

NOTICE OF PRIVACY PRACTICES

Effective March, 2003

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review the following carefully and ask your Pawnee provider to answer any questions you may have.

Protected Health Information is the information we create and obtain in providing services to you. This information typically includes your symptoms, diagnoses, issues to be addressed in treatment, treatment plan, session notes, testing or evaluations and recommendations for treatment. Your protected health information also includes any billing documentation for the services provided to you.

Pawnee is committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by Pawnee. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Various health plans in which you may be a member, have different policies or notices concerning information they receive about you.

This notice will explain the ways in which Pawnee may use and disclose your health information, your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to maintain the privacy of your health information; give this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The health information we maintain along with billing records are the physical property of Pawnee Mental Health Services. The information in it, however, belongs to you.

You have the right to review and receive a copy of your record:

To review your record, you may make a request with your current treatment provider to arrange for a time that you may inspect your record. If you do not currently have a Pawnee treatment provider, you may make your request verbally or in writing to the medical records clerk for the region in which you are calling. Medical records staff will schedule a time for you to come to our office to review your record.

To request a copy of your record, a “**Request to Access Protected Health Information form**”(Form#042-ADM2/25/03) must be completed and submitted to the Pawnee Medical Records office that you are requesting records from. You will be charged a fee that includes the costs of copying, mailing, staff time and/or any additional services that are included in your request. We may require that you pay this fee prior to receiving the requested copies. Medical records staff will be able to inform you what the current rate per page is for this copying and handling fee, and will be able to provide you with an estimate of the total cost involved as per your request.

Pawnee reserves the right to deny your request to inspect and/or copy your record in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by our clinical director who will make a determination upon further review of your request.

You have the right to request an amendment:

If you believe that our records contain information about you that is incorrect or incomplete, a “**Request for Amendment**” (Form #039ADM02/06/03) must be completed in its entirety for Pawnee staff to process your

request. To obtain this form or for more information regarding this process, please contact the Medical Records clerk for the Pawnee office you are requesting the records from.

Pawnee may deny your request for an amendment if you fail to complete the required form in its entirety.

Pawnee may also deny your request if:

- ▶ you request us to amend information that was not created by us;
- ▶ your request is not part of the health information kept by or for Pawnee;
- ▶ your request includes information that Pawnee determined not to disclose (as above);
- ▶ the information is determined to be accurate and complete.

If your request for amendment is denied you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

You have the right to an Accounting of Disclosures:

An "Accounting of Disclosures" is a list of non-routine disclosures we make of health information about you as defined by law. To request this list, you must complete and submit a **"Request for Accounting of Disclosures" (Form #050ADM03/12/02)** to your Pawnee regional medical records department. To obtain this form or to obtain more information regarding this process, please contact your Pawnee regional medical records department. Your request must state the specific time period, which may not be longer than six years and may not include dates prior to April 14th, 2003. The first list you request within a 12- month period will be at no cost to you. For additional lists, Pawnee will charge you for the costs of providing the lists. We will notify you of the cost involved and allow you to choose to withdraw or modify your request at that time prior to any costs being incurred. **Please note that if there are no non-routine disclosures made for the period you specify, the accounting may result in no additional information to report.*

You have the right to request restrictions:

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You have the right to limit the health information that is disclosed about you to someone who is involved in your care or payment for your care, like a family member or friend.

Please note that Pawnee will automatically protect your health information until you authorize in writing specifically what information you wish to be disclosed-unless the information is necessary to provide you with emergency treatment or we are legally obligated to do so.

You have the right to request alternative methods of communications:

You have the right to request that we communicate with you about your services or treatment at Pawnee Mental Health Services in a certain manner or at a certain location. For example, you may request that we only contact you at work or by mail.

To request an alternative method of communication, you must complete an **"Alternate Communication form" (Form#044ADM2/25/03)** that provides specifically what information we need to meet your request. To obtain this form or to obtain more information about this process, please contact the Office manager for the regional office you are receiving services from. We will accommodate all reasonable requests and do not need to know the reason for your request. Your request must specify how or where you wish to be contacted.

If your request includes the use of e-mail, you must read and sign Pawnee's **e-mail informed consent form (Form# 046ADM2/25/03)**, which explains the risks and responsibilities involved in using this means of technology. Please note that Pawnee cannot guarantee the confidentiality of e-mail or that the intended recipient will respond to it. Only the e-mail address you authorize on the Alternative Communication form will be used or acknowledged. Pawnee staff will need your further authorization to make any changes to your e-mail address or how and when we may contact you.

