

Notice of Privacy Practices for Attachment Center of Kansas

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

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how I may use and disclose your PHI in accordance with applicable federal and state laws. It also describes your rights regarding how you may gain access to and control your PHI.

I am required by law to maintain the privacy of PHI and to provide you with notice of my legal duties and privacy practices with respect to PHI. I am required to abide by the terms of this Notice of Privacy Practices. I reserve the right to change the terms of my Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that I maintain at that time. I will provide you with a copy of the revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW I MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. I may use or disclose PHI to those who are involved in you or your child's care for the purpose of providing, coordinating or managing treatment and related services only with your authorization. I may use and disclose your health information to a physician or other health or mental health care provider providing treatment to you.

For Payment. I may use and disclose PHI so that I can receive payment for the treatment services provided. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, I will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. I may use or disclose PHI in order to support my business activities including, but not limited to, quality assessment activities, credentialing activities, and conducting or arranging for other business activities. For example, I may share PHI with third parties that perform various business activities (e.g., billing or typing services) provided I have a written contract with the business that requires it to safeguard the privacy of PHI.

To Your Family and Friends. I may disclose PHI to a family member, friend, or other person to the extent necessary to help with behavioral healthcare or with payment for behavioral healthcare, but only if you agree that I may do so.

Persons Involved in Care. In the event of your incapacity or emergency circumstances, I will disclose PHI based on a determination using my professional judgment disclosing only PHI that is directly relevant to the person's involvement in your care and to notify or assist in the notification of {including identifying or locating} a family member, your personal representative, or another person responsible for your care of your location, your general condition or death.

Marketing Health -- Related Services. I will not use PHI for marketing communications without your written authorization.

Required by Law. Under the law, I must make disclosures of PHI to you upon your request. In addition, I must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining my compliance with the requirements of the Privacy Rule.

Public Health. As required by law, I may disclose PHI to public health or legal authorities charged with preventing or controlling disease, injury and disability.

Law Enforcement. I may disclose PHI for law enforcement purposes as required by law in response to a valid subpoena or other legal process.

Abuse or Neglect. I may disclose PHI to appropriate authorities if I reasonably believed that your child is a possible victim of abuse, neglect, domestic violence or other crimes without your consent. I am a mandated reporter of child abuse and neglect. I may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others without your consent. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

National Security. I may disclose PHI to military authorities under certain circumstances. I may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities. I may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of inmates or patients under certain circumstances.

Protective services for the President and others. I may disclose PHI about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

With Authorization. Uses and disclosures of PHI not specifically permitted by applicable law will be made only with your written authorization, which may be revoked in writing at any time. Unless you give me a written authorization, I cannot use or disclose your PHI for any reason except those described in this notice.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI I maintain about you:

Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that may be used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. You must make a request in writing to obtain access to your PHI. You may request that I provide copies in the format other than photocopies. I will use the format you request unless I cannot practicably do so. I will charge you a fee for expenses related to viewing and making copies of your PHI.

Right to an Accounting of Disclosures. You have the right to receive a list of instances in which I or my business associates disclose PHI for purposes other than treatment, payment, health care operations and certain other activities, for the last six years. If you request this accounting more than once in a 12-month period, I may charge you a fee for responding to these additional requests.

Right to Amend. If you feel that the PHI I have is incorrect or incomplete, you may ask me to amend the information although I am not required to agree to the amendment.

Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment or health care operations. I am not required to agree to your request, but if I do, I will abide by our agreement, except as stated in this notice.

Right to Request Confidential Communication. You have the right to request that I communicate with you about medical matters in a certain means or at a certain location. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation as to how payments will be handled under the alternative means or location you request.

Right to a Copy of this Notice. You have the right to a copy of this notice.

COMPLAINTS

If you believe I have violated your privacy rights, you have the right to file a complaint in writing to me or with the Secretary of Health and Human Services. I will not retaliate against you for filing a complaint.

Kim Cross, L.S.C.S.W.
Attachment Center of Kansas
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