

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND TREATMENT INFORMATION ABOUT YOU AS A CLIENT/CONSUMER OF COMPASS BEHAVIORAL HEALTH MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA).

COMPASS BEHAVIORAL HEALTH Legal Duty and Responsibility:

COMPASS BEHAVIORAL HEALTH is required by applicable federal and state law to maintain the confidentiality and privacy of your medical and treatment information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We are required to follow the privacy practices that are described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace, change or amend it. (Amended: July 23, 2008; July 26, 2014; July 1, 2015)

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted or allowed by applicable federal and state law. If we make a change in our privacy practices, we will change this notice and make the new notice available to you upon request.

You may request a copy of our notice of privacy rights at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Information and Records Covered by this Notice:

The information and records we maintain concerning your treatment and services at COMPASS BEHAVIORAL HEALTH (which is referred to in this notice as protected health information, or PHI) is considered by COMPASS BEHAVIORAL HEALTH to be private and confidential and is covered by our privacy practices. The protected health information which we maintain may come from several different sources, and includes but is not necessarily limited to (a) personal information we obtain from you during the initial intake interview or referral process, information recorded by our treatment personnel including notes of treatment sessions, observations, summaries and opinions of our treatment personnel, tests and test results, programs of treatment and other information relevant to your treatment; (b) personal information we obtain from other sources such as history of your treatment from other treatment or medical facilities, information from family members and/or acquaintances, school records, employment records and other records prepared by others but which relate to the services and treatment we provide to you; (c) information from treatment at the Behavioral Health Services unit at St. Catherine Hospital as COMPASS BEHAVIORAL HEALTH manages that unit; (d) information related to your payment of charges and billings for services rendered to you and other information collected or received for purposes of our compliance with certain state or federal reporting requirements.

COMPASS BEHAVIORAL HEALTH's Use of Your Protected Health Information:

Your PHI may be shared internally by and among our treatment and program staff in order to develop, establish and carry out a treatment program which best addresses your treatment needs. This information is shared among treatment staff on a "need to know" basis and only when required to provide the most effective treatment program. For example, your therapist may consult with a staff psychiatrist to determine if some type of medication is in order, or may share information with one of our program directors to see if you would benefit from a particular service or program we offer. We may also use your PHI in an effort to improve our behavioral

health care operations including the quality of our assessments and the improvement of our activities, reviewing of the competency and qualifications of our health care professionals, and conducting training programs, accreditation, certification, licensing or credentialing activities.

Information necessary for billing for our services will be provided to our business office staff in order that charges for the services we provide to you are billed and paid in a timely fashion. This information is restricted to the information necessary in order to appropriately bill for the services we render. For example, the information may indicate the date and duration of your appointment with your therapist, but would not include the therapist notes relating to the appointment.

Occasionally, all or a portion of your PHI may be provided to individuals or entities with whom COMPASS BEHAVIORAL HEALTH contracts for certain types of services directly related to the operation of COMPASS BEHAVIORAL HEALTH. As an example, in order to assure our compliance with various legal obligations, COMPASS BEHAVIORAL HEALTH retains the services of an attorney knowledgeable in this area of the law. Occasionally, it is necessary for us to provide to our attorney a limited amount of information in order to assure compliance with state and federal laws and regulations and to protect our legal rights as well as the rights of our clients and consumers. For instance, we may be required to disclose to our attorney a portion of your PHI in order to determine the validity of a court order or request for release of your records or to determine our responsibility for certain reporting obligations. In such cases, our attorney has the same obligation to protect the confidentiality of your PHI as we have, and is likewise required to comply with all COMPASS BEHAVIORAL HEALTH privacy practices.

COMPASS BEHAVIORAL HEALTH is committed to protecting your privacy rights and the confidentiality of the information we maintain concerning your health, treatment and the services we provide to you. All employees of COMPASS BEHAVIORAL HEALTH, as well as all persons or entities which provide services or programs for COMPASS BEHAVIORAL HEALTH operations under contract are covered by and are legally obligated to protect the privacy and confidentiality of all information to which they may have access.

Uses of Health Information:

COMPASS BEHAVIORAL HEALTH may contact consumers using various electronic means to serve as a reminder for upcoming appointments. COMPASS BEHAVIORAL HEALTH utilizes telecommunications including Televideo connections for consumers who agree to that method of service delivery.

We have made reasonable efforts to electronically protect the use and transmission of patient information.

Disclosure to External Parties or Agencies:

Generally, your PHI will not be disclosed to any person or agency outside of COMPASS BEHAVIORAL HEALTH or its contracted services providers without first obtaining a written authorization from you, your legal guardian or your personal representation in the event of your death.

