



## NOTICE OF PRIVACY PRACTICES

**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.**

Contact Our Privacy Officer at 316-284-6423

### **WHY WE ARE PROVIDING THIS NOTICE:**

Prairie View compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI) and is maintained in a designated record set. We may use and disclose this information in various ways. Sometimes your agreement or authorization is necessary for us to use or disclose your information and sometimes it is not. This Notice describes how we use and disclose your protected health information and your rights. We are required by law to give you this Notice, and we are required to follow it. We may change this Notice at any time if the law changes or when our policies change. You may access this Notice at our website: <http://www.prairieview.org/>.

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT MAY BE MADE *WITHOUT YOUR AUTHORIZATION*:**

1. For Your Treatment. We may share your protected health information with other treatment providers. For example, information regarding your mental health may be shared with your primary care physician.
2. For Payment. We may share your protected health information with anyone who may pay for your treatment. For example, we may need to obtain a pre-authorization for treatment or send your health information to an insurance company so it may pay for treatment. However, if you pay out of pocket in full for your treatment and make a specific request that we not send information to your insurance company for that treatment, we will not send that information to your insurer except under certain circumstances.
3. For Our Healthcare Operations. We may use and disclose your protected health information when it is necessary for us to function as a business. For example, when we contract with other businesses to do specific tasks for us, we may share your protected health information related to those tasks. When we do this, the business agrees in the contract to protect your health information and use and disclose such health information only to the extent Prairie View would be able to do so. These businesses are called Business Associates. Another example is if we want to see how well our staff is doing, we may use your protected health information to review their performance.
4. For Appointment Reminders. We may use your protected health information to remind you of appointments, including leaving a voicemail message, sending a text message, and/or sending an email.
5. For Surveys. We may use and disclose your protected health information to contact you to assess your satisfaction with our services.
6. For Providing Your Information on Treatment Alternatives or Other Services. We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. In some cases the facility may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.
7. To Discuss Your Treatment with Other People Who Are Involved with Your Care. We may disclose your health information to a friend or family member who is involved in your care. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

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8. Research. Under certain circumstances, we may use and disclose your protected health information for medical research. All research projects, however, are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved.
9. As Required By Law. We will disclose your protected health information when the law requires us to do so.
10. To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
11. Organ and Tissue Donation. We may use or disclose your protected health information to an organ donation bank or to other organizations that handle organ procurement to assist with organ or tissue donation and transplantation.
12. Military and Veterans. The protected health information of members of the United States Armed Forces and members of a foreign military authority may be disclosed as required by military command authorities.
13. Employers. We may disclose your protected health information to your employer if we provide you with health care services at your employer's request and the services are related to an evaluation for medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. We will tell you when we make this type of disclosure.
14. Workers' Compensation. We may release your protected health information for workers' compensation or similar programs providing you benefits for work-related injuries or illness.
15. Public Health Risks. We may disclose your protected health information for public health activities which include the prevention or control of disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of devices or products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. If you agree, we can provide immunization information to schools.
16. Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.
17. Legal Proceedings. We may disclose your protected health information when we receive a court or administrative order. We may also disclose your protected health information if we get a subpoena, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.
18. Law Enforcement. When a law enforcement official requests your protected health information, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at Prairie View; or in an emergency to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.
19. Coroners, Medical Examiners, and Funeral Directors. We may disclose your protected health information to a coroner, medical examiner, or a funeral director.
20. National Security and Intelligence Activities. When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and other national security activities.
21. Protective Services for the President and Others. We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.

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22. Inmates or Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or a law enforcement official when it is necessary for the institution to provide you with health care; when it is necessary to protect your health and safety or the health and safety of others; or when it is necessary for the safety and security of the correctional institution.
23. Fundraising. We may send you information as part of our fundraising activities. You have the right to opt out of receiving this type of communication.

#### **OTHER USES AND DISCLOSURES:**

1. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures that constitute a sale of protected health information require your authorization. HIPAA has a specific and narrow definition for "psychotherapy notes," and mental health records generally are not included. Prairie View does not have protected health information that meets HIPAA's definition of psychotherapy notes. Your authorization is necessary for a provider to disclose psychotherapy notes.
2. There are some circumstances when we directly or indirectly receive a financial (e.g., monetary payment) or non-financial (e.g., in-kind item or service) benefit from a use or disclosure of your protected health information. Your authorization is necessary for us to sell your protected health information. Your authorization is also necessary for some marketing uses of your protected health information.
3. Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke your authorization in writing at any time, provided you notify us. If you revoke your authorization, it will not take back any disclosures we have already made.

