

DEVELOPMENTAL SERVICES OF NORTHWEST KANSAS, INC.

NOTICE OF PRIVACY PRACTICES FOR HEALTH PLANS

Effective: April 14, 2004

**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.**

This notice will tell you how DSNWK may use and disclose protected health information about you. Protected health information means any health information pertaining to DSNWK's group health plans that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as "medical information." In this notice, we simply call all of that protected health information, "health information."

Under HIPAA regulations, a health plan is an individual or group plan that provides or pays the cost of medical care. 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.

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

This Notice describes the legal obligations of Developmental Services of Northwest Kansas, Inc. (DSNWK) group health plans (Plan) and your legal rights regarding your health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices For Health Plans (the "Notice") to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the Privacy Officer, PO Box 1016, Hays, KS 67601 (785) 625-5678.

How We May Use and Disclose Health Information About You.

We use and disclose health information about you for a number of different purposes. Each of those purposes is described below. Under the law, we may use or disclose your health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose health information will fall within one of the categories.

- **For Treatment.**

We may use or disclose your health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about you to a medical professional's office about an injury that you incurred while at work.

- **For Payment.**

We may use or disclose your health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your health information with a utilization review or pre-certification service provider. Likewise, we may share your health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

- **For Health Care Operations.**

We may use and disclose your health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

- **Business Associates.**

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your health information, but only after they agree in writing, through a Business Associate agreement, to implement appropriate safeguards regarding your health information. For example, we may disclose your health information to a Business Associate to obtain a bid for health insurance coverage.

- **Required by Law.**

We will disclose your health information when required to do so by federal, state or local law. For example, we may disclose your health information when required by national security laws or public health disclosure laws.

- **To Avert Serious Threat to Health or Safety.**

We may use or disclose health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public (i.e. contact with law enforcement or notification of fire department, etc.).

We also may release health information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **To Plan Sponsors.**

For the purpose of plan administration, the Plan may disclose to health information to authorized employees of DSNWK. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **Organ and Tissue Donation.**

If you are an organ donor, we may disclose health information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **Military.**

If you are a member of the Armed Forces, we may use and disclose health information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

- **Workers' Compensation.**

We may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

- **Public Health Risks.**

We may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of:

- preventing or controlling disease, injury or disability.
- 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 that an individual (adult or child) 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/Disaster Relief.**

We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, planning, studies, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

- **Lawsuits and Disputes.**

If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information 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 Purposes.**

We may disclose health information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena as noted in Judicial and Administrative Proceedings section of this Privacy Notice.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances; 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 disclose health information about you to a coroner or medical examiner as authorized under law for purposes such as identifying a deceased person and determining cause of death. We may disclose health information about you to funeral directors, as necessary, for them to carry out their duties.

- **National Security and Intelligence.**

We may disclose health information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

- **Inmates**

We may disclose health information if you are an inmate of a correctional institution or are under the custody of a law enforcement official. We may disclose your health information to the correctional institution or law enforcement official, if 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 institutional.

Required Disclosures

The following is a description of disclosures of your health information which we are required to make.

- **Government Audits.**

We are required to disclose your health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

- **Disclosures to You.**

When you request, we are required to disclose to you the portion of your health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your health information except where the disclosure was for payment, treatment or health care operations, and where the health information was disclosed pursuant to your individual authorization.

Other Disclosures

- **Personal Representatives.**

We will disclose your health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- (2) treating such person as your personal representative could endanger you; or
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- **Authorizations.**

Other uses or disclosures of your health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights With Respect to Health Information About You.

You have the following rights with respect to health information that we maintain about you.

- **Right to Request Restrictions.**

You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about a surgery you had to your brother or sister.

We are not required to agree to any requested restriction as needed to carry out treatment, payment, or health care operations. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

To request a restriction, you may do so at any time. If you request a restriction, we ask that you submit your request in writing to the Privacy Officer, PO Box 1016, Hays, KS 67601. Your request should include: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

- **Right to Receive Confidential Communications.**

You have the right to request that we communicate your health information to you in a certain format (i.e. e-mail, telephone, letter) or at a certain location. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the Privacy Officer, PO Box 1016, Hays, KS 67601. Your request must state how or where you can be contacted.

