

NOTICE OF PRIVACY PRACTICES
Big Lakes - CDDO
BIG LAKES DEVELOPMENTAL CENTER, INC.

This Notice of Privacy Practices is effective as of April 14, 2003.

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.

UNDERSTANDING YOUR MEDICAL INFORMATION - ITS USES & DISCLOSURES:

Certain laws require that you be provided "Notice" of our privacy practices that relate to your medical information. Our privacy practices are contained within this "Notice." This "Notice" applies to the protected health records of your care provided by Big Lakes - Community Developmental Disability Organization (CDDO) and its employees, staff and volunteers. Your personal doctor, other health care providers, or your health insurance plan may have different privacy policies or "notices" regarding the doctor's, other provider's, or the plan's use and disclosure of your health information that are created outside of Big Lakes CDDO.

CONTACT PERSON IF YOU HAVE QUESTIONS: If you have any questions about this notice or *our* privacy practices relating to your health information please contact the following person:

CDDO Privacy Officer: Phillip Korenek, CFO
Post Office Box 114
Manhattan, Kansas 66505
Telephone: (785) 776-2635 Fax # (785) 776-2610
E-mail: CDDO@biglakes.org

WHAT IS YOUR PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) is individually identifiable information about you. All of the following are examples of PHI: demographic information like your name, address and social security number; medical information that relates to your past, present or future physical or mental health that is collected/created/received from you, a health care provider, a health plan, employer or a health care clearinghouse; the providing of health care; or the past, present or future payment for providing health care to you.

WHAT ARE THE RESPONSIBILITIES OF BIG LAKES DEVELOPMENT CENTER, INC. WHEN IT COMES TO YOUR HEALTH INFORMATION?

Big Lakes CDDO is required by law to:

- keep your health information private and only disclose it when required to do so by law;
- explain our legal duties and privacy practices and your rights in connection with your health records;
- obey the rules found in this notice;
- inform you when we are unable to agree to a requested restriction that you have given us;
- accommodate your reasonable request for an alternative means of delivery or destination when sending your health information.

We will not use or disclose your health information without your authorization, except as explained in this notice or as required by law. Certain laws may require that we disclose your health information without your authorization. We are obligated to follow those laws.

WHAT ARE YOUR HEALTH INFORMATION RIGHTS?

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- **Inspect and Copy Your Records.** You have the right to inspect and obtain a copy of certain health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, information that is subject to special laws or other information not contained in the medical or billing records.

To inspect and obtain a copy of your health information you must submit your request in writing to the CDDO Contact Person listed on page 1. If you request a copy of the information, we may charge a reasonable cost-based fee for copying, including labor and supplies, and the cost of postage.

We may deny your request to inspect and copy in certain very limited circumstances. Certain reasons for the denial are not reviewable and some are reviewable. If you are denied access to health information you will be told in writing. In certain circumstances, however, you may request that the denial be reviewed. If the original denial of access to the medical records was made by the Privacy Officer as allowed by law, a licensed healthcare professional chosen by Big Lakes CDDO will review your request and the denial. The person conducting the review will not be the person who originally denied your request. We will comply with the outcome of the review. You will be advised in writing of this reviewing official's decision.

- **Right to Amend Your Records.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend / change the information. You have the right to request an amendment for as long as the information is kept by or for Big Lakes CDDO. To request an amendment, your request must be made in writing and submitted to Big Lakes CDDO Contact Person listed on page 1. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by Big Lakes CDDO;
 - is not part of the health information kept by or for Big Lakes CDDO;
 - is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request, in certain circumstances, an “accounting of disclosures.” An “accounting” is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Big Lakes CDDO Contact Person listed on page 1. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically or some other form). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that (1) we not use or disclose information about specific health related information or (2) that certain people not be told of certain information.

We are not required to agree to your request. Only the Privacy Officer can agree to your request. If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you emergency treatment. If we agree to a restriction we may terminate any restriction if you agree to the termination or if we inform you that we are terminating our agreement to the restriction. You may also terminate any restriction.

