

Acknowledgement of Receipt of Privacy Notice

I have been given a copy of Bert Nash CMHC notice of privacy practices which describes how my health information is used and my rights as a client. I understand Bert Nash CMHC has the right to change this notice at any time. I may obtain a current copy by contacting Bert Nash CMHC.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

Client's printed name

Signature of Client or Legal Representative

Date

If signed by legal representative, relationship to client:

ORIGINAL: Client's Medical Record

Notice of Privacy Practices for Protected Health Information

Effective 4/14/2003

BERT NASH COMMUNITY MENTAL HEALTH CENTER, INC.
200 MAINE, SUITE A, LAWRENCE, KS 66044

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.

DEFINITIONS

- **Agency:** Bert Nash Community Mental Health Center, Inc. (The Center)
- **Health Information:** Information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- **PHI:** Protected Health Information

USE AND DISCLOSURE OF HEALTH INFORMATION

The Center may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations. The Center has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment: With your consent the Center may use your health information to coordinate care within the Center and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Center in coordinating care.

To Obtain Payment: The Center may include your health information in invoices to collect payment from third parties for the care you receive from the Center.

For example, the Center may be required by your health insurer to provide health information so that the insurer will reimburse you or the Center. The Center also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for mental health services that will be provided to you.

To Conduct Health Care Operations: The Center may use and disclose health information for its own operations in order to facilitate the function of the Center and as necessary to provide quality care to all of the Center's clients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and clients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Center.
- Fundraising for the benefit of the Center.

For example, the Agency may use your health information to evaluate its staff performance, combine your health information with other Center clients in evaluating how to more effectively serve all Center clients, or to disclose your health information to Center staff and contracted personnel for training purposes.

For Appointment Reminders: The Center may use and disclose your health information to contact you as a reminder that you have an upcoming appointment.

Other Uses and Disclosures

Emergencies: using our best judgment, we may disclose to another health care agency health information relevant to treating the emergent situation

Reporting Agencies: we may disclose your health information to public authorities to report abuse or neglect as allowed by law

Law Enforcement: We may disclose your health information in the course of a judicial proceeding with your consent, or as directed by a valid court order

Other uses and disclosures not described in this notice will be made only as authorized by law or with your written authorization. You may revoke any authorization at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information the Center maintains:

- **Right to request restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Center's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Center is not required to agree to your request. The Center may not be able to honor this request if you require emergent crisis treatment.
- **Right to receive confidential communications:** You have the right to request that the Center communicate with you in a certain way. For example, you may ask that the Center only conduct communications pertaining to your health information with you privately with no other family members present. The Center will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information:** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Chief Executive Officer. If you request a copy of your health information, the Center may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information:** You have the right to request that the Center amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Center. A request for an amendment of records must be made in writing to the Privacy Officer. The Center may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Center, if the records you are requesting are not part of the Center's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Center, the records containing your health information are accurate and complete.

- **Right to an accounting:** You have the right to request an accounting of disclosures of your health information made by the Center for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Center would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this Notice:** You have a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. A paper copy is available from the Center's Privacy Officer.

Our Responsibilities

Bert Nash CMHC is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our legal duties and privacy practices regarding the information we gather and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to accommodate a requested restriction
- Accommodate reasonable requests by you to communicate health information using alternative means or alternative locations

We reserve the right to amend, change, or eliminate our practices and to make the new provisions effective for all protected information we maintain. If our practices change, we will provide you with a revised notice. We will not use or disclose your protected health information without valid authorization, except as described in this notice.

For Additional Information or to Report a Problem

If you have questions or would like additional information you may contact the Centers Privacy Officer at 785-843-9192 or at 200 Maine, Ste A, Lawrence, KS 66044.

If you believe your privacy rights have been violated, you can file a complaint with the Bert Nash CMHC or with the Secretary of Health and Human Services. We cannot and will not retaliate against you or refuse treatment for filing a complaint.