



2919 W Second St • Wichita, KS 67203 • (316) 943-1191

www.arc-sedgwickcounty.org

September 8, 2004

To Individuals receiving services at The Arc, Parents or Guardians:

The Arc of Sedgwick County is a community service provider in Sedgwick County that provides services to children and adults with developmental disabilities. We are required to comply with the federal law called the Health Insurance Portability and Accountability Act (HIPAA) that went into effect on April 14, 2003. Although we do not consider The Arc a provider of health care, we meet the HIPAA guidelines because of the electronic billing of Medicaid for services and the health information we have in the files for our clients.

Although we have policies currently in place regarding the protections and release of confidential information such as personal information or medical records, these new policies are broader. HIPAA requires us to look at all our internal processes to ensure that we are in compliance with this new federal regulation.

To comply with HIPAA, we must develop and provide a Notice of Privacy Practices to all persons who currently receive case management and other services from The Arc as well as all those clients in the future. The enclosed information explains how The Arc staff will use and disclose, "protected health information". Any release of information outside of these areas will require a signed authorization specific to that purpose. This can be information to be released in any medium or form – oral, paper, e-mail, computer, faxes or other electronic means.

A copy of the Notice of Privacy Practices is enclosed for your careful review. This copy is for you to keep for your own records. Also enclosed is a form titled "Acknowledgement of Receipt of Notice of Privacy Practices in Compliance with HIPAA Regulations". Please sign this form after reading the Notice of Privacy Practices and return it to us at The Arc. If you have any questions, please feel free to call me at 943-1191 ext. 111

Rich Hammar
HIPAA Privacy Officer



NOTICE OF PRIVACY PRACTICES

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 Arc of Sedgwick County understands that information we collect, use or disclose about your health is personal. We are committed to protecting your health information and following all laws regarding the use of your health information. The following is a notice of our legal duties and privacy practices with respect to your health information.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

The following list describes the ways The Arc of Sedgwick County may use and disclose your health information as part of our normal operations and without asking you for permission. For each category, we will explain what we mean and give an example. In each category, we will only obtain or disclose the minimum amount of information needed to accomplish the task. Not every use or disclosure will be listed. However, the uses or disclosures that we are allowed will fall into one of the following categories.

1. Treatment

We may share health information about you to coordinate or manage the services, supports or health care provided by us or other providers. We may disclose health information about you to qualified mental health professionals, such as but not limited to, psychologists or psychiatrists, doctors, nurses, social workers, your service coordinator (case manager), teachers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care/services. We may consult with other agencies concerning you and your care and in doing so share your health information. For example, staff may discuss your information to review your request for admissions, develop and carry out your Person Centered Support Plan, review your plan with the Behavior Management Committee or review incident reports. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor's visit, physical therapy, etc. Staff may need to disclose health information to entities outside of our organization, such as, the Sedgwick County Developmental Disability Organization (SCDDO), COMCARE, SRS, etc. to discuss your needs and services or to obtain new services for you.

2. Payment

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 payer, such as Medicaid or COMCARE, or your insurance company. For example, we may need to provide the state Medicaid program or COMCARE information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure

you are eligible for the medical assistance program.

3. Health Care Operations

We may use and disclose health information about you for our own operations. These are necessary for us to operate The Arc of Sedgwick County and to maintain quality services. 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 certification, licensing/contract, case planning, monitoring activities (e.g. SRS, SCDDO) or for quality assurance activities (e.g. SRS, SCDDO or The Arc of Sedgwick County).

4. How We Will Contact You.

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. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 5 of this notice.

5. Appointment Reminders

We may use and disclose health information about you to contact you to remind you of an appointment for treatment or services.

6. Treatment and Service Alternatives

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

7. Health Related Benefits and Services

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

8. Marketing Communications

We may use and disclose health information about you to communicate with you about a service to encourage you to purchase this service. This may be:

- To describe a health-related service that is provided by us;
- For your treatment/services;
- For case management or care coordination for you;
- To direct or recommend alternative treatments/services, therapies, health care providers, or settings for care.

We may communicate to you about services in a face-to-face communication. We also may communicate about services in the form of a promotional gift of nominal value.

All other use and disclosure of health information about you by us to make a communication about a service to encourage the purchase or use of a service will be done only with your written authorization.

9. Fundraising

We may use and disclose limited health information about you to raise funds for The Arc of Sedgwick County. We will only release demographic information, such as your name, name of

THE ARC OF SEDGWICK COUNTY NOTICE OF PRIVACY PRACTICES, *continued*

parent/guardian, addresses and telephone numbers. If you do not want The Arc of Sedgwick County to contact you for fundraising, you must notify the Executive Director, 2919 W. Second St., Wichita, KS 67203 in writing.

10. Disclosures to Family and Others

We may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify the Director of Client Services or tell our staff member who is providing services to you.

11. Disaster Relief

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. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

12. Judicial and Administrative Proceedings.

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 but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

13. Law Enforcement

We may release health information about you as required by law:

- In response to a court, grand jury, or administrative order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of a criminal conduct;
- About criminal conduct at The Arc;
- In emergency circumstances to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed the crime.

14. Disclosures about Victims of Abuse, Neglect or Domestic Violence

We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, exploitation, or domestic violence, if we believe you are a victim of abuse, neglect, exploitation, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (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 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.

