



**How We Protect Your Privacy  
Notice To our Consumers and Guardians  
Effective July 1, 2019**

**THIS NOTICE DESCRIBES HOW YOUR PRIVATE HEALTH INFORMATION  
MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE  
REVIEW IT CAREFULLY.**

**HOW CDDO OF BUTLER COUNTY MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

CDDO OF BUTLER COUNTY may use and disclose your health information for the following purposes without your express consent or authorization. We will obtain your express written authorization before using or disclosing your information for any other purpose. You may revoke such authorization, in writing, at any time to the extent the CDDO OF BUTLER COUNTY has not relied on it.

**Treatment.** We may use your health information to determine your eligibility to receive home and community-based services and supports for individuals with intellectual/developmental disabilities. We may use and disclose health information to discuss with you options for services and supports to meet your needs, and to place your name on the statewide waiting list for the services and supports you want to receive. We may disclose your eligibility for services to the affiliated community service providers you have chosen to provide your services and supports. We may use and disclose your health information to remind you of upcoming meetings or the need for your annual BASIS/Functional assessment. Unless you direct us otherwise, we may leave messages on your telephone answering machine identifying the CDDO OF BUTLER COUNTY and asking for you to return our call. We will not disclose any health information to any person other than you, except to leave a message for you to return the call.

**Payment.** We may use and disclose your health information as necessary for reimbursement for the home and community-based services and supports for individuals with intellectual/developmental disabilities that you receive through CDDO OF BUTLER COUNTY and/or its affiliated providers. We also may provide information to affiliated providers to assist them in obtaining reimbursement for the services and supports which they provide to you.

**Health Care Operations.** We may use and disclose your health information for our internal CDDO operations as well as Quality Assurance/Quality Enhancement oversight of the services and supports that you receive. These uses, and disclosures are necessary for our day-to-day operations and to make sure that you receive quality, responsive services and supports that respect your rights and offer you choices.

**Business Associates.** The CDDO OF BUTLER COUNTY may provide some services through contracts or arrangements with business associates. Before doing so, CDDO OF BUTLER COUNTY will require the business associate to appropriately safeguard your health information.

**Creation of de-identified health information.** We may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

**Uses and disclosures required by law.** We will use and/or disclose your health information when required by law to do so.

**Disclosures for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or controlling disease, injury, or disability; or (b) to receive reports of child abuse or neglect. We also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

**Disclosures about victims of abuse, neglect, or domestic violence.** We may disclose your health information to a government authority, including protective services, if we reasonably believe you are a victim of abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose your health information during the course of audits, compliance reviews, investigations, inspections, and other proceedings related to CDDO oversight.

**Disclosures for judicial and administrative proceedings.** Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

**Disclosures for law enforcement purposes.** We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

**Disclosures regarding victims of a crime.** In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated if it appears you were the victim of a crime.

**Disclosures to avert a serious threat to health or safety.** We may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

**Disclosures for specialized government functions.** We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information maintained by the CDDO OF BUTLER COUNTY. To do so, you must submit a written request to the CDDO OF BUTLER COUNTY Privacy Officer at the contact below, with information needed to process your request. If you request copies, we may charge a reasonable fee.

**Right To Request Amendment.** If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must submit a written request to the Privacy Officer at the contact below, with information needed to process your request including your supporting reason(s).

***Right to an Accounting of Disclosures.*** You have the right to request a list of disclosures of your health information we have made, except for: disclosures for Treatment, Payment, or Health Care Operations; disclosures authorized by you; and disclosures made to you. To request this list, you must submit a written request to the Privacy Officer at the contact below.

***Right to Request Restrictions.*** You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. To do so, you must submit a written request to the Privacy Officer at the contact below.

***Right to Request Alternative Methods of Communication.*** You have the right to request that we communicate with you in a certain way or at a certain location. You must submit a written request with information needed to process your request to the Privacy Officer at the contact below. We will accommodate all reasonable requests.

***Right to Paper Copy.*** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To do so, send a written request to the Privacy Officer at the contact below.

#### **CHANGES TO THIS NOTICE**

CDDO OF BUTLER COUNTY reserves the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.

#### **COMPLAINTS**

If you believe your rights with respect to health information have been violated, you may take action by filing a written complaint with the CDDO OF BUTLER COUNTY Privacy Officer at the contact below, or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

#### **PRIVACY OFFICER CONTACT:**

Privacy Officer, CDDO OF BUTLER COUNTY  
2101 Dearborn, Suite 301  
Augusta, KS 67010