 - 3) Information relevant to involuntary commitment proceedings.
 - 4) Information in response to a court order for mental, alcoholic, or drug evaluation.
 - 5) Information relevant to legal proceedings when the patient has relied upon his or her mental, alcoholic, drug dependency, or emotional condition as a claim or defense and a judge has entered an order and specified the persons who are to receive the information.
 - 6) Information which treatment personnel or the patient are required by law to report to a public official. This includes, but may not be limited to, mandatory reporting of such things as suspected abuse, neglect or domestic violence.
 - 7) Information in response to the order of a court or administrative tribunal.
 - 8) Disclosures for Law Enforcement Purposes. The Center may disclose protected health information for law enforcement purposes to a law enforcement official

In compliance with reporting laws regarding certain types of wounds, in compliance with a court order, court-ordered warrant, subpoena issued by a judicial officer or in response to a grand jury subpoena, provided that the information sought is relevant and material to a legitimate law enforcement inquiry, the information sought is as specific and narrowly drawn as practicable, and de-identified information could not reasonably have been used to meet the purpose of the request;

To identify or locate a suspect, fugitive, material witness, or missing person provided that only specific, limited information is disclosed;

In response to a law enforcement official's request for protected health information about an individual who is, or is suspected to be, a victim of crime (other than abuse, neglect, or domestic violence as discussed above) if the individual agrees to the disclosure or the provider is unable to obtain the individual's agreement because of incapacity or other emergency circumstance;

To alert law enforcement of the death of an individual if a Provider has a suspicion that the death may have resulted from criminal conduct;

If a Provider believes in good faith that the protected health information constitutes evidence of criminal conduct that occurred on the premises of the Provider.

- 9) Information which is needed to protect a person who has been threatened with substantial harm by a patient during the course of treatment.
- 10) Information to the patient or former patient, except that the Executive Director or his designee may refuse to disclose portions of records following a written statement that such disclosure would be injurious to the patient.
- 11) Information to accreditation, certification, and licensing authorities, including scholarly investigators, after a written pledge that the information will not be disclosed to any persons not otherwise authorized by law to receive such information;
- 12) Information requested by the Kansas Advocacy and Protective Services concerning the representation of individuals who reside in a treatment facility;
- 13) Information needed to pursue collection of a bill for services rendered.
- 14) Information sought by a coroner serving under the laws of Kansas when such information is material to an investigation or proceeding conducted by the coroner.
- 15) The name, date of birth, name of any next of kin, and place of residence of a deceased former patient when that information is sought as a part of a genealogical study.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS

The confidentiality of substance use disorder patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; (3) The disclosure is made pursuant to an agreement with a qualified service organization/business associate; or (4) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney for the District of Kansas at (913) 551-6730 (Kansas City Office), (785) 295-2850 (Topeka office), or (316) 269-6481 (Wichita office) in accordance with Federal regulations. Additional contact information for the United States Attorney's office can be found at <https://www.justice.gov/usao>.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations.) (Approved by the Office of Management and Budget under Control No. 0930-0099)

Release of Information to an Approved Health Information Organization

The Center will participate with an approved Health Information Organization (HIO) for the transfer of information under Kansas Law (K.S.A. 65-6801 through 65-6834).

- 1) All patients are given Notice of Information and Privacy Practices and a Patient Rights Brochure containing information regarding disclosure of information to an approved HIO ("Notice").

- 2) The Center will not disclose an individual's protected health information (PHI) to an approved HIO unless and until the individual (or his/her personal representative) has received written notice regarding electronic health information exchange.
- 3) An individual (or his/her personal representative) may direct that none of the individual's PHI be accessible to any person or entity through an approved HIO from that point forward. Notwithstanding such direction, an approved HIO may permit access to the individual's PHI by a properly authorized individual only as necessary to report specific information to a government agency as required by law (e.g., reporting of certain communicable diseases or suspected incidents of abuse).
- 4) The Center will not permit an approved HIO access to an individual's PHI unless and until the Center has knowledge that the individual has received the Notice from the Center or through another source.

Examples of Disclosures for Treatment, Payment, or Healthcare Operations

Under the regulatory authority of the Department of Health and Human Services, High Plains Mental Health Center can use your information for the purposes of Treatment, Payment or Healthcare Operations.

Treatment is defined as the provision, coordination, or management of health care and related services by one or more health care providers. This includes the exchange of information in professional consultation and supervision among members of the High Plains Mental Health Center treatment team (psychiatrists, therapist, case managers, student interns, and volunteers).

Payment is defined as activities undertaken by a health care provider to obtain reimbursement for the provision of health care. This may include sharing of necessary information with High Plains Mental Health Center's insurance and/or billing department in order to generate insurance claims or send monthly statements. We may also 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 diagnosis, or treatment received.

Healthcare operations is defined as carrying out the activities of High Plains Mental Health Center to the extent that these activities are related to covered functions and activities of an organized health care arrangement in which High Plains Mental Health Center participates. This includes Quality Assurance activities (peer review); qualifications of health care professionals; underwriting and premium rating; medical review, legal services and auditing functions; business planning and development; business management and general administrative activities (i.e. customer service).

High Plains Mental Health Center may contact you or your parent/guardian by phone or mail in the following situations: 1) to provide appointment reminders and other information regarding services; 2) to request additional information and/or signatures in order to facilitate payment of your account; 3) to request additional information and/or signatures in order to process requests for information from outside agencies; 4) to request feedback regarding your satisfaction with our services following the receipt of such services.

High Plains Mental Health Center may provide information through contracts with Business Associates. This information may be disclosed to the business associate so that they can perform the function(s) that we have contracted with them to do. Examples of business associates would be pharmacies, laboratories, interpreters, and High Plains Mental Health Center's attorneys and accountants. Our business associates have all the same responsibilities to appropriately safeguard your information as High Plains Mental Health Center does.

Under the privacy standards, we must disclose your health information to the Department of Health and Human Services as necessary to determine our compliance with those standards.

High Plains Mental Health Center reserves the right to change the terms of its Notice of Information and Privacy Practices, and to make the new notice provisions effective for all protected health information that it maintains. Revised notices will be made available to patients at their first service following implementation of the revision.

Complaints and Reporting Violations

If you believe your privacy rights have been violated, you may complain to High Plains Mental Health Center and / or the Secretary of Health and Human Services. Complaints should be made in writing to the Manager of Quality Improvement, 208 East 7th Street, Hays, Kansas 67601, or to the U.S. Department of Health and Human Services – Office for Civil Rights (Regional Office at Kansas City), 601 East 12th Street Room 248, Kansas City MO 64106, (816) 426-7277, or through www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. The complaint should name the agency and / or person that is the subject of the complaint and describe the acts or omissions believed to be in violation of the privacy requirements. The complaints should be filed within 60 days of when the complainant knew or should have known that the act or omission occurred. Individuals will not be retaliated against for filing such a complaint.

High Plains Mental Health Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or any other protected class. High Plains Mental Health Center does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or any other protected class.

For further information regarding this Notice of Information and Privacy Practices, contact the Medical Records Manager or the Manager of Quality Improvement at (785) 628-2871.
04/10/2017

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de High Plains Mental Health Center, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1 (844) 787-4924.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về High Plains Mental Health Center, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1 (844) 787-4924.