15. Public Health

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. We will also report to one that is authorized to receive reports of child/adult abuse, neglect and/or exploitation. This 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.

16. Health Oversight Activities

We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, 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.

17. Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for them to carry out their duties.

18. 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 and safety of a particular person or the general public.

19. 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.

20. Protective Services for the President

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.

21. Inmates; Persons in Custody

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/services to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

20. Worker's 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.

21. Marketing Communication

We may use and disclose health information about you to communicate with you about a service to encourage you to purchase this service. This may be:

THE ARC OF SEDGWICK COUNTY NOTICE OF PRIVACY PRACTICES, *continued*

- To describe a health-related service that is provided by us;
- For your treatment/services;
- For case management or care coordination for you;
- To direct or recommend alternative treatments/services, therapies, health care providers, or settings for care.

We may communicate to you about services in a face-to-face communication. We also may communicate about services in the form of a promotional gift of nominal value.

All other use and disclosure of health information about you by us to make a communication about a service to encourage the purchase or use of a service will be done only with your written authorization.

22. Research Activities

We may disclose health information about you for research purposes. Before we disclose health information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your health information. We may, however, disclose health information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no health information will leave The Arc of Sedgwick County during the person's review of the information.

23. 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 Director of Case Management, 4500 W. Maple, Wichita, KS 67209 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

1. Right to Request Restrictions

You have the right to request restrictions on certain uses and disclosures of your health information. The Arc of Sedgwick County however is not required to agree to the restrictions that you request. If you would like to make a request for restriction, you must request your restriction in writing to the privacy officer listed at the end of this privacy notice.

2. Right to Receive Confidential Communications

You have the right to request that we communicate health information about you to you in a certain way or at a certain location. 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 HIPAA Officer, 2919 W. Second St., Wichita, KS 67203. 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.

3. Right to Inspect and Copy

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

To inspect the information contained in your own file contact The Arc's HIPAA Officer and specify what information you want to review. To obtain a copy of health information about you, you must submit your request in writing to the HIPAA Officer, 2919 W. Second St., Wichita, KS 67203. Your request should state specifically what health information you want copied. If you request a copy of the information, we may charge a fee for the costs 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 the copy.

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 basis for the denial, how you may have our denial reviewed, and how you may complain. 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.

If you request a copy of any health information, we may charge you a reasonable fee to cover expenses associated with your request.

4. Right to Request Amendment

You have the right to ask us to amend health information about you. You have this right for so long as the health information is maintained by us.

To request an amendment, you must submit your request in writing to Director of Case Management, 4500 W. Maple, Wichita, KS 67209. 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.

THE ARC OF SEDGWICK COUNTY NOTICE OF PRIVACY PRACTICES, *continued*

We may deny your request to amend health information about you. 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 basis for the denial. You will have the right to submit a statement of disagreement with our denial. Your statement may not exceed two (2) 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 complain about our denial of your request.

5. Right to Accounting of Disclosures

You have the right to receive an accounting of disclosures of health information about you. 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. Disclosures to carry out treatment/services, payment and health care operations;
- b. Disclosures of your health information made to you;
- c. Disclosures that are incidental to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials;
- i. Disclosures 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. Disclosures 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.

THE ARC OF SEDGWICK COUNTY NOTICE OF PRIVACY PRACTICES, *continued*

To request an accounting of disclosures, you must submit your request in writing to the HIPAA Officer, 2919 W. Second St., Wichita, KS 67203. 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.

6. Right to Paper Copy

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.arc-sedgwickcounty.org.

To obtain a paper copy of this notice in person or request a copy by mail, contact the receptionist at The Arc of Sedgwick County, 2919 W. Second St., Wichita, KS, 67203.

OUR DUTIES

1. Generally

We are required by law to maintain the privacy of health information about you 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 in effect at the time.

2. 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 the health information created or received by us prior to the effective date of the new notice.

3. Availability of Notice of Privacy Practices

The Arc of Sedgwick County's Notice of Privacy Practices shall be prominently posted on The Arc of Sedgwick County's web site and made available electronically through the web site.

A copy of our current Notice of Privacy Practices will be posted at The Arc's office at 2919 W. Second St., Wichita, KS 67203.

THE ARC OF SEDGWICK COUNTY NOTICE OF PRIVACY PRACTICES, *continued*

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting the receptionist, 2919 W. Second St., Wichita, KS 67203, (316) 943-1191.

4. Effective Date of Notice

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

5. Complaints

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

1. File a complaint with The Arc of Sedgwick County's Privacy Officer by submitting a written complaint to The Arc of Sedgwick County, Attention: HIPAA Officer, 2919 West Second St. Wichita Ks 67203. (316) 943-1191
2. File a complaint with the Secretary of the Department of Health and Human Services at (877) 696-6775 or write them at c/o Office of Civil Rights, 200 Independence Ave. S.W., Washington, D.C. 20201.

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



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www.arc-sedgwickcounty.org

Acknowledgement of Receipt of Notice of Privacy Practices In compliance with HIPAA regulations

This is to acknowledge my receipt of The Arc of Sedgwick County's Notice of Privacy Practices on the dates stated below.

Date of signature

Signature of individual or
Personal Representative

Name of Person Served _____

Address of person served

Name of Personal Representative _____
(If Applicable)

Description of Representative's Authority to Act for the Person Served
(If applicable)