



NOTICE OF INFORMATION PRACTICES

The Center maintains client records consisting of personal, financial, social, and medical information. This information is used for diagnosis and treatment and for healthcare operations. The Health Insurance Portability and Accountability Act (HIPAA) establishes Privacy Rules that govern the uses and disclosures of this information as do certain Kansas statutes and regulations. We will not use or disclose health information about you without your consent or authorization, except as described in this notice or otherwise required or allowed by law.

The Center is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

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

USES AND DISCLOSURES OF HEALTH INFORMATION

Routine Types of Disclosures

- Treatment of client: for use by a physician, nurse or other member of your healthcare team to determine the best course of treatment for you. Healthcare providers will respond to clients' voice mail with return calls and may leave messages.*
- Third-party payers (insurance companies and governmental funding agencies): for use in payment collection and may include the diagnosis, treatment received, and date of treatment. (K.S.A. 65-5603)*
- Health professionals or subsequent healthcare provider: to assist in your care after you are no longer being treated by this facility or in addition to this facility. Contacts with referring healthcare professionals and pharmacies if indicated.*
- Officers of the court: When treatment is a requirement of the court, health information will be disclosed to the appropriate agencies as required by law.*
- Children's Services: Specified client records to designated agencies or individuals as indicated on the Interagency Authorization for Release of Information.*
- To medical personnel when a medical condition poses an immediate threat to the health of the client and/or emergency medical intervention is warranted.

Non-Routine Types of Disclosures

- Communications with family/significant others: Using our best judgment, we may disclose to a family member, other relative, or to a close personal friend, health information relevant to that person's involvement in your care or payment related to your care.*
- Schools: In a collaborative effort to provide treatment to a minor, testing results and information gathered in therapeutic assessments may be disclosed.*
- Public health agency: We may disclose (if required by law) to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Suspected child or dependent adult abuse.
- Law enforcement: Health information may be disclosed in response to a valid court order.
- Employee Assistance Program/Employer: Limited health information may be disclosed to the extent necessary to comply with applicable laws when treatment is at the request or referral of an employer.*
- Workers compensation: We may disclose health information to the extent authorized and to the extent necessary to comply with laws relating to workers compensation.*
- Certain qualified individuals or organizations may have access to client records for audit or evaluations for them to determine our compliance with state and federal regulations.
- Business associates: We provide some services through collaboration with other human service agencies. We also have Business Associate Contracts or Chain of Trust Partner Agreements with other organizations to provide safeguards for protected health information disclosures, required to conduct the Center's operations in providing client care and services.

The items listed above are examples of uses and disclosures. This is not a complete list. If you have a question concerning disclosure, please contact our Privacy Officer.

Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures involving a sale of protected health information require authorization. An authorization may be revoked in accordance with 45 C.F.R. § 164.508(b)(5).

(* Notes that an Authorization form for The Center to release protected health information is signed by client, or client's legal representative prior to release.

YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION TECHNOLOGY

The CrossWinds Counseling & Wellness participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to **all** of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD

Although health records about you are the Center's property, you have certain rights with regard to the information contained therein as follows:

You have the right to obtain a copy of this Notice of Information Practices. The Notice is available to you in paper form and is posted on our website at www.crosswindsks.org. Upon request, the Center will also provide you with a paper copy of this Notice, even if you have elected to receive the notice electronically.

You have the right to receive confidential communications of protected health information as provided by 45 C.F.R. § 164.522(b), as applicable.

You have the right to inspect and obtain a copy of health information about you upon written request. This right is not absolute and in certain situations, we can deny access if access might cause harm to the client or another individual. You do not have a right to access information in our records that was generated by an entity other than the CrossWinds. Psychotherapy notes, separated from the medical record or information that was obtained from someone other than a healthcare provider under a promise of confidentiality, are not covered by this right to access.

In other situations, when access to mental health information is denied, the Center will inform you of the reason for denying access and how to seek a review of that decision. The reviewable grounds for denial include but are not limited to:

- The access is reasonably likely to endanger the life or physical safety of the individual or another person, as determined by a qualified mental health professional.
- The health information makes reference to another person and such information is likely to cause substantial harm to the other person, as determined by a qualified mental health professional.
- The request is made by the individual's designee and providing the information to the designee is likely to cause substantial harm to the individual or another person, as determined by a qualified mental health professional.