We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your health information could endanger you. However, we may, if necessary, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- **Right to Inspect and Copy.**

You have the right to inspect and copy certain health information that may be used to make decisions about your health care benefits.

To inspect or copy your health information, you must submit your request in writing to the Privacy Officer, PO Box 1016, Hays, KS 67601. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a reasonable fee for the cost of copying, mailing, staff time, and other supplies associated with your request.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

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

If we deny your request, we will inform you of the reason for the denial, how to appeal the denial, and how to register a complaint. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

Any subsequent use of the information is your responsibility.

- **Right to Amend.**

If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask us to amend your health information. You have this right for as long as the health information is maintained by us.

To request an amendment, you must submit your request in writing to the Privacy Officer, PO Box 1016, Hays, KS 67601. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend your health information. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- a. is not part of the medical information kept by or for the Plan;
- b. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- c. Is not part of the health information that you would be permitted to inspect or copy;
or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the reason for the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed two pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved.

You also will have the right to register a complaint about our denial of your request.

- **Right to an Accounting of Disclosures.**

You have the right to receive an accounting of disclosures of your health information. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2004.

Certain types of disclosures are not included in such an accounting:

- a. To carry out treatment, payment and health care operations;
- b. Of your health information made to you;
- c. That are incidental to another use or disclosure;
- d. That you have authorized;
- e. disclosures made to friends or family in your presence or because of an emergency;
- f. For disaster relief purposes;

- g. For national security or intelligence purposes;
- h. To correctional institutions or law enforcement officials;
- i. That are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Made prior to April 14, 2004.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer, PO Box 1016, Hays, KS 67601. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic).

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to a Copy of this Notice.**

You have the right to obtain a paper copy of our Notice of Privacy Practices for Health Plans. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices for Health Plans at any time.

You may obtain a copy of our Notice of Privacy Practices for Health Plans over the Internet at our web site, www.dsnwk.org.

To obtain a paper copy of this notice, contact the Privacy Officer, PO Box 1016, Hays, KS 67601, (785) 625-5678.

Reasonable accommodations will be made to provide the document in other forms: Braille copy, tape recording, translations, or sign language.

Our Duties

- **Generally.**

We are required by law to maintain the privacy of your health information and to provide individuals with notice of our legal duties and privacy practices with respect to health information.

We are required to abide by the terms of our Notice of Privacy Practices for Health Plans in effect at the time.

- **Our Right to Change Notice of Privacy Practices for Health Plans.**

We reserve the right to change this Notice of Privacy Practices for Health Plans. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

Whenever there is a material change to the uses or disclosures, the individual's rights, our legal duties, or other privacy practices stated in the notice, the Privacy Officer shall cause the Notice of Privacy Practices for Health Plans to be promptly revised and distributed within 60 days. In addition, plans must provide notice of availability of the privacy notice at least once every three years.

- **Availability of Notice of Privacy Practices for Health Plans.**

A copy of our current Notice of Privacy Practices for Health Plans will be posted at each DSNWK office and developmental center. A copy of the current notice will also be posted on our web site, www.dsnwk.org.

At any time, you may obtain a copy of the current Notice of Privacy Practices for Health Plans by contacting the Privacy Officer, PO Box 1016, Hays, KS 67601, (785) 625-5678.

- **Effective Date of Notice.**

The effective date of the notice will be stated on the first page of the notice.

- **Complaints.**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact the Privacy Officer, PO Box 1016, Hays, KS 67601. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be penalized, or in any other way retaliated against for filing a complaint with us or with the Office of Civil Rights.

- **Questions and Information.**

If you have any questions or want more information concerning this Notice of Privacy Practices for Health Plans, please contact the Privacy Officer, PO Box 1016, Hays, KS 67601 (785) 625-5678.