

Notice of Privacy Practices for Protected Health Information

Effective 4/14/2003 (revised 2/2010,7/2011, 09/2018, 4/2023, 11/2024)

BERT NASH COMMUNITY MENTAL HEALTH CENTER, INC.
200 MAINE, SUITE A, LAWRENCE, KS 66044

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, AND HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR IN ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT 785-832-9192 AND _MEDICALRECORDS@BERTNASH.ORG. PLEASE REVIEW IT CAREFULLY.

DEFINITIONS

- Agency: Bert Nash Community Mental Health Center, Inc. (Bert Nash Center or BNC)
- Health Information: Information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- PHI (Protected Health Information): The HIPAA privacy rule provides protections for personal health information that gives clients an array of rights with respect to that information.
- Part 2 Information: Records that are protected by 42 CFR Part 2 include records that reflect the patient as having a substance use diagnosis.

USE AND DISCLOSURE OF HEALTH INFORMATION

Bert Nash Community Mental Health Center (BNC) 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 as it applies to HIPAA. Nothing in this notice conflicts with protections under 42 CFR Part 2. The Bert Nash Center may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations unless the client has made a written waiver of the privilege and provided the treatment personnel with a copy of such waiver K.S.A. 65-5603. BNC has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

1. Treatment, Payment, Operations: Generally, BNC may use or disclose your health information for treatment, payment, and health care operations (TPO) purposes without obtaining your consent. Regarding Part 2 Information, however, BNC must obtain your consent.
 - a. Treatment: Treatment: BNC may use your health information to coordinate care or discuss your treatment options for your health-related benefits, within BNC and with others involved in your care, such as your attending physician and other health care professionals.
 - b. Payment: The BNC may include your health information in invoices to collect payment from third parties for the care you receive from BNC. BNC may also provide information to other health care providers to assist them in obtaining payments for services they provide to you.
 - i. For example, BNC may be required by your health insurer to provide health information so that the insurer will reimburse you or BNC. BNC may need to obtain prior approval from your insurer

and may need to explain to the insurer your need for mental health services that will be provided to you.

c. Operations: BNC may use and disclose health information for its own operations in order to facilitate the function of the BNC and as necessary to provide quality care to all clients. Health care operations include such activities as:

1. Quality assessment and improvement activities.
2. Activities designed to improve health or reduce health care costs.
3. Protocol development, case management and care coordination.
4. Contacting health care providers and clients with information about treatment alternatives and other related functions that do not include treatment.
5. Professional review and performance evaluation.
6. Training programs including those in which students, trainees or practitioners in health care learn under supervision.
7. Training of non-health care professionals.
8. Accreditation, certification, licensing or credentialing activities.
9. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
10. Business planning and development including cost management and planning related analysis and formulary development.
11. Business management and general administrative activities of the BNC Center. For example, Bert Nash may use your health information to evaluate its staff performance, combine your health information with other BNC clients in evaluating how to more effectively serve all BNC clients, or to disclose your health information to BNC Center staff and contracted personnel for training purposes.
12. Providing 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.

d. Part 2 information that is disclosed to a covered entity, Part 2 program, or business associate pursuant to your written consent for disclosure for TPO purposes may be further disclosed by the recipient without your consent, to the extent permitted by the HIPAA Privacy Rule.

2. **Appointment Reminders:** BNC may use and disclose your health information to contact you as a reminder that you have an upcoming appointment. Unless you direct us otherwise, we may leave messages on voice mail identifying BNC and asking for you to return our call. We will not disclose any health information to any person other than you except to leave a message for you to return the call.
3. **Business Associates or Qualified Service Organizations.** BNC provides some services through contracts or arrangements with business associates and qualified service organizations. We require our business associates and qualified service organizations to appropriately safeguard your information.
4. **Creation of de-identified health information.** We 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.
 - a. For example, the Agency may use your health information to evaluate its staff performance, combine your health information with other BNC clients in evaluating how to more effectively serve all BNC clients, or to disclose your health information to BNC staff and contracted personnel for training purposes.
5. **Uses and disclosures required by law.** We will use and/or disclose your information when required by law to do so.
6. **Disclosures for public health activities.** We may disclose your health information to a government agency authorized (a) to collect data for 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 dis-ease if permitted by law. We may disclose Part 2 information to a public health authority if it has been de-identified in accordance with the HIPAA Privacy rule.