You have the right to receive 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 received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy at our website, www.pawnee.org, or you may request a paper copy from the Pawnee Regional office nearest you.

You have the right to file a complaint with respect to the implementation of this notice or if you believe your rights as a client have been violated by Pawnee Mental Health Services. A verbal or written complaint may be filed directly with Pawnee Mental Health, attn: Jennifer Walters, HIPAA privacy officer, Quality and Resource Management 785-587-4346 or a written complaint may be filed with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

DISCLOSURE OF HEALTH INFORMATION WITHOUT SPECIFIC AUTHORIZATION

The following exceptions describe the various ways we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you will need to submit a request for restrictions in the manner described above.

Treatment: We may use information about you to provide you with comprehensive mental health services. We may disclose health information about you to our staff who are involved in your treatment. For example, if you are referred to services provided by another program or office of Pawnee Mental Health services, health information that is necessary to facilitate the transfer will be shared between these programs. In an emergency we may also disclose health information about you to people outside of Pawnee who may be involved in your care. For example, if a medical emergency were to occur on the premises of Pawnee, necessary health information will be shared with emergency medical staff to assure you appropriate treatment (i.e. drug allergies, current medications, known medical history). In psychiatric emergencies, health information will be shared with outside providers only to the extent that is necessary to access additional services or to facilitate admission to services.

Payment: We may use and disclose health information about you so that the treatment and services you receive at Pawnee may be billed to you, an insurance company or other third party for payment. For example, we may tell your health plan about what services have been recommended for your treatment at Pawnee so as to receive prior approval or to determine whether your plan will cover the service.

For Health Care Operations: We may use and disclose health information about you for our own internal operations. These uses and disclosure are necessary to run Pawnee and make sure that all of our clients receive quality care. For example, we may use your health information to review the treatment we provide and to evaluate the performance of our staff in providing these services to you. We may also remove information that identifies you from a set of health information so that others may use it to study mental health care service delivery without learning who specific clients are.

Appointment reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Pawnee. **Unless you direct us to do otherwise (please see alternative methods of communication above)**, we may leave messages on your telephone answering machine identifying ourselves and asking for you to return our call. We do not disclose any personal health information to any person other than you who answers your phone.

Pharmacies/Patient Assistance Program: If you receive medications from our mental health center, we may

need to contact your local pharmacy or drug company to disclose or verify health information about you to facilitate the dispensing of appropriate medications.

Surveys: We may use and disclose limited health information to contact you to assess your satisfaction with our services.

Business Associates: There are some services provided in our organization through contracts or arrangements with business associates. For example, we contract with an independent auditor as required by law to conduct annual audits within our mental health center. When these services are contracted, we may disclose your health information to our business associate to the extent that they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

Research: Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who receive one particular medication for their symptoms against another medication. All research projects are subject to an internal review process prior to their implementation and your consent is required for participation in any research project.

As required by Law: We will disclose health information about you when required to do so by federal, state or local law.

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 would only be to someone able to help prevent the threat.

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.

Employers: We may release health information about you to your employer or their agent if we provide health care services to you upon your request or at the request of your employer as a condition of payment for these services. In addition, services that are provided to conduct an evaluation that is a condition of your ongoing employment or to evaluation whether you have a work-related illness or injury is one such example. In these circumstances we will give you written notice as to what we will disclose to your employer. Any additional disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

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 Risks: We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability
- ▶ To report child abuse or neglect
- ▶ To report reactions to medications or problems with products
- ▶ To notify people of recalls of medications 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 as authorized by law.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections and

licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or 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 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.

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 Pawnee Mental Health
- ▶ 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 and Medical Examiners: We may release health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death.

National Security and Protective Services for the President and others: If required by law or due to a threat, we may release or disclose health information about you to authorized federal officials for purposes of national security.

Inmates/Persons in Custody: 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 or to law enforcement. This disclosure would be necessary for the institution to provide you with appropriate care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

Other uses of 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 authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, verbally, or in writing, at any time. If you choose to revoke your authorization we will no longer use or disclose health information about you for the reasons originally specified and/or to the entity you had specified. Of course, we are unable to take back any disclosure we have already made with your permission.

Changes 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 our offices. Any revised updates will indicate their effective date.

Acknowledgement: You will be asked to provide a written acknowledgement of your receipt of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain such acknowledgement from you. However, your receipt of care and treatment from Pawnee is not conditioned upon your providing the written acknowledgement.