

Catholic Charities of Kansas City-St. Joseph, Inc.

Notice of Privacy Practices

ORIGINAL EFFECTIVE DATE: JANUARY, 2003

MOST RECENTLY REVISED IN MAY, 2010

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!

It is the goal of Catholic Charities to ensure that we protect your health information as required by law. Timely, accurate, and complete health information from your case record (which includes personally identifiable information about you such as your name, address, phone number, SS#, your diagnosis and treatment) must be collected, maintained, and made available to members of the agency's service team so that your needs can accurately be served. Most clients understand and have no objections to this use of their health information.

On the other hand, clients may not be aware of the fact that the health information in their case record may also be used in certain circumstances as:

- A legal document describing the care rendered.
- Verification of services for which the client or a third-party payer is billed.
- A tool in evaluating your care for quality improvement.
- A tool in educating health professionals for quality improvement.
- A source of data for research.
- A source of information for tracking disease so that public health officials can manage and improve the health of the nation.
- A source of data for agency planning and program marketing.

Although clients trust their service providers to maintain the privacy of the information in their case record, increasingly, clients want to be informed about what information is collected and to have some control over how their information is used. With this in mind, the federal government has passed legislation requiring that we as a service provider furnish you with our **Notice of Privacy Practices**. To the extent state laws are more stringent than such federal legislation, Catholic Charities will abide by the more stringent state laws when applicable.

This notice describes how protected health information about you may be used and disclosed, including how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your protected health information and how you can get access to this information. Please review this notice carefully. If you have any questions about this notice, please contact our Privacy Contact listed at the end of this document. "**Protected health information**" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, you may obtain any revised Notice of Privacy Practices by accessing our website, www.catholiccharities-kcsj.org, by contacting the agency and requesting that a revised copy be sent to you in the mail or by e-mail, or asking for one at the time of your next appointment. However, a Notice will not be sent by e-mail unless specifically requested by you, along with the specific e-mail address to which the Notice may be sent.

*As indicated above, this notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. **We will not use or disclose protected health information from your case record without your authorization, except as described in this notice.***

Understanding Your Case Record/Information

Each time Catholic Charities provides a service, information is added to your case record. Among other things, this information serves as a:

- Basis for planning your care, services and treatment
- Means of communication among the professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for planning and program marketing
- A tool with which we can work to improve the care you receive and the outcomes we achieve.

Understanding what is in your record and how your information is used helps you to:

- Ensure it is accurate
- Better understand who, what, when, where, and why others may have access to information about you.
- Make more informed decisions when authorizing the release of your information to others.

Your Information Rights:

Although your case record is the physical property of Catholic Charities, the information belongs to you. **You have the right to:**

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. You have the right to request a restriction or limitation of how we use or disclose your protected health information for treatment, payment, or health care operations. For example, you may request that we not disclose information about a prior treatment to a family member or friend who may be involved in your care or payment for care. Your request must be made in writing. Except as noted below, we are not required to agree to your request if we feel it is in your best interest to use or disclose that particular information. However, if we do agree, we will comply with your request unless that information is needed for emergency treatment. We must agree to a requested restriction if (i) it restricts disclosures of your protected health information to a health plan for purposes of payment or health care operations (as opposed to treatment) and (ii) the protected health information subject to the restriction relates solely to a health care item or service for which we (or another health care provider) have been paid out of pocket in full.
- Obtain a paper copy of the Notice of Privacy Practices upon request as set forth above.
- Inspect and obtain a copy of your case record as provided for in 45 CFR 164.524. Generally, this allows you the right to inspect and copy the protected health information that we maintain about you in our

designated record set for as long as we maintain that information. This designated record set includes your medical and billing records, as well as any other records we use for making health care or medical decisions about you. If we maintain an electronic health record of your protected health information, you have the right to obtain a copy of any protected health information comprising such electronic health record in electronic format and to direct us to transmit such electronic copy of your protected health information to another designated entity or person so long as your designation is clear, conspicuous and specific. For this purpose, “electronic health record” means an electronic record of your protected health information that is created, gathered, managed and consulted by us or by one or more of your other health care providers if it was delivered to us. Any psychotherapy notes that may be included in your records are not available for your inspection or copying by law. There are situations where we may deny you access to your records. In such situations, we would inform you of our reasons for denial and you would have the right to have this denial reviewed. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you request an electronic copy of your electronic health record, we may charge you our reasonable labor costs incurred to comply with your request.

