

# NOTICE OF PRIVACY PRACTICES

## COMMUNITY MENTAL HEALTH CENTER OF CRAWFORD COUNTY

*This Notice of Privacy Practices is effective as of 7/1/2002.*

**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.**

### UNDERSTANDING YOUR MEDICAL INFORMATION - ITS USES & DISCLOSURES:

Certain laws require that you be provided "Notice" of our privacy practices that relate to your medical information. Our privacy practices are contained within this "Notice." This "Notice" applies to the protected health records of your care provided by the Community Mental Health Center of Crawford County and its employees, staff and volunteers. Your personal doctor, other health care providers, or your health insurance plan may have different privacy policies or "notices" regarding the doctor's, others provider's, or the plan's use and disclosure of your health information that are created outside of this mental health center.

**CONTACT PERSON IF YOU HAVE QUESTIONS:** If you have any questions about this notice or our privacy practices relating to your health information please contact the following person:

**Stacy Kratz  
Privacy Officer  
911 E. Centennial  
Pittsburg, KS 66762  
620-235-7147                      Fax: 620-235-7148**

This "Notice" contains information in the following general categories:

- **What is your health record / information?**
- **What are your health information rights?**
- **What are the responsibilities of this mental health center when it comes to your health information?**
- **How will we use and disclose your medical information?**
- **Other Uses and Disclosures - Revoking Previous Permission to Use or Disclose Your Health Information.**
- **What should you do if you have a complaint concerning your medical records?**
- **If changes are made to this Notice - How to obtain a revised copy.**

### **WHAT IS YOUR HEALTH RECORD / INFORMATION?**

Each time you receive medical care from a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains a history of your illnesses or injuries, symptoms, exam & laboratory results, treatment provided and treatment plans, and notes on future care. Depending on your health care situation your record may contain more or different information. How your health information is used is described on the following pages.

### **WHAT ARE THE RESPONSIBILITIES OF THIS MENTAL HEALTH CENTER WHEN IT COMES TO YOUR HEALTH INFORMATION?**

This mental health center is required by law to:

- Keep your health information private and only disclose it when required to do so by law;
- Explain our legal duties and privacy practices in connection with your health records;
- Obey the rules found in this notice;
- Inform you when we are unable to agree to a requested restriction that you have given us;
- Accommodate your reasonable request for an alternative means of delivery or destination when sending your health information.

We will not use or disclose your health information without your authorization, except as explained in this notice or as required by law. Certain laws may require that we disclose your health information without your authorization. We are obligated to follow those laws.

### **WHAT ARE YOUR HEALTH INFORMATION RIGHTS?**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

**Inspect and Copy Your Records.** You have the right to inspect and obtain a copy of certain health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, information that is subject to special laws or other information not contained in the medical or billing records.

To inspect and obtain a copy of your health information you must submit your request in writing to the Contact Person listed on page 1. If you request a copy of the information, we may charge a reasonable cost-based fee for copying, including labor & supplies, and the cost of postage.

*We may deny your request* to inspect and copy in certain very limited circumstances.

Certain reasons for the denial are not reviewable and some are reviewable. If you are denied access to health information you will be told in writing. In certain circumstances, however, you may request that the denial be reviewed. If the original denial of access to the medical records was made by a licensed health care provider as allowed by law, another licensed healthcare professional chosen by the mental health center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. You will be advised in writing of this reviewing official's decision.

**Right to Amend Your Records.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend / change the information. You have the right to request an amendment for as long as the information is kept by or for the mental health center. To request an amendment, your request must be made in writing and submitted to the mental health center's Contact Person listed on page 1. In addition, you must provide a reason that supports your request.

*We may deny your request* for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by this mental health center, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for the mental health center;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request, in certain circumstances, an "accounting of disclosures." An "accounting" is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the mental health center's Contact Person listed on page 1. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically or some other form). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or healthcare operations.

You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that (1) we not use or disclose information about treatment you had or (2) that certain people not be told of certain information.

*We are not required to agree to your request.* Only the Privacy Official can agree to your request. If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you emergency treatment. If we agree to a restriction we may terminate any restriction if you agree to the termination or if we inform you that we are terminating our agreement to the restriction. You may also terminate any restriction.

**How to make a request.** To request restrictions or limitations, you must make your request in writing to the Contact Person. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Contact Person listed on page 1. We will not ask you the reason for your request. We may ask you for clarification so we can understand your request. You are not required to give an explanation. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice you may contact the mental health center's Contact Person listed on page 1.

## ***HOW WILL WE USE AND DISCLOSE YOUR HEALTH INFORMATION?***

**For Treatment.** Health information about you may be shared with treatment professionals in this agency only to the extent necessary, to provide you with appropriate and timely treatment. An example might be that your therapist or case manager might discuss certain symptoms you are experiencing with the nurse or psychiatrist to make sure you are receiving the best possible combination of care.

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the mental health center may be billed to and payment may be collected from you, an insurance company or a third party. **For example,** we may need to give your health plan (health insurance company) information about services you received at the mental health center so your health plan will pay us or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose health information about you for the mental health center's operations. These uses and disclosures are necessary to run the mental health center and make sure that all of our patients receive quality care. **For example,** we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many mental health center patients to decide what additional services the mental health center should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the health information we have with health information from other mental health centers to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who the specific patients are. Additional uses and disclosures for "health care operations" include:

- activities relating to improving health or reducing health care costs,
- protocol development,
- care management,
- training, accreditation, certification, licensing, credentialing or other related activities,
- underwriting and other insurance related functions,
- medical review and auditing functions, including fraud and abuse detection and compliance programs,
- conducting or arranging for legal services for the mental health center, its staff or personnel
- business planning and development, business management and general administrative activities
- internal grievance resolution
- research

**Appointment Reminders.** We may use and disclose health information to contact you, a family member or friend involved in your health care or as authorized by you as a reminder that you have an appointment at our facility. We may also leave a reminder on your answering machine/voice mail system unless you tell us not to.

**Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. The amount of information disclosed will depend on that person's particular involvement in your care. If you want this information restricted you must tell us by using the required procedure.

**As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma registries, health oversight matters and other public policy requirements. We may be required to report this information without your permission.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### **SPECIAL SITUATIONS: (Sharing of information without your permission)**

**Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Activities.** We may disclose health information about you without your permission for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability (e.g. disease or trauma registries);
- to report births and deaths;

- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose health information without your permission to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or in a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a court or administrative order even if you are not involved in the lawsuit or dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or as otherwise permitted by law.

**Law Enforcement.** We may release health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the mental health center; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the mental health center to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution of law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

***OTHERS USES AND DISCLOSURES - REVOKING PREVIOUS PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION:***

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. For certain disclosures of your information you must complete an “authorization” form and submit it to us. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. To revoke any permission already given to us or permission given to us in the future you must revoke that permission in writing by sending it to the Contact Person listed on page 1. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

***WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR MEDICAL RECORDS?***

If you believe your privacy rights have been violated, you may file a complaint with the mental health center or with the Secretary of the Department of Health and Human Services. To file a complaint with the mental health center or to receive additional information as to how to file a complaint with the Department of Health and Human Services, contact the Contact Person listed on page 1. All complaints must be submitted in writing.

***YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.***

***IF CHANGES ARE MADE TO THIS NOTICE:***

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all buildings of the Community Mental Health Center of Crawford County. You will find the date the notice became effective at the top of the first page below the title. In addition, each time you register at the mental health center for treatment or services, a copy of the current notice in effect will be given to you if you request it.