

Mental Health

**JOHNSON COUNTY MENTAL HEALTH CENTER
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
EFFECTIVE APRIL 14, 2003
REVISED NOVEMBER 10, 2017**

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.

YOU HAVE THE RIGHT TO A PAPER COPY OF THIS NOTICE. YOU MAY REQUEST A COPY AT ANY TIME.

Johnson County Mental Health Center (JCMHC) 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.

JCMHC is required to abide by the terms of this notice.

JCMHC provides behavioral health care and substance use disorder treatment to our clients/patients. The information in this Notice of Privacy Practices will be followed by all JCMHC employees, all health care professionals who treat you at any JCMHC facility, JCMHC volunteers, and students present at JCMHC for the purpose of fulfilling the requirements of an internship or other educational program in which they are enrolled.

NOTICE REGARDING CONFIDENTIALITY OF SUBSTANCE USE DISORDER TREATMENT RECORDS

Protected health information contained in client records maintained in connection with JCMHC's substance use disorder treatment programs may only be disclosed in compliance with the special regulatory requirements contained in 42 C.F.R. Part 2.

I. HOW JCMHC MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

JCMHC may use and disclose your health information for the following purposes without your express consent or authorization:

1. Treatment

We may use and disclose information to behavioral health care professionals and others associated with JCMHC who are involved in your care to provide you with treatment.

We may use your health information to discuss with you treatment options or health-related benefits. We may use your health information to remind you of upcoming appointments. Unless you direct us otherwise, we may leave messages on your telephone voice mail identifying JCMHC and asking for you to return our call. We will not disclose any health information in voice mail except to leave a message for you to return the call.

JCMHC may use and disclose your health information to coordinate care with other persons not associated with JCMHC who are involved in your care, such as your attending physician and other health care providers who have agreed to participate in the coordination of your care.

2. Payment

We may use and disclose your health information as necessary to collect payment for services we provide to you. For example, JCMHC may be required by your health insurer to provide health information so that the insurer will reimburse you or JCMHC. JCMHC may also need to provide health information to your health insurer in order to obtain prior approval from your insurer for any services that it provides to you.

We may provide information to other health care providers to assist them in obtaining payment for services they provide to you.

3. Health care operations

We may use and disclose your health information for our internal operations. These uses and disclosures are necessary for our day-to-day operations and to make sure patients receive quality care.

Such health care operations may include:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Professional review and performance evaluation
- Training programs
- Accreditation, certification, licensing, or credentialing activities
- Review and auditing, including compliance reviews, medical reviews, and legal services
- Business planning and management

We may provide information to other health care providers or health plans with which you also have had a relationship for purposes of that provider's or plan's health care operations.

Business Associates. JCMHC provides some services through contracts or arrangements with business associates. We require our business associates to appropriately safeguard your information.

II. OTHER USES AND DISCLOSURES

We may also use and disclose your health information without your written authorization for the following purposes:

1. Uses and disclosures required by law: We will use and/or disclose your information when required by law to do so. Disclosures required by law include:

- **Disclosures about adult or child victims of abuse, neglect, exploitation, or domestic violence.** JCMCH may disclose your health information to a government authority if we reasonably believe you are unable to protect your own interests and you are a victim of abuse, neglect, exploitation, 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.** We 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.

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

3. Disclosures for health oversight activities. We may disclose health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, or other activities necessary for appropriate oversight of the health care system or government benefits programs.

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

5. Research. We may disclose your health information for health research in certain situations.

6. Disclosures to avert a serious threat to health or safety. We 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.

7. Disclosures regarding decedents. We may disclose health information to a coroner, medical examiner, or funeral director when an individual dies and to law enforcement officials if we suspect the death may have been the result of criminal conduct.

8. Disclosures for specialized government functions. We 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.

9. Disclosures for workers' compensation. JCMHC may disclose your health information as authorized by and to the extent necessary to comply with State workers compensation laws.

III. DISCLOSURES NOT DESCRIBED ABOVE

We will obtain your express authorization before using or disclosing your information for any other purpose not described in Part II of this notice. In most instances, you will be required to provide written authorization.

