

**THE GUIDANCE CENTER  
NOTICE OF PRIVACY PRACTICES**

**Understanding Your Health Record Information**

Each time you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information is often referred to as your medical record. Understanding what is in your health records and how your health information is used helps you to ensure its accuracy and completeness; to understand who, what, where, why, and how others may access your health information; to make informed decisions about authorizing disclosure to others; and to better understand your health information rights.

**Uses & Disclosure of Clients' Health Information**

The Guidance Center uses clients' personal information to provide clients with treatment and services, to receive payments for those services, and in the Center's daily operations. Disclosure of personal health information to individuals or entities outside the Center requires the client's written consent. There are some exceptions, described in the next section.

**Treatment:** Center staff may disclose clients' personal health information to others involved in their treatment on an as-needed basis. For example, our doctor may require a client to have a blood test in a lab. The doctor would need to speak with someone from the lab about the medical information gathered from the client's blood test.

**Payment:** The Center may be required to use or disclose a client's personal health information in order to obtain payment for services provided by the Center. For example, when billing insurance providers or other payer sources, Center staff may have to notify them of the services provided to individual clients in order to receive payment for those services.

**Health Care Operations:** The Center may use and disclose clients' personal health information in everyday Center operations. For example, clients' information may be used to assist Center staff in evaluating performance as health care providers. Center staff may disclose information to doctors, clinicians, and other agency personnel for treatment coordination, peer review, or training purposes.

**Marketing/Continuity of Care:** With your consent, the Center may contact clients at the address and/or telephone number they provide to use, in order to provide appointment reminders or information about their treatment alternatives or other health-related benefits and services that may be of interest to clients.

**Notification:** With your consent, we may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, your location, and general condition.

**Communication with Family:** With your consent, Center staff, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify health information relevant to that person's involvement in your care or payment related to your care.

**Uses & Disclosures Which Do Not Require Consent**

In certain situations, client consent is not required for the use or disclosure of personal medical information. The "Care and Treatment Act for Mentally Ill Persons," as revised April 22, 1996, outlines fourteen exceptions to the confidentiality of mental health records in Kansas. These exceptions are:

1. **Involuntary commitments:** Information for filing involuntary commitment proceedings, both for mental illness and for alcoholism and drug dependency.
2. **Court Ordered Evaluations:** Information in response to a court order for mental, alcoholic, or drug evaluation.
3. **Legal Claims of Psychiatric Impairment:** Information relevant to a lawsuit when the client has relied upon his or her mental or emotional condition, and/or alcohol or drug dependency as a claim or defense.
4. **Mandatory Reporting:** Information which treatment personnel or the client are "required to report to a public official." This exception includes the mandatory reporting of the suspicion of child abuse or elder abuse.
5. **Emergency Treatment:** Information needed for the emergency treatment of a client.
6. **Threatening Behavior:** Information which is needed to notify and protect a person who has been threatened with substantial physical harm by a client during the course of treatment. The threatened person must be specifically identifiable, and The Guidance Center staff must believe there is substantial likelihood that the client will act on the threat in the foreseeable future. The client must be notified that this information has been released.
7. **Transfers from Corrections:** Information from a state psychiatric hospital to the state department of corrections when individuals have been transferred from a correctional facility to a state psychiatric hospital.
8. **Information to Client:** Information to the client regarding his/her treatment. However, the Director of The Guidance Center may refuse to disclose portions of records to the client if he/she concludes that release of the material would be injurious to the client. This must be documented.
9. **Accreditation, Licensure, Scholarly Investigations:** Information to accreditation, certification, and licensing authorities, including scholarly investigators, after a written pledge from these individuals that the information will not be disclosed to other individuals without the client's consent.
10. **Advocacy Services:** Information requested by the Kansas Advocacy and Protective Services concerning the representation of individuals who do not have legal guardians and are in need of advocacy services.
- 11.) **Collections:** Information needed to pursue collection for services provided.
12. **Coroner:** Information needed by a coroner in pursuit of official duties.
13. **Information to/from State Psychiatric Hospitals:** Information needed to promote continuity of client care between The Guidance Center and state psychiatric hospitals.
14. **Genealogical Studies:** Name, date of birth, date of death, name of next of kin, and place of residence of a deceased former patient when that information is sought as part of a genealogical study.

**De-identified Information:** The Guidance Center may use your protected health information to create de-identified health information. This means that all data items that would help identify you, such as name, address, birth date, and hire date are removed or modified. Once information is de-identified, it is no longer protected.

**Business Associates:** We provide some services through contracts with business associates. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information.

**Research:** We may disclose information to Center-approved researchers when their research has been approved by the Center's review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Workers Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a court order.

**Judicial and administrative proceedings:** Your protected health information may be disclosed during any judicial or administrative proceeding as required by appropriate administrative or judicial court proceedings.

**Health oversight agencies and public health authorities:** If a member of the Center staff or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.

**The federal Department of Health and Human Services (DHHS):** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for oversight activities to complete applicable audits, investigations, or inspections.

**All other uses or disclosures of clients' personal health information will be made only with the client's written authorization, except as described in this notice or otherwise required by law. The client may revoke his/her authorization at any time.**

### **Your Rights Under the Federal Privacy Standard**

Your health records are the physical property of The Guidance Center, but your rights regarding that information do include the following allow you to:

---Request restriction on uses and disclosures of your health information for treatment, payment, and health care operations. The right to request restriction does not extend to uses or disclosures permitted or required under sections of the federal privacy regulations. We do not have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice.

---Request alternative methods of communications. If the method of communication is reasonable, we must grant the alternate communication request.

---Obtain an additional copy of this notice of information practices.

---Request amendment/correction of your health information. We do not have to grant the request if the following conditions exist: we did not create the record, the records are not available to you as discussed immediately above, or the record is accurate and complete.

---Obtain a list of the uses and disclosures of personal health information made by the Center. Center management staff will approve the provision of such lists and will consult with the Center's Medical Director, Executive Director, Clinical Director, Operations Director and/or Finance Director as needed. We do not need to provide an accounting for certain disclosures specifically defined by law.

---Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action on reliance on the consent or authorization.

---Inspect and copy your health information upon request, under the supervision and consent of Center management staff.

In certain situations, we can deny access. You do not have a right of access to the following:

- Psychotherapy notes.
- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- Protected health information that is subject to the Clinical Laboratory Improvement Amendments of 1988.
- Information that was obtained from someone other than Guidance Center staff under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.

In other situations, we may also deny access. If we do, we must provide you a review of our decision. Grounds for denial include the following:

- The Guidance Center Medical Director has determined that access is reasonably likely to endanger the life or physical safety of yourself or another person.
- Protected Health Information makes reference to another person and Guidance Center Medical Director has determined that access is reasonably likely to cause substantial harm to that person.
- The request is made by your personal representative and the Guidance Center Medical Director has determined that giving access to that personal representative is reasonably likely to cause substantial harm to you or another person.

### **Our Responsibilities under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to: maintain the privacy of your health information, provide you this notice, abide by the terms of this notice, train our personnel concerning privacy and confidentiality, implement a sanction policy to discipline those who breach privacy/ confidentiality, and mitigate (lessen the harm of) any breach of privacy/confidentiality.

### **For More Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact the Privacy Officer at 913-682-5118 or 500 Limit St., Leavenworth, KS 66048.

Clients who believe their rights, as described in this notice, have been violated, may complain to the Center's Executive Director, 913-682-5118, or to the Department of Health and Human Services at 1-877-696-6775. Clients are protected under federal law from retaliation for complaints they make.