

**NOTICE OF PRIVACY PRACTICES
ARROWHEAD WEST, INC. PERSONS SERVED**

This Notice of Privacy Practices is effective 7-25-14

**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 protected health information. Our privacy practices are contained within this “Notice.” This “Notice” applies to the protected health records of the services provided by Arrowhead West Inc. 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, others provider’s, or the plan’s use and disclosure of your health information that are created outside of this agency.

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 our Privacy Officer:

Human Resource Manager
1100 E. Wyatt Earp Blvd
Dodge City, KS 67801
Phone #620-227-8803 Fax #620-227-8812

This “Notice” contains information in the following general categories:

- **What is health information?**
- **What are the responsibilities of this agency when it comes to your health information?**
- **How will we use and disclose your health information?**
- **Special situations**
- **Uses and disclosures that require us to give you an opportunity to object**
- **Your written authorization is required for other uses and disclosures**
- **What should you do if you have a complaint concerning your health information?**
- **Genetic Information**
- **What are your health information rights?**
- **If changes are made to this Notice**

WHAT IS HEALTH INFORMATION?

Health information means any information, whether oral or recorded in any form or medium that is created or received by a health care provider, health plan, public health authority, employer, life insurer, school, or university, or health care clearinghouse. Information that relates to the past, present, or future physical or mental health or condition of an individual. The provision of health care to an individual or the past, present, or future payment for the provision of health care to an individual.

WHAT ARE THE RESPONSIBILITIES OF THIS AGENCY WHEN IT COMES TO YOUR HEALTH INFORMATION?

Arrowhead West Inc. 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 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.

HOW WILL WE USE AND DISCLOSE YOUR HEALTH INFORMATION?

For Treatment. Different departments of Arrowhead West Inc. may share health information about you in order to coordinate the different services you need. For example we may also disclose health information about you to people outside the agency, such as doctors, health care workers, family members, or others we use to provide services that are part of your care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose health information about you for our internal operations. For example we may use it to evaluate our employee performance in providing services to you, for case management review, training, accreditation, certification, licensing, credentials or other related activities.

For Appointment Reminders and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment set up with a health care professional. We also may use and disclose Health Information to tell you about health-related benefits and services that may be of interest to you.

For Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share health information with a person who is involved in your medical care or payment for your care, such as your family or payee. We may also tell your family or friends your condition and that you are in the hospital. 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.

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

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.

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.

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

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 births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify a person 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, licensure, and accreditation. These activities are necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.

Data Breach Notification Purposes We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

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 even if, under certain limited circumstances, we are unable to obtain the person's agreement.
- about criminal conduct on our premises
- about a death we believe may be the result of criminal conduct;

- 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 also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend, payee or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Fundraising. Sometimes we disclose information for our fundraising activities. We will allow you to opt out of all future fundraising activities before including your PHI.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- Uses and disclosures of Protected Health Information for marketing purposes; and
- Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of protected 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" 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 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 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.

GENETIC INFORMATION

We will not collect genetic information from you or use genetic information about you in hiring, firing, promotion, and compensation decisions.

WHAT ARE YOUR HEALTH INFORMATION RIGHTS?

Although your health record is the physical property of Arrowhead West Inc. or facility that compiled it, the information belongs to you. You have the following rights regarding Health Information we have about you:

YOUR RIGHTS:

Right to Review and Copy. You have a right to review Health Information that may be used to make decisions about your care or payment for your care at the program location with the assigned Program Manager present. You may review documents in your case record with your Case Manager present. This includes medical and billing records, other than psychotherapy notes. To **copy** this Health Information, you must make your request, in writing, to your Case Manager. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed following the Procedures in 4.8 Client Grievances and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified following a breach of your protected health information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to your Case Manager.

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 Arrowhead West Inc, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by Arrowhead West Inc.;
- 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 a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to your Case Manager. Your request must state a time period, which may not be longer than six years. 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 or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to your Case Manager. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

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 by mail or at work. To request confidential communications, you must make your request, in writing, to your Case Manager. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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. You may obtain a copy of this notice at our web site, www.arrowheadwest.org. To obtain a paper copy of this notice please notify your Case Manager or go to our website, www.arrowheadwest.org.

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

If you believe your privacy rights have been violated, you may file a complaint with Arrowhead West Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with Arrowhead West Inc. or to receive additional information as to how to file a complaint with the Department of Health and Human Services, contact the 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 at Arrowhead West Inc. You will find the date the notice became effective at the top of the first page below the title.