7. **Disclosures about victims of abuse, neglect, or domestic violence.** BNC may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
8. **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.
9. **Disclosures for law enforcement purposes.** We may disclose your health information in the course of a judicial proceeding with 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.
10. **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.
11. **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 if certain legal requirements are satisfied.
12. **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.
13. **Disclosures for fundraising.** We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for BNC YOU HAVE THE RIGHT TO OPT OUT OF RECEIVING SUCH FUNDRAISING COMMUNICATIONS.
14. **Disclosures regarding descendants.** BNC 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.
15. **Research.** BNC may disclose your health information for health research in certain situations.
16. **Organized Healthcare Arrangements (OHCA):** BNC participates in organized health care arrangements (OHCA) with agencies such as LMH Health and the Lawrence Douglas County Health Department. These partnerships enable us to share information among participating entities for the purpose of treatment, payment, health care operations, and other joint activities.

OTHER USES AND DISCLOSURES

Other uses and disclosures not described in this notice will be made only as authorized by law or with your written authorization. You may revoke any authorization at any time.

1. **Written Authorization.** We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this notice.

- a. For example, written authorizations are required for use and disclosure of psychotherapy notes, substance use disorder, counseling notes, and HIV status, unless in the case of an emergency. You may revoke such authorization, in writing, at any time to the extent BNC has not relied on it.

My Resource Connection (MyRC). We may share information about you between various Douglas County human service agencies/organizations to provide caseworkers and others information including health information, so that they can improve delivery of services to you by the sharing of information. These agencies/organizations will only use and disclose this information in accordance with federal and state confidentiality laws and this notice of privacy practices.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that BNC maintains:

1. **Right to Request Restrictions:** You may request a restriction on our uses and disclosures of your health information for treatment, payment, or health care operations. **You must complete a specific written form providing information we need to process your request to the BNC's Privacy Officer.** BNC is not required to honor your request for restrictions, if (1) the disclosure is for purposes of carrying out payment or health care operations and is not otherwise required by law, and (2) 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 BNC in full. **If you wish to decline disclosure of PHI to your insurance company, you will be required to pay full fee for services.**
2. **Right to Request Alternative Methods Communications:** You have the right to request that BNC communicates with you in a certain way. For example, you may ask that BNC only conduct communications pertaining to your health information with you privately with no other family members present. You must complete a specific form providing information needed to process our request. BNC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. **Right to Request Inspect and Copy:** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Privacy Officer. If you request a copy of your health information, BNC may charge a reasonable fee for labor costs associated with your request. Copies may be requested in electronic format if the document is contained within BNC's electronic medical record.
4. **Right to Request Amendment:** You have the right to request that BNC amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the maintains the information. A request for an amendment of records must be made in writing to the Privacy Officer. BNC may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by BNC, if the records you are requesting are not part of the BNC's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the BNC, the records containing your health information are accurate and complete.
5. **Right to an Accounting of Disclosures and Access Report:** You have the right to request an accounting of disclosures of your health information made by the BNC. The request for an accounting must be made in writing to the Privacy Officer and can include all disclosures made three years prior to the date the request is submitted. BNC will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
6. **Right to a paper copy of this Notice:** You have a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. A paper copy is available from BNC's Privacy Officer. An electronic copy is available on BNC's website at <https://www.bertnash.org/>.

YOUR RIGHTS REGARDING ELECTRONIC HEALTH INFORMATION TECHNOLOGY

Bert Nash CMHC participates in electronic health information technology or HIT. This 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 HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized uses and disclosures. Your health information will be disclosed through an HIO approved by the State of Kansas to facilitate our ability to provide you with health care. BNC requires a one-time consent to disclose for the HIO completed at intake to ensure requirements for individual who may be protected under 42 CFR Part 2. Information related to those protections are restricted at the HIO level. You may restrict access to all of your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is 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 HIT or HIOs, please visit <http://www.KanHIT.org>. 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 regarding those rules.

Bert Nash Center Responsibilities

Bert Nash CMHC is required to:

- Maintain the privacy of your health information as required by law.
- Provide you with a notice as to our legal duties and privacy practices regarding the information we gather and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to accommodate a requested restriction.
- Accommodate reasonable requests by you to communicate health information using alternative means or alternative locations.
- Notify you in writing should a privacy breach occur involving your protected health information, as outlined in the HITECH Act of 2009.

Complaints: If you believe your rights with respect to health information have been violated, you may file a complaint with BNC or with the Secretary of the Department of Health and Human Services. To file a written complaint with BNC, please contact or you can mail a completed Feedback Form to the Risk Manager at Bert Nash Community Mental Health Center, 200 Maine Street, Suite A, Lawrence, KS 66044. The Feedback Form is available on our website bertnash.org. You may contact the Office of Civil Rights of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, HHH Building, Washington, D.C 20201 or you may contact the Office of the Civil Rights Hotline at 1-800-368-1019. We cannot and will not retaliate against you or refuse treatment for filing a complaint.

Questions: For information on how to submit your written requests, or if you have any questions about this notice of BNC's privacy practices, you may call the Privacy Officer at 785-843-9192 or by email at _medicalrecords@bertnash.org.

BNC 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. BNC will post the revised notice on its' website and will provide it to clients upon request.