

KANSAS NOTICE FORM

Notice of Policies and Practices to Protect the Privacy of Your Health Information **Effective July 1, 2007**

This notice describes how I may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO). It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related healthcare services. Please review it carefully. You have the right to a paper copy of this Notice; you may request a copy at any time.

How I may use and disclose health information about you:

I may use and disclose your health information for the following purposes without your express consent or authorization. I will obtain your express written authorization before using or disclosing your information for any other purpose. You may revoke such authorization, in writing, at any time to the extent I have not relied on it.

Payment. I may use and disclose your health information as necessary to obtain payment for services provided to you.

Health Care Operations. I may use and disclose your health information for internal operations. These uses and disclosures are necessary for the day-to-day operations and to make sure clients receive quality care. I may disclose health information about you to a health care provider or health plan with which you also have had a relationship for purposes of that provider's or plan's internal operations.

Creation of de-identified health information. I may use your health information to create de-identified health information. This means that all data items that would help identify you are removed or modified.

Uses and disclosures required by law. I will use and/or disclose your health information when required by law to do so.

Disclosures for public health activities. I may disclose your health information to a government agency authorized (a) to collect data for the purpose of preventing or control disease, injury, or disability; or (b) to receive reports of child abuse, elder abuse or neglect. I also may disclose such information to a person who may have been exposed to a communicable disease if permitted by law.

Disclosures about victims of abuse, neglect, or domestic violence. I may disclose your health information to a government authority if I reasonably believe you are a victim of abuse, neglect, or domestic violence.

Disclosures for judicial and administrative proceedings. Your protected health information may be disclosed in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.

Disclosures for law enforcement purposes. I may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.

Disclosures regarding victims of a crime. In response to a law enforcement official's request, I may disclose information about you with your approval. I may also disclose information in an emergency situation or if you are incapacitated if it appears you are the victim of a crime.

Disclosures to avert a serious threat to health or safety. I may disclose information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.

Disclosures for specialized government functions. I may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.

Your rights regarding your health information.

Right to Inspect and Copy. You have the right to inspect and copy health information maintained by me. To do so, you must submit in writing the information needed to process your request. If you request copies, I may charge a reasonable fee. I may deny you access in certain limited circumstances. If I deny access, you may request review of that decision by a third party and I will comply with the outcome of the review.

Right to Request Amendment. If you believe your records contain inaccurate or incomplete information, you may ask me to amend the information. To request an amendment, you must submit request in writing including the reason that supports your request.

Right to an Accounting of Disclosures. You have the right to request a list of disclosures of your health information I have made, with certain exceptions defined by law. To request this list, you must submit request in writing.

Right to Request Restrictions. You have the right to request a restriction on the uses and disclosures of your health information for treatment, payment, or health care operations. You must submit request in writing.

Right to Request Alternative Methods of Communication. You have the right to request that I communicate with you in a certain way or at a certain location. You must submit the/a request in writing, and I will accommodate all reasonable requests.

Breach Notification. I am required to provide you with written notice concerning any breach of your health information. You will receive such notice via first-class mail, unless you agree to an alternative form of notice or I do not have a current address for you. If you have any concerns regarding any possible unauthorized use or disclosure of your health information and/or any breach notification please contact me.

Complaints

If you believe your rights with respect to health information have been violated, you may file a complaint with Marcie Wheatley, Director of Lifeline Counseling Center, or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

I reserve the right to change the terms of this Notice and to make the revised Notice effective with respect to all protected health information regardless of when the information was created.