In addition, authorizations are required for use and disclosure of psychotherapy notes, certain types of marketing arrangements, and certain instances involving the sale of your information. You may revoke such authorization, in writing, at any time to the extent that JCMHC has not relied on it.

JCMHC does not create or maintain psychotherapy notes.

Addition to Notice of Privacy Practices - MyRC. With your authorization, we may share information about you with specific Johnson County agencies/departments through My Resource Connection (MyRC) to provide caseworkers and other service providers information including health information, so that they can improve delivery of services to you. These agencies/departments will only use and disclose this information in accordance with federal and state confidentiality laws and this notice of privacy practices.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. Right to request restrictions. You have the right to request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. You must specify, in writing, what restrictions you would like for JCMHC to honor. JCMHC's Privacy Officer is the only person who has the authority to approve such a request. JCMHC is not required to honor your request for restrictions, except if (a) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law; and (b) the protected health information pertains solely to a health care item or services for which you or any person (other than a health plan on your behalf) has paid JCMHC in full.

2. Right to request alternative methods of communication. You have the right to request that we communicate with you in a certain way or at a certain location. You must inform JCMHC which alternative method of communication you prefer to process your request. JCMHC's privacy officer is the only person who has the authority to act on such a request. We will not ask you the reason for your request, and we will accommodate all reasonable requests.

3. Right to inspect and copy. You have the right to inspect and copy health information maintained by JCMHC. To do so, we request you that complete a specific form providing information needed to process your request. If you request copies, we may charge a reasonable fee. You may request copies in electronic format if the document is contained with JCMHC's electronic medical record. We may deny you access in certain limited circumstances. If we deny access, you may request review of that decision by a third party, and we will comply with the outcome of the review.

4. Right to request amendment. If you believe your records contain inaccurate or incomplete information, you may ask us to amend the information. To request an amendment, you must submit, in writing, a request to amend the information you believe is inaccurate or incomplete to process your request, including the reason that supports your request.

5. Right to an accounting of disclosures and access report. You have the right to request a list of disclosures of your health information that we have made, with certain exceptions defined by law. To request an accounting or an access report, you must make a request, in writing, to process your request.

6. Right to be notified of a breach. You have the right to be notified of a breach of confidentiality of your records and JCMHC is obligated to provide you notice of the breach.

7. Rights relating to electronic health information exchange. JCMHC may participate in electronic health information exchange. New 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 exchange participants for purposes of treatment, payment, or health care operations.

Your health information will be disclosed to the HIO approved by the State of Kansas to facilitate our ability to provide you with health care.

The HIO maintains appropriate safeguards to protect the privacy and security of your health information.

Only authorized individuals may access your health information from the HIO. You have the right to request in writing that your health information not be disclosed by the HIO.

The HIO is required to honor a written request not to disclose your health information. However, disclosure is permitted in an emergency or when necessary to satisfy JCMHC's legal obligation to report to a government official.

The inability to access restricted information by JCMHC may result in JCMHC not having access to information that it needs to provide you with appropriate care.

You have two options with respect to HIE. First, you can 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 can restrict access to all of your electronic health information (except access by properly authorized individuals as needed to report specific information as required by law). If you wish to restrict access, you must complete and submit a specific form 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 HIE or HIOs, please visit <http://www.KanHIT.org> for additional information. Your decision to restrict access through an HIO does not impact other disclosures of your health information. Providers and health plans may share your information directly or through other means (e.g. facsimile or secure e-mail) without your specific written authorization.

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 about what action, if any, you need to restrict access.

IV. COMPLAINTS

If you believe your rights with respect to health information have been violated, you may file a complaint with JCMHC or with the Secretary of the Department of Health and Human Services. To file a complaint with JCMHC, please contact Privacy Officer, Johnson County Mental Health Center, 6000 Lamar Avenue, Mission, Kansas 66202. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

VI. JCMHC'S RIGHT TO CHANGE TERMS OF PRIVACY PRACTICES

JCMHC reserves 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.

VII. HOW TO CONTACT JCMHC REGARDING THIS NOTICE

For information on how to submit your written requests, or if you have any questions about this notice of JCMHC's privacy practices, you may call the Privacy Officer at 913-826-4200.