- Amend your case record as provided in 45 CFR 164.528. You have the right to request that we amend your protected health information if you feel that it is incomplete or inaccurate. You must make this request in writing, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request. We are permitted to deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if under the following conditions: (i) we did not create the information or the person who created it is no longer available to make the amendment; (ii) the information is not part of the record which you are permitted to inspect and copy; (iii) the information is not part of the designated record set kept by us; or (iv) if in our opinion the information is accurate and complete.
- Obtain an accounting of disclosures of information from your case record as provided in 45 CFR 164.528. You have the right to request an accounting of the disclosures of your protected health information we have made for up to six years prior to your request. However, the accounting will not include any disclosures of your protected health information: (i) to carry out treatment, payment or health care operations; (ii) to you or your personal representative; (iii) incident to a use permitted or required by law; (iv) pursuant to your written authorization; (v) to persons involved in your care; (vi) for national security or intelligence purposes; (vii) to correctional institutions; or (viii) from which all of your identifying information has been removed in accordance with applicable law. Your request for an accounting must be in writing and state the time period for which an accounting is requested. The first accounting you request in any 12-month period will be free of charge. We may charge you a reasonable and cost-based fee for copying and postage for any subsequent request for an accounting during the same period.
- Request communications of information from your case record by alternative means or at alternative locations. For example, you may request that we send communications to you regarding your protected health information to a work address or via e-mail. Your request must be in writing. We will honor all reasonable requests, but may condition approval on you providing an alternative address or contact method, and information on how payment will be handled.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken as described below.

The Responsibilities of Catholic Charities:

This organization is required to:

- Maintain the privacy of information in your case record.
- Provide you with a copy of our Notice of Privacy Practices.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.

- Accommodate reasonable requests you may have to communicate information from your record by alternative means or at alternative locations.

Examples Of How We Will Disclosure Your Information For Treatment, Payment And Health Operations

We will use information from your case record for treatment.

For example: Information obtained by your service provider will be recorded in your case record and used to determine the course of treatment and services that should work best for you. When a team of individuals are involved in your service delivery, we will share certain agreed upon components of your record. This is to ensure that the team can best meet your needs.

We will use your information in your case record for payment.

For example: A bill may be sent to you or a third-party payer i.e. an insurance company or a funder for a program. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis (if applicable), procedures, and supplies used.

We will use information in your case record for continuous quality improvement of agency operations.

For example: Designated members of the staff may review information in your case record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the services we provide.

The supervisor of your service provider may review your case record as part of the supervisory process of the agency to ensure that your needs are being met and that agency policy and procedures are being followed.

Examples Of How We Will Disclosure Your Information For Purposes Other Than Treatment, Payment And Health Operations

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include vendors, our auditors, our accrediting body, and other contract monitoring bodies. When these services are contracted, information in your case record may be disclosed to our business associate so that they can perform the job we've asked them to do, or they may have incidental access to information in your case record due to the proximity of case record information to their work. These agreements also include any observers or students that are in our organization for educational purposes. To protect information from your case record, however, we require the business associate to treat your information with the same degree of privacy and confidentiality that we do through a business associate agreement.

Notification and Communication with the Family: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Abuse or Neglect: We may disclose information from your case record to a public authority that is authorized by law to receive reports of child or elder abuse or neglect. In addition, we may disclose information from your case record if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Marketing and Fundraising: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also send you information about our agency such as newsletters, fundraising events, etc. If you do not wish to receive these materials, please contact our Privacy Officer in writing and request that these fundraising materials not be sent to you. (Please see the end of this document for contact information)

Workers compensation: We may disclose information from your case record 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 or authorized by law, we may disclose information from your case record to public health or legal authorities charged with preventing or controlling disease, injury, or disability and to (i) report child abuse or neglect; (ii) track or report information concerning the quality, safety or effectiveness of a product regulated by the U.S. Food and Drug Administration; and (iii) report work-related injuries or illnesses or conduct medical surveillance of the workplace.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, information from your record necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose information from your record for law enforcement purposes as authorized or required by law.

Federal law makes provision for information from your record to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public. We may also disclose information from your record to a federal or state governmental agency that is responsible for oversight of the health care system or government benefit programs (such as Medicare or Medicaid) for purposes of audits, investigations, inspections, civil or criminal proceedings and other oversight activities.

Change of Ownership: If by chance, Catholic Charities is dissolved, all of our property becomes the property of Diocese of Kansas City-St. Joseph, Inc.

Research: We may use or disclose information from your record for research purposes in limited situations where additional steps have been taken to protect the privacy of your information, such as obtaining approval of an Institutional Review Board or a privacy board, or removing all of your identifying information.

Health and Safety: We may use or disclose information from your record to law enforcement personnel or other appropriate persons to the extent necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, and such use or disclosure is consistent with applicable law and ethical standards.

Military: If you are a member of the armed forces, we may disclose information from your record to military authorities as authorized or required by law.

Judicial and Administrative Proceedings: We may disclose information from your record pursuant to a court order, subpoena, discovery request or other lawful process in the course of any judicial or administrative proceeding.

Any use of your protected health information from your case record outside of this Notice will not occur without your written permission. If you provide us permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time. If revoked, we will no longer use or disclose your protected health information for the specific purpose(s) contained in the authorization. However, your revocation will not apply to any uses or disclosures made prior to your revocation or in reliance on the authorization.

For More Information or to Report a Problem:

If you have questions and would like additional information, or if you believe your privacy rights have been violated, you have the right to file a formal, written complaint with us at the address below, or with the Secretary of the U.S. Department of Health & Human Services, Office of Civil Rights. *We cannot and will not retaliate against you for filing a complaint.* To file a complaint with us or to receive further information about our privacy practices or the content of this Notice, please contact:

Catholic Charities of Kansas City-St. Joseph, Inc.

20 W. 9th Street

Kansas City, MO 64105

816-221-4377 or toll free 1-800-875-4377.

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