

**CENTER FOR INDEPENDENT LIVING SOUTHWEST KANSAS  
NOTICE OF USE OF PRIVATE HEALTH INFORMATION**

**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.**

The Center for Independent Living Southwest Kansas (CILSWKS) understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. This policy applies to CILSWKS employees, staff, personal care assistants, and volunteer. The following is a notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at CILSWKS, please contact the Executive Director.

**A. What is Health Information?**

Information that relates to the past present or future physical or mental health condition(s) of an individual, provision of health care services in the past present or future that were acquired orally or in a written medium that is created or received by a health care provider, health plan public health authority, housing, employer, insurer, school, university or service provider dealing with issues of your health.

**B. How CILSWKS May Use or Disclose Your Health Information.**

The following categories describe the ways CILSWKS may use and disclose your health information, as part of our normal operations to assist you, ***without asking you for permission***. For each category of uses and disclosures, we will explain what we mean and present some examples. In each category we will only disclose the minimum amount of information needed to accomplish the task. Not every use or disclosure in a category will be listed. However, the ways we are permitted to use and disclose information will fall within one of the categories.

**1. Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services received from providers, determine program responsibilities for benefits, and to coordinate program benefits. For example, payment functions may include reviewing the medical necessity for health care services, reviewing a plan of care for payment to one of CILSWKS community partners such as a Community Developmental Disability Organization, a Community Mental Health Center, a Regional Alcohol and Drug Abuse Treatment Center, just to mention a few. We may also use or disclose health information to facilitate proper payment for treatment such as providing your Medicaid identification number to a health care provider, a pharmacy or other health provider who has an agreement with CILSWKS to provide services to our clients/patients.

**2. Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action, a child custody hearing, or establishing paternity.

**3. Disclosures about Victims of Abuse, Neglect or Domestic Violence.** We may disclose protected health information about an individual who we reasonably believe is a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

**4. Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the Agency programs. Examples would be sharing health information with the Kansas Department of Health and Environment for their licensure activities involving child care centers or nursing home facilities.

**5. Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.

**6. Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or complying with court order or subpoena and other law enforcement purposes.

**7. Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**8. Worker's Compensation.** We may disclose your health information as necessary to comply with Worker's Compensation or similar laws.

**9. Marketing/Grant Writing.** We may provide health information to other state or local agencies that may contact you to give you information about health related benefits and services that may be of interest to you.

**10. Appointment Reminders.** We may use and disclose your health information to contact you with appointment reminders for treatment or services provided by CILSWKS.

**11 . Research Activities.** We may disclose health information about you for research purposes.

## **B. When CILSWKS May Not Use or Disclose Your Health Information.**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

## **C. Statement of Your Health Information Rights**

- 1. Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. CILSWKS is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing.
  - 1. Request for restriction must contain:** what you want to limit; whether you want to limit are use, disclosure, or both; and to whom you want limits applied such as your personal care attendants or family members.
  - **Termination of restriction** we reserve the right to terminate our agreement to the restriction in event of an emergency or safety purposes. We will inform you of this in writing. You may also terminate restrictions by notifying us in writing.
- 2. Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing.
- 3. Right to Inspect and Copy.** You have the right to inspect and copy health information about you that may be used to make decisions about services provided. To inspect and copy such information, you must submit your request in writing to CILSWKS. If you request a copy of the information we may charge you a reasonable fee to cover expenses associated with your request.
  - **We may deny your request** to inspect and copy if we have been restricted by other agency to allow you access to the information in this case you should contact the original source for access to your health information.
- 4. Right to Request Amendment.** You have the right to request that CILSWKS amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to CILSWKS.
  - **We may deny your request** to amend if the information was not created by CILSWKS, it is not part of the information we maintain, it is part of the information you would not be allowed to inspect or copy
- 5. Right to an Accounting of Disclosures.** You have the right to receive a list of "accounting of disclosures" of your health information made by us, except that we do not have to account for disclosures made for purposes described in Section A 1-3, of this document, disclosures authorized by you or disclosures made to you. To request this list of disclosures you must submit your request in writing to CILSWKS.

**6. Right to Paper Copy.** You have a right to receive a paper copy of this Notice Of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the local contact of CILSWKS. You may also obtain a copy of this Notice at our website, [www.cilswks.org](http://www.cilswks.org)

**D. Changes to this Notice of Privacy Practices**

CILSWKS reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, CILSWKS is required by law to comply with the current version of this Notice.

**E. Complaints**

If you believe your privacy rights have been violated you may take the following actions:

1. File a written complaint with CILSWKS by contacting the Executive Director.
2. File a written complaint with the Office for Civil Rights, Secretary of the Department of Health and Human Services, 601 East 12th Street - Room 248, Kansas City, Missouri 64106.

You will not be retaliated against for filing a complaint. Your health care services and/or benefits will not be affected in any way.

This Notice of Privacy Practice is effective 10/1/2003.

By signing this document you acknowledge that you have received notice of your privacy rights regarding use and disclosure as defined under HIPAA. For children under the age of 18, the parent or legal guardian must sign

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian (if applicable)

\_\_\_\_\_  
Date