For these reviewable grounds, the Executive Director will review the decision of the provider denying access, and provide the client a written explanation of the reason(s) for denial within 60 days.

If you request an electronic copy of protected health information that is maintained electronically in one or more designated record sets, the Center will provide you access to the electronic information in electronic form and format request, if it is readily producible or, if not, in a readable electronic form and format agreed to by you and the Center.

You have the right to request a correction or amendment to health information about you. We do not have to grant the request if the record was not created by the Center. In such instances, you must seek correction or amendment from the agency creating the record. If they correct or amend the information, we will file the change in our record. We do not have to grant the request if the record is accurate and complete, or if the record is not available to you as described immediately above. If your request for correction or amendment is denied, the Center will inform you of the reason for denying access. If the request for correction or amendment to the record is granted, the change will be made to our record, and the correction/amendment distributed to those you identify to us as needing the information. When appropriate, the correction or amendment may be distributed to other entities, as defined in the Uses and Disclosures section of this Notice.

You have the right to request restriction on uses and disclosures of health information about you for treatment, payment, and health care operations, and communications by alternate means. “Health care operations” consist of activities that are necessary to carry out the operations of the Center, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law like mandatory reporting of child and adult abuse, and in those cases, you do not have a right to request restriction. The Consent to use and disclose individually identifiable health information form includes an option to request restriction. We do not, however, have to agree to the restriction. If the restriction is granted, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request. Refer to the consent form.

You may request the Center not to disclose protected health information about you to a health plan if: The Center must agree to your request to rest(1) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and (2) the protected health information pertains solely to a healthcare item or service for which you, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

You have the right to obtain an accounting of “non-routine” uses and disclosures, other than those for treatment, payment, and health care operations. However, we do not need to provide an accounting of uses and disclosures made prior to 4-14-2003 and for:

- The facility directory, or to persons involved in the individual’s care as provided in 164.510 (uses and disclosures requiring an opportunity for the individual to agree or object, including notification to family members, personal representatives, or others responsible for the care of the individual).
- National security or intelligence purposes under 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object, see chapter 16).
- Those made to correctional institutions or law enforcement officials under 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).

After receipt of a valid, written request for non-routine accounting, we will provide the accounting within 60 days. The accounting will include the date of each disclosure, the name and address of the entity who received the health information, a brief description of the information disclosed, and a brief statement of the purpose of the disclosure that informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of a written request for disclosure.

You have the right to be notified following a breach of unsecured protected health information.

You have the right to revoke your consent or authorization to use or disclose health information in accordance with 45 C.F.R. § 164.508(b)(5), except to the extent that we have already taken action in reliance on the consent or authorization.

HOW TO CONTACT US:

If you have questions about this policy or related matters, please contact our Privacy Officer or Executive Director at 1000 Lincoln, Emporia, KS 66801, 1-800-279-3645 or 620-343-2211.

If you believe your privacy rights have been violated, you can file a complaint with the CrossWinds’ Privacy Officer or Executive Director at the address above; or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**Help is available at all times for emergency or crisis situations by calling these numbers:
1-866-330-3310, 620-343-2626, or 620-343-2211**

THE CENTER IS REQUIRED TO ABIDE BY THE TERMS OF THIS NOTICE AS CURRENTLY IN EFFECT. WE RESERVE THE RIGHT TO CHANGE OUR INFORMATION PRACTICES, AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, YOU HAVE THE RIGHT TO REQUEST A COPY OF THE NEW NOTICE, WHICH SHALL BE POSTED, BE AVAILABLE FOR COLLECTION AT ALL OF THE CENTER’S LOCATIONS, AND AVAILABLE ELECTRONICALLY AT www.crosswindsks.org. THE NOTICE MAY ALSO BE PROVIDED IN OTHER MANNERS IN ACCORDANCE WITH RELEVANT FEDERAL AND STATE LAWS.