

**DEVELOPMENTAL SERVICES OF NORTHWEST KANSAS, INC.**

**NOTICE OF PRIVACY PRACTICES**

**Effective: April 14, 2003**  
**Revised: September 9, 2008**

**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.**  
*[45 CFR §164.520(b)(1)(i)]*

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you 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.”

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.

**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.

● **For Treatment.** *[45 CFR §164.520(b)(1)(ii)(A)]*

We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may disclose health information about you to doctors, nurses, qualified mental retardation professionals (QMRPs), case managers, psychologists, social workers, direct support staff and agency staff, volunteers and other persons who are involved in supporting you or providing care. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and carry out your individual life plan. Staff may share the minimum necessary information to coordinate needed services, such as medical tests, transportation to a doctor’s visit, physical therapy, etc. In addition, we may use and disclose your health information to communicate with governmental entities to enhance, increase or maintain the current level of funding for your services.

- **For Payment.** *[45 CFR §164.520(b)(1)(ii)(A)]*

We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payor, such as Medicaid or other state agency (for example, the Kansas Department of Social and Rehabilitation Services (SRS)), or your insurance company. For example, we may need to provide Kansas Medicaid with information about the services we provide to you so we will be reimbursed for those services. We also may need to provide Kansas Medicaid with information for eligibility purposes.

- **For Health Care Operations.** *[45 CFR §164.520(b)(1)(ii)(A)]*

We may use and disclose health information about you for our own operations. This is necessary for us to operate DSNWK and to maintain quality for persons served. For example, we may use health information about you to review the services we provide and the performance of our employees supporting you. We may disclose health information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.

- **Appointment Reminders.** *[45 CFR §164.520(b)(1)(iii)(A)]*

We may use and disclose your health information to contact and remind you of appointments.

- **Treatment and Service Alternatives.** *[45 CFR §164.520(b)(1)(iii)(A)]*

We may use and disclose your health information to contact you about treatment and service alternatives that may be of interest to you.

- **Health Related Benefits and Services.** *[45 CFR §164.520(b)(1)(iii)(A)]*

We may use and disclose your health information to contact you about health-related benefits and services that may be of interest to you.

- **Marketing Communications.** *[45 CFR §164.501; 45 CFR §164.508(a)(3)]*

We may use and disclose your health information to communicate with you about product or service options that may be available to you (brochures, videos). This may be:

- To describe a health-related product or service that is provided by us;
- For your treatment;
- For case management or care coordination for you;

- To direct or recommend alternative treatments, therapies, health care providers, or care settings.

These communications may be in written form, by e-mail, telephone, or in person.

All other use and disclosure of health information about you for marketing purposes will be done only with your written authorization.

- **Fundraising.** *[45 CFR §164.520(b)(1)(iii)(B)]*

We may use and disclose health information about you to raise funds for DSNWK. We may disclose health information to a business associate of DSNWK or a foundation related to DSNWK so that business associate or foundation may contact you to raise money for the benefit of individuals we provide services to. We will only release demographic information, such as your name and address and the dates you received treatment or services from DSNWK. If any other information is used for fundraising purposes, a written authorization will be required (example: if a personal story or picture is used an authorization will be required). If you do not want DSNWK or its foundation to contact you for fundraising, you must notify in writing, DSNWK Director of Development, PO Box 1016, Hays, KS 67601.

- **Required by Law.** *[45 CFR §164.512(a)]*

We may use or disclose health information about you when we are required to do so by law.

- **Public Health Activities.** *[45 CFR §164.512(b)]*

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. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

- **Victims of Abuse, Neglect or Domestic Violence.** *[45 CFR §164.512(c)]*

We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law or regulation; (b) agreed to by you or your personal representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure. Every agent of DSNWK is a required reporter.

- **Health Oversight Activities/Disaster Relief.** *[45 CFR §164.512(d)]*

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 appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

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.

- **Judicial and Administrative Proceedings.** *[45 CFR §164.512(e)]*

We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process. You will be notified in writing of the request.

- **Disclosures for Law Enforcement Purposes.** *[45 CFR §164.512(f)]*

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.

- **Coroners and Medical Examiners.** *[45 CFR §164.512(g)(1)]*

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.

- **Funeral Directors.** *[45 CFR §164.512(g)(2)]*

We may disclose health information about you to funeral directors as necessary for them to carry out their duties.

- **Organ, Eye or Tissue Donation.** *[45 CFR §164.512(h)]*

Although it is very unlikely we would need to facilitate an organ, eye or tissue donation, 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.

- **To Avert Serious Threat to Health or Safety.** [45 CFR §164.512(j)]

We may use or disclose protected 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 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.

- **Military.** [45 CFR §164.512(k)(1)]

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.

- **National Security and Intelligence.** [45 CFR §164.512(k)(2)]

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.

- **Protective Services for the President of the United States.** [45 CFR §164.512(k)(3)]

We may disclose health information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

- **Inmates; Persons in Custody.** [45 CFR §164.512(k)(5)]

We may disclose health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

- **Workers Compensation.** [45 CFR §164.512(l)]

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.

- **Other Uses and Disclosures.**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the Privacy Officer, PO Box 1016, Hays, KS 67601 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions we took while it was still in effect.

### **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.** [45 CFR §164.520(b)(iv)(A); 45 CFR §164.522(a)(1)]

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 you 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.** [45 CFR §164.520(b)(iv)(B); 45 CFR §164.522(b)(1)]

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 your request. 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.** *[45 CFR §164.520(b)(iv)(C); 45 CFR §164.524]*

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of your health information.

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 fee for the cost of copying and, if you ask that it be mailed to you, the cost of mailing.

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 health information if the health information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

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.** *[45 CFR §164.520(b)(iv)(D); 45 CFR §164.526]*

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. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the health information maintained by us;
- c. Would not be available for you 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.** *[45 CFR §164.520(b)(iv)(E); 45 CFR §164.528]*

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, 2003.

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. To persons involved in your care;
- 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, 2003.

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, 2003.

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.** *[45 CFR §164.520(b)(iv)(F)]*

You have the right to obtain a paper copy of our Notice of Privacy Practices. 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 at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, [www.dsnwk.org](http://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. [45 CFR §164.520(b)(v)(A)]

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time. [45 CFR §164.520(b)(v)(B)]

- **Our Right to Change Notice of Privacy Practices.**

We reserve the right to change this Notice of Privacy Practices. 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 to be promptly revised, made available on request and distributed. [45 CFR §164.520(b)(v)(C)]

- **Availability of Notice of Privacy Practices.**

A copy of our current Notice of Privacy Practices will be posted at each DSNWK office and developmental center. A copy of the current notice also will be posted on our web site, [www.dsnwk.org](http://www.dsnwk.org).

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

- **Effective Date of Notice.** [45 CFR §164.520(b)(b)(vii)]

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 (785) 625-5678. 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.

There will be no retaliation for filing a complaint.

- **Questions and Information.**

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