

**Kansas Care Inc.
Privacy Practices**



**Kansas Care Health Services Inc.
Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you get access to the information.

PLEASE REVIEW CAREFULLY

If you have any questions regarding this notice, please contact the privacy officer at:

Kansas Care Inc.
712 S. Ohio
Salina, KS 67401
785-825-8500

**Effective Date of this revised notice
02/01/04**

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and/or disclose your health information - information that constitutes protected health information as defined in the Health Insurance Portability Act of 1996. The following are examples of uses and disclosures of your protected health information for treatment, payment, and health care operations.

Treatment – We may use your health information to coordinate care within the agency and with others involved in your care, such as your physician and other health care professionals who have agreed to assist the agency in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. We may also disclose your health care information to individuals outside the agency involved in your care such as family members, pharmacists, suppliers of medical equipment, or other health care professionals.

Payment – We may include your health information in invoices to collect payment from third parties for the care you receive from the agency. For example, the agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the agency. The agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the service that will be provided to you.

Health Care Operations – We may use and disclose health information for our operations in order to facilitate the function of the agency, and as necessary to provide quality care to all of our clients. For example, we may use your health information with other clients in evaluating how to more effectively serve all of our clients, or disclose your health information to our staff and contracted personnel for training purposes.

Appointment Reminders – We may use and disclose your health information to contact you as a reminder that you have an appointment.

Treatment Alternatives – We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

OTHER POSSIBLE USES AND DISCLOSURES

When legally required

When there are risks to public health

To report abuse, neglect, or domestic violence

To conduct health oversight activities

In connection with judicial and administrative proceedings

For law enforcement purposes

To coroners and medical examiners

To funeral directors

In the event of a serious threat to health or safety

For specified governmental functions

For workers' compensation

Other uses and disclosures of your health information not covered by this notice will be made only with your written authorization. If you or your representative authorizes the agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Information

You may request restriction on certain uses and disclosures of your health information. You have the right to request a limit on the agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the privacy officer.

Right to Receive Confidential Communications

You have the right to request that the agency communicate with you in a certain way. For example, you may ask that the agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the privacy officer. The agency will not ask you to provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to Amend Health Care Information

You or your representative have the right to request that the agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the agency. A request for an amendment of records must be made in writing to the privacy officer. We may deny the request if it is not in writing or does not include a reason for the amendment. We may also deny your request if the records were not created by the agency; the records are not part of the agency's records you are permitted to inspect or copy; or in the opinion of the agency the records containing your health information are accurate and complete.

Right to an Accounting

You or your representative have the right to request an accounting of disclosures of your health information made by the agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the privacy officer. The request should include the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. Accounting requests will be subject to a reasonable cost-based fee.

Right to Inspect & Copy Your Health Information

You have the right to inspect and copy your health information, including billing records. A request may be made to the privacy officer. If you request a copy of your health information, the agency will charge a reasonable fee for copying and assembling costs associated with your request.

Right to a Paper Copy of This Notice

You or your representative have a right to a separate paper copy of this notice at any time even if you or your representative have received this notice previously. To obtain a separate paper copy, please contact the privacy officer.

DUTIES OF THE AGENCY

The agency is required by law to maintain the privacy of your health information and to provide you and your representative this notice of its duties and privacy practices. The agency is required to abide by the terms of this notice as may be amended from time to time. The agency reserves the right to change the terms of this notice and to make the new notice provisions effective for all health information that it maintains. If the agency changes its notice, the agency will provide a copy of the revised notice to you or your representative. You or your personal representative have the right to express complaints to the agency and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the agency should be made in writing to the privacy officer. The agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The agency has designated the privacy officer as the contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards. You may contact the privacy officer at:

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712 S. Ohio, Salina, KS 67401
785-825-8500