You should understand that your decision to participate in Community Based Services (CBS), Community Support Services (CSS) or any other services offered in a community setting, may, by association with COMPASS BEHAVIORAL HEALTH staff and program, identify you as a participant/consumer of COMPASS BEHAVIORAL HEALTH services. COMPASS BEHAVIORAL HEALTH may need to report a consumer's presence and attendance with specific COMPASS BEHAVIORAL HEALTH programs to appropriate personnel or agencies to give essential data for an insurance claim or for reporting an accident. An example of this would be reporting a consumer's involvement in COMPASS BEHAVIORAL HEALTH services at their home if a

COMPASS BEHAVIORAL HEALTH employee is injured at that home. Workman's Compensation would be notified of the essential information to contact the consumer and/or their insurance company. Without a valid written authorization from you or your legal representative, COMPASS BEHAVIORAL HEALTH will not provide your PHI to any outside agency or person unless required or allowed to do so by state or federal law or regulation. COMPASS BEHAVIORAL HEALTH is required or allowed to make the following disclosures without your consent or authorization:

1. Information relevant to an involuntary commitment proceeding, both for mental illness and for alcoholism or drug dependency, if the treatment personnel have determined that you are in need of hospitalization;
2. Information in response to a court order for a mental, alcoholic or drug evaluation;
3. Information in response to a valid court order relevant to a lawsuit to which you are a party when you are relying upon your mental or emotional condition, and/or alcohol or drug dependency as a claim or defense in the lawsuit;
4. Information which treatment personnel or you are required by law to report to a public official, such as the reporting of child abuse and elder abuse;
5. Information needed for your emergency treatment if deemed necessary by the COMPASS BEHAVIORAL HEALTH director;
6. Information which is needed to notify and protect a person who has been threatened with substantial physical harm by you during the course of treatment. The threatened person must be specifically identifiable, and the mental health center staff must believe that there is substantial likelihood you will act on the threat in the foreseeable future and the director has concluded that such notification should be given. You will be notified that this information has been released;
7. Information to you regarding your treatment. However, the director may refuse to disclose portions of your records to you if he/she concludes that release of the material would be injurious to your welfare or treatment;
8. Information to accreditation, certification, and licensing authorities, including scholarly investigators, after a written pledge from these individuals that your name will not be disclosed to other individuals without your consent or as required by law;
9. Information requested by the Kansas Advocacy and Protected Services concerning your representation if required by federal law;
10. Information relevant to collection of a bill to you for services provided.
11. Information required by a coroner in pursuit of official duties.
12. Information needed to promote continuity of your care between other treatment facilities, other mental health centers and state psychiatric hospitals.
13. Your name, date of birth, date of death, name of next of kin, and place of residence if you are deceased when that information is sought as part of genealogical study.
14. Kansas State law allows disclosure to the following agencies: Juvenile Justice Authorities (JJA), Department of Corrections (DOC), Department of Children and Families, and State Psychiatric Hospitals.

Your Rights Regarding Electronic Health Information Technology:

COMPASS BEHAVIORAL HEALTH 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.

You have two options with respect to HIT. First, you may 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 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> for additional information.

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.

Your Legal Rights Regarding Information Related to Your Treatment and Case:

1. You have the right to request that we communicate directly with you concerning your treatment, care and related issues;
2. You can request a restriction in our use or disclosure of your PHI for treatment, payment, or our internal operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request restrictions, you must make your request in writing to our Privacy Officer or the director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, (for example, no disclosures to your spouse);
3. You have the right to inspect and obtain a copy of the information that may be used to make treatment and care decisions about you, including portions of your medical records and billing records, unless the director determines in writing that such disclosure would be injurious to your welfare or your treatment;
4. You have the right to request that we provide copies of your PHI to other persons or entities that you designate. In order for us to provide such copies you will need to sign and provide us with a written authorization identifying the information you want us to provide and the reason for the request. Upon receipt of a proper authorization we will provide the information requested to the individuals you have designated unless we are prevented from doing so by state or federal laws or regulations. We may impose certain restrictions on the use or disclosure of such information by the recipient. A copying and mailing charge may be made for providing the information;
5. You may ask us to amend your PHI if you believe it is incorrect or incomplete, and as long as the information is kept by or for COMPASS BEHAVIORAL HEALTH and was prepared by COMPASS BEHAVIORAL HEALTH. To request an amendment, your request must be made in writing and submitted to Executive Director, COMPASS BEHAVIORAL HEALTH, 531 Campus View, Garden City, Kansas 67846. You must provide us with reasons that support your request for amendment. We may deny your request if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that:
 - Was not created by COMPASS BEHAVIORAL HEALTH, 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 or for COMPASS BEHAVIORAL HEALTH;
 - Is not part of the information that you would otherwise be permitted to inspect and copy; or
 - Is accurate and complete.You will be informed of the reason for any denial. You may submit a written statement disagreeing with the decision and the statement will be made a part of your health records.

6. You have the right to request an “accounting of disclosures” we have made of your PHI for purposes other than for treatment, payment and health care operations, with certain exceptions. To request an accounting of the disclosures, you must submit your request in writing to our Privacy Officer, who has forms for the request. Your request must state the time period for which you want an accounting; however, the period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first accounting you request within any 12-month period will be free. For additional accountings, we may charge you for the costs of providing them. We will notify you of the costs in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.

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8. If you believe your privacy rights have been violated, you may file a complaint with COMPASS BEHAVIORAL HEALTH or with the Secretary of the Department of Health and Human Services. To file a complaint with COMPASS BEHAVIORAL HEALTH, please submit in writing to Quality Improvement Manager, COMPASS BEHAVIORAL HEALTH, 531 Campus View, Garden City, Kansas 67846. You will not be penalized for filing a complaint.
9. For questions regarding this notice or our health information privacy policies, please contact Quality Improvement at 620-275-0644.