

NOTICE OF PRIVACY PRACTICES

Effective Date: 4/14/03

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.

Each time you visit the University of Kansas Center for Psychoeducational Services (CPS), a record of your visit is made. This record typically contains medical information about you, including information regarding symptoms, observations, assessments (including diagnoses, treatment, and assessment results), a plan for future care or treatment, and billing-related information. This Notice of Privacy Practices (NPP) describes how we may use and disclose your medical information. It also describes your rights and our responsibilities regarding the use/disclosure of your medical information. This NPP applies to all of the records of your care generated by CPS.

OUR RESPONSIBILITIES REGARDING YOUR MEDICAL INFORMATION:

We are required by law to protect the privacy of your medical information. In addition to providing you with this NPP, we agree to abide by the terms of the NPP currently in effect, and notify you if we are unable to agree to a requested restriction on use or disclosure of your medical information.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

1. Uses and Disclosures With Your Written Consent

You will be asked to sign a written consent form enabling us to use and disclose your medical information for treatment, payment and health care operations as described in this section:

a. Treatment. We will use and disclose medical information about you to provide and coordinate your health care and any related services. For example, the information will be used by all members of our staff that are involved in your treatment, including but not limited to clinicians and their supervisors, to coordinate the different services you may need. We may also contact you to tell you about possible treatment alternatives.

b. Payment. We will use and disclose medical information about you to bill and collect payment from you. CPS does not bill insurance companies.

c. Health Care Operations. We will use and disclose medical information about you to schedule and coordinate your health care and any related services. Your primary clinician is an intern or practicum student. Therefore, information regarding the progress of your case will be discussed in individual and/or group supervisory meetings with a senior staff member. Case records information may also be presented at staff meetings and practicum classroom settings for consultation, supervision, or educational purposes. This information will be held in confidence among the CPS staff.

Members of our staff involved in quality improvement may use information in your health record to assess the care and outcomes in your case and others like it. For example, we may analyze medical information about many patients to evaluate the need for new services, resources or treatment and to see where we can make improvements. The results will then be used to continually improve the quality of care for all patients we serve.

We may also contact you to remind you about an appointment or to tell you that your appointment has been cancelled, to assess your satisfaction with our services, to tell you about health-related benefits or services, or to complete the process of registering you for services.

d. Other Related Uses and Disclosures. In addition to the foregoing, we may use and/or disclose medical information:

- To business associates, when we have contracted out for services, so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered;
- To a friend or family member who is involved in your care. If you are not present and able to agree or object, such communications shall be made only by authorized health-care providers when, in their professional judgment, such disclosure is in your best interest.

2. Uses and Disclosures Without Your Consent or Authorization

In certain situations, we may use or disclose medical information about you without your consent or authorization, for example, when there is an emergency or when there are substantial communication barriers to obtaining consent from you. Further, we may use or disclose your medical information without your consent or authorization in the following circumstances:

a. As Required by Law. We may use and disclose medical information to the following types of entities, including but not limited to:

- Food and Drug Administration

- Public Health authorities or legal authorities charged with tracking, preventing or controlling diseases, injuries or disabilities. For example, the therapist must report incidences of suspected abuse or neglect of a child or elderly person. In addition, the therapist must notify relevant others if a client expresses intention to harm himself or herself, or someone else.
- Workers Compensation Agents
- Military Command, National Security or Intelligence Authorities
- Health Oversight Agencies

b. Law Enforcement/Legal Proceedings. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

c. Research. We may disclose medical information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

3. Other Uses and Disclosures of Medical Information Based on Your Authorization.

Other uses and disclosures of medical information not covered by this NPP or by the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

- **Right To Inspect and Copy.** You have the right to inspect and have copied medical information used to make decisions about your care. Usually, this includes medical and billing records, but does not include some records such as psychotherapy notes. Your request must be submitted in writing on a form CPS will provide to you. We may charge a fee for the costs of processing your request.
- **Right To Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment to your record, you must submit your request in writing on a form CPS will provide to you. You will be asked to provide a reason to support the request.
- **Right To an Accounting of Disclosures.** You have the right to receive a list of disclosures. This list will not include all disclosures made. For example, this list will not include disclosures for treatment, payment, health care operations, disclosures made prior to April 14, 2003, or disclosures you specifically authorized. To request this list you must submit your request in writing on a form CPS will provide to you.
- **Right To Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing on a form that CPS will provide to you.
- **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 certain locations. You must make your request in writing on a form that will be provided to you. We will accommodate all reasonable requests.
- **Right To A Paper Copy of This Notice.** You have the right to obtain a paper copy of this notice, and you may ask us to give you a copy of this notice at any time.

You may obtain a copy of the forms mentioned above by contacting CPS at (785) 864-7021.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Director of CPS at (785) 864-7021 or the University's HIPAA Privacy Officer, Lawrence Campus, at (785) 864-9528. You may also contact the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE. We reserve the right to change this NPP and the revised NPP will be effective for information we already have about you as well as information we receive in the future. Should our practices change, we will post a revised NPP in the facility where you receive services. Paper copies will be available upon request.

QUESTIONS AND INFORMATION. If you have any questions about this notice, please contact the University's HIPAA Privacy Officer, Lawrence Campus at (785) 864-9528.