

Developmental Services of Northwest Kansas, Inc.

Summary of Privacy Practices for Health Plans April, 2004

This Summary of Privacy Practices summarizes how health information about you may be used and disclosed by the DSNWK group health plans or others in the administration of your claims and certain rights that you have. At DSNWK, employee health plans covered by HIPAA include health, dental, prescription, and cancer insurance, medical spending accounts under the Cafeteria Plan, and the employee assistance plan.

For a complete, detailed description of all privacy practices, as well as your legal rights, please refer to the accompanying Notice of Privacy Practices for Health Plans.

Our Pledge Regarding Health Information

We are committed to protecting your health information. We are required by law to (1) make sure that any health information that identifies you is kept private; (2) provide you with certain rights with respect to your health information; (3) give you a notice of our legal duties and privacy practices; and (4) follow all privacy practices and procedures currently in effect.

How We May Use and Disclose Health Information About You

We may use and disclose your health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We will disclose your health information to employees of DSNWK for plan administration functions, but those employees may not share your information for employment-related purposes. We may also use and disclose your health information without your permission as allowed or required by law. Otherwise, we must obtain your written authorization for any other use and disclosure of your health information. We cannot retaliate against you if you refuse to sign an authorization or revoke an authorization you had previously given.

Your Rights Regarding Your Health Information

You have the right to inspect and copy your health information to request corrections of your health information and to obtain an accounting of certain disclosures of your health information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your health information, or that communications about your health information be made in different ways or at different locations.

How to File Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights. We will not retaliate against you for making a complaint. To file a complaint with us, contact the Privacy Officer, PO Box 1016, Hays, KS 67601. All complaints should be submitted in writing.