How to make a request.: To request restrictions or limitations, you must make your request in writing to the Big Lakes CDDO Contact Person listed on Page 1. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your family.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Big Lakes CDDO Contact Person listed on page 1. We will not ask you the reason for your request. We may ask you for clarification so we can understand your request. You are not required to give an explanation. We

will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice you may contact the Big Lakes CDDO Contact Person listed on page 1.

HOW WILL WE USE AND DISCLOSE YOUR HEALTH INFORMATION?

We use and disclose PHI about you for treatment, payment and health care operations: For example:

- **For Treatment.** We may use or disclose your protected health information to a doctor, a hospital, or other health care provider on request when necessary to assist in your treatment. To assure medical needs are documented for services that meet your needs and providers have adequate training for your health exception.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at BLDC may be billed to and payment may be collected from you, an insurance company or a third party, such as Medicaid or other state agency, such as, Kansas Department of Aging and Disability (KDADS) and/or Department of Children and Families (DCF). For example, we may need to provide the appropriate state program information about the services you are receiving to assure the provider is reimbursed for those services.
- **For Health Care Operations.** We may use and disclose health information about you for service provider operations. These uses and disclosures are necessary to make sure that all of the individuals served receive quality care. For example, we may use health information to prepare determination of eligibility and maintenance of services. We may use health information in oversight committees mandated by the State of Kansas such as the Quality Assurance Committee who assures the services, such as wellness monitoring and distribution of medications are provided as agreed. We may also use the information to We may also combine health information to decide what additional services we should offer. Additional uses and disclosures for “health care operations” include:
 - quality assessment and improvement activities,
 - care management,
 - training, accreditation, certification, licensing, credentialing or other related activities,
 - other insurance related functions,
 - medical review and auditing functions, including fraud and abuse detection and compliance programs,
 - business planning and development, business management and general administrative activities,
 - Grievance, dispute resolution and appeals.
- **On Your Authorization.** You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use of disclosures permitted by your authorization while it was in effect.

Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

- **To Your Family or Friends.** We may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your care or with payment for your care. We may use or disclose your name, location and general condition or death to notify, or assist in the notification, of (including identifying or locating), a person involved in your care.

Before we disclose your PHI to a person involved in your care or payment for your care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your protected health information based on our professional judgment of whether the disclosure would be in your best interest. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. The amount of information disclosed will depend on that person's particular involvement in your care. If you want this information restricted you must tell us by using the required procedure.

- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law. This may include reporting of communicable diseases, wounds, abuse, disease/trauma registries, health oversight matters and other public policy requirements. We may be required to report this information without your permission.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS: (*Sharing of information without your permission*)

- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Activities.** We may disclose health information about you without your permission for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
 - to report deaths;
 - to report child or adult abuse, neglect or exploitation;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose health information without your permission to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or in a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a court or administrative order even if you are not involved in the lawsuit or dispute. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or as otherwise permitted by law.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - in response to a court 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 limited circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct;
 - about criminal conduct at a Big Lakes CDDO service provider; and
 - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **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 about you to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

OTHER USES AND DISCLOSURES - REVOKING PREVIOUS PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION:

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. For certain disclosures of your information, you must complete an *Authorization for Release of Information form and submit it to us*. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. To revoke any permission already given to us or permission given to us in the future, you must revoke that permission in writing by sending it to the Big Lakes CDDO Contact Person listed on page 1. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

WHAT SHOULD YOU DO IF YOU HAVE A COMPLAINT CONCERNING YOUR MEDICAL RECORDS?

If you believe your privacy rights have been violated, you may file a complaint with Big Lakes CDDO or with the Secretary of the KDADS/DCF. To file a complaint with Big Lakes CDDO or to receive additional information as to how to file a complaint with the Department of Health and Human Services, contact the Big Lakes CDDO Contact Person listed on page 1. All complaints must be submitted in writing.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

IF CHANGES ARE MADE TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in all BLDC facilities. You will find the date the notice became effective at the top of the first page below the title.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact the Big Lakes CDDO Contact Person listed on page 1.