

How We Protect Your Privacy

PRIVACY NOTICE

TO OUR CONSUMERS AND GUARDIANS

Effective April 1, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AND/OR YOUR WARD 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.

The CDDO of Butler County believes in protecting the confidentiality and security of information we collect about you. This notice describes our privacy policy and describes how we may use and disclose health information about you. It also describes your rights, and certain obligations we have, regarding your Protected Health Information ("PHI").

Why and How we Collect PHI: We collect information in the normal case of business as we provide care for individual physical and/or health conditions, including case management services, behavior management plans, specialized care referrals, and Medicaid/HCBS eligibility. We get most of the information directly from your health care provider and entities you access in relation to medical/psychological services. If we need to verify information, or need additional information, we may need to obtain that information from third parties whom you authorize to provide us with information.

How we protect PHI: We treat information in a confidential manner and our employees are required to protect the confidentiality of such information. Employees may access information only when there is an appropriate reason to do so, such as to administer services. We also maintain physical and procedural safeguards to protect information; these safeguards comply with all applicable laws. Employees are required to comply with our established policies relating to confidentiality and privacy of non-public information about you. With respect to situations in which disclosure is not required or permitted by law, we will not disclose non-public personal health information about you unless an authorization is obtained from you or, when applicable, your guardian.

Use and Disclosures for Developmental Disability Treatment: We use and disclose information in a number of different ways in connection with your developmental disability services, including disclosure of such information to determine BASIS as well as our annual System Analysis.

The following are a few examples of the types of uses and disclosures of your information that we are permitted to make without your authorization.

Treatment: We may disclose your information to health care providers who request it in connection with your treatment. For example, we may provide information to a health care provider during a physical exam or in the event of an emergency whereby you are unconscious.

Payment: We may use and disclose your information to administer your health benefits. This may involve the determination of eligibility, claims payment; utilization review; coordination of care; medical benefits; and responding to complaints, appeals, and external review requests.

Service Provider Operations: We may use and disclose your information to support other service provider requirements, including quality assurance assessments, BASIS assessments; System Analysis; and other general administration activities.

Other Permitted or Required Uses and Disclosures of PHI: We may use or disclose your PHI in the following additional situations without your authorization:

Others Involved in Your Healthcare: CDDO of Butler County has policies and procedures that provide for release of information about your care to certain relatives, close friends, or other designees who are relevant to your care as identified in your Person- Centered Support Plan.

Required by Law: We may use or disclose your PHI to the extent we are required to do so by federal, state, or local law enforcement.

Public Health Activities: We are permitted to disclose PHI about you to a public health authority for the purpose of preventing or controlling disease, injury, or disability. In addition, we may disclose your PHI to a public health authority or other appropriate government authority authorized to receive reports of child abuse or neglect.

Abuse or Neglect: We are required to make disclosures to government authorities concerning abuse, neglect, or exploitation.

Developmental Disability Oversight Activities: We may make PHI disclosures about you to Social and Rehabilitative Services for oversight activities authorized under the law, including audits; civil. Administrative or criminal investigations; inspections; and licensure or disciplinary actions.

Judicial Proceedings: In connection with law- suits or other legal proceedings, we may disclose PHI about you in response to an order of a court, or in response to a subpoena, discovery request, or other lawful proceeding.

Coroners and Funeral Directors: In certain circumstance we are permitted to disclose your PHI to coroners, medical examiners, or funeral directors.

Fundraising: We may disclose limited PHI about you to service-specific related foundations of the purpose of raising funds for the benefit of CDDO of Butler County services.

Threat to Health or Safety: We may use or disclose PHI about you if we, in good faith, believe we use or disclosure is necessary to prevent or lessen a serious and imminent threat to your 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 are permitted to disclose PHI about you to a correctional institution or a law enforcement official if you are in their custody provided that the disclosure is necessary for certain purposes, including the provision of your healthcare and the safety and health of others.

Workman's Compensation: We are permitted to use or disclose PHI about you as authorized by laws relating to workman's compensation or other similar programs.

Authorized Use and Disclosure of PHI: Any other use or disclosure that is not otherwise permitted or required by law will be made only with your written authorization. You may revoke this authorization, at any time, in writing.

Consumer Rights with Respect to PHI:

Right to Request Restrictions: You have the right to request us to place restrictions on the way we use and disclose your PHI for care, services, and treatment. You must make your request for restrictions in writing on the form provided by the CDDO of Butler County. However, we are not required to agree to these restrictions. If we do agree to a requested restriction, we may not use or disclose your PHI in violation of that restriction, unless it is needed in an emergency.

Access to PHI: You have the right to look at or receive a copy of your PHI contained in the designated record setting. This setting is located at the CDDO of Butler County Office in El Dorado, Kansas. You must make your request in writing on the form provided by CDDO of Butler County and provide us with the specific information we need to fulfill your request.

Your information will be made available for your review at our offices during normal hours of operation, Monday – Friday, 8 a.m. – 5 p.m., excluding holidays.

Amendment of PHI: You have the right to request us to amend any PHI about you that is contained in the “designated record setting” and which is incomplete or inaccurate. You must make your request for amendment in writing on the form provided by the CDDO of Butler County. If you notify us that your information is incomplete or inaccurate, we will correct our records. If we do not agree, you may submit a short statement of dispute, which we will include in any further disclosure of your PHI or, alternately, you may request that we provide your request for amendment and the denial of such request with any future disclosures of the PHI at issue. We have the right to prepare a rebuttal to any statement of dispute submitted by you.

Accounting for Certain Disclosures:

You have the right to request us to provide you with an accounting of times when we have disclosed your PHI. An accounting of disclosures will not include those that were made:

- For Care and Treatment
- To you or to your guardian
- Incidentally to a permitted use or disclosure
- Pursuant to an authorization received from you or your guardian
- For persons involved in your care
- For National Security purposes
- To correction or law enforcement personnel
- Before April 14, 2007

The accounting will include disclosures made within the last six years, unless you request a shorter time period or if less than six years have passed since April 14, 2003. Your request for an accounting of disclosures must be made in writing on the form provided by the CDDO of Butler County and must provide us with the specific information we need to fulfill your request. We will respond to your request within 60 days. If you request this accounting more than once in a 12-month period, we may charge you with a reasonable fee.

To obtain forms necessary to exercise your rights, contact Rikki Bowker at the CDDO of Butler County, 316-322-8777. All completed request forms should be sent to ATTN: Rikki Bowker, CDDO of Butler County, 226 S. Main Street, El Dorado, KS 67042.

Further Information: We are required by law to maintain the privacy of your information and to provide you with notice of our legal duties and privacy practices with respect to your information. In addition to any other privacy notice we may provide, a recently enacted federal law establishes new privacy standards and requires us to provide this summary of our privacy policies once a year. We are required to abide by the terms of this notice. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain, including PHI that was created or received prior to the date of such change. We will redistribute a new Notice of Privacy Practices whenever we make a material change in our privacy practices described in our notice. You may have additional rights under other applicable laws.

Questions and Complaints: For additional information or if you have any questions regarding our privacy policy, please contact us at the CDDO of Butler County, 226 S. Main Street, El Dorado, Kansas 67042 or call us at 316-322-8777.

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 Compliance Coordinator at the above address or by phone. You also have the right to file a complaint with the Secretary of the Department of Health and Human Services. Send your complaint to Medical Privacy, Complaint Division, Office for Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or contact the Voice Hotline Number at (800) 368-1019; or send the information to their internet address www.hhs.gov/ocr.

We will not take retaliatory action against you if you file a complaint about our privacy practices to us or with the Office for Civil Rights or any other governmental agency.