#### **YOUR HEALTH INFORMATION RIGHTS:**

1. Right to Access. You have the right to access, or to inspect and obtain a copy of your protected health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form so we have the information we need to process your request. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. Or you can receive your records in a paper copy. You may also direct that your protected health information be sent in electronic format to another individual. You may be charged a reasonable fee for access. We can refuse access under certain circumstances. If we refuse access, we will tell you in writing and in some circumstances you may ask that a neutral person review the refusal.
2. Right to Amend Your Records. If you feel that your protected health information is incorrect or incomplete, you may ask that we amend your health records. To exercise this right, you must contact the Privacy Officer to complete a specific form stating your reason for the request and other information that we need to process your request. We can refuse your request if we did not create the information, if the information is not part of the information we maintain, if the information is part of information that you were denied access to, or if the information is accurate and complete as written. You will be notified in writing if your request is refused and you will be provided an opportunity to have your request included in your protected health information.
3. Right to an Accounting. You have a right to an accounting of disclosures of your protected health information that is maintained in a designated record set. This is a list of persons, government agencies, or businesses who have obtained your health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. There are specific time limits on such requests. You have the right to one accounting per year at no cost.
4. Right to a Restriction. You have the right to ask us to restrict disclosures of your protected health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. If you self-pay for a service and do not want your

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health information to go to a third party payer, we will not send the information, unless it has already been sent or there is another specific reason we cannot accept your request. For example, if your treatment is a bundled service and cannot be unbundled and you do not wish to pay for the entire bundle, or the law requires us to bill the third party payer (e.g., a governmental payer), we cannot accept your request. We do not have to agree to any other restriction. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.

5. Right to Communication Accommodation. You have the right to request that we communicate with you in a certain way or at a specific location. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us the information that we need to process your request.
6. Breach Notification. You have the right to be notified if we determine that there has been a breach of your protected health information.
7. Right to Obtain the Notice of Privacy Practices. You have the right to have a paper copy of this Notice. You may request a copy from the Privacy Officer or you may go to our website at <http://www.prairieview.org/>.
8. Right to File a Complaint. If you believe your privacy rights as described in this Notice have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services – Office for Civil Rights (Regional Office at Kansas City), 601 East 12<sup>th</sup> Street Room 248, Kansas City MO 64106, 816.426.7277, or through [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). You will not be penalized for filing a complaint.

#### **COMMUNICATION CONSENT:**

##### Risk of Using Email & Text Message

Prairie View offers patients or the patients' designees the opportunity to communicate by email or text message. Transmitting patient information by email or text message, however, has a number of risks that patients should consider before using email or text message. These include, but are not limited to, the following risks:

1. Email and text messages can be circulated, forwarded, and stored in numerous paper and electronic files.
2. Email and text messages can be immediately broadcast worldwide and be received by many intended and unintended recipients.
3. Senders of email and text messages can easily mis-address their message.
4. Email and text messages are easier to falsify than handwritten or signed documents.
5. Back-up copies of email and text messages may exist even after the sender or the recipient has deleted his or her copy.
6. Employers and online services have a right to archive and inspect emails and text messages transmitted through their systems.
7. Email and text messages can be intercepted, altered, forwarded, or used without authorization or detection.
8. Email and text messages can be used to introduce viruses into computer systems.
9. Email and text messages can be used as evidence in court.

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## Conditions for the Use of Email & Text Message

Prairie View will use reasonable means to protect the security and confidentiality of email and text message information sent and received. However, because of the risks outlined above, Prairie View cannot guarantee the security and confidentiality of email and text message communication, and will not be liable for improper disclosure of confidential information that is not caused by Prairie View's intentional misconduct. Thus, patients must consent to the use of email and text message for patient information. Consent to the use of email and text message includes agreement with the following conditions:

1. All emails and text messages concerning diagnoses or treatment will be printed and made part of the patient's medical record. Because they are a part of the medical record, other individuals authorized to access the medical record will have access to those emails and text messages.
2. Prairie View may forward emails and text messages to Prairie View staff and agents as necessary for diagnoses, treatment, reimbursement, and other handling. Prairie View will not, however, forward emails and text messages to independent third parties without the patient's prior written consent, except as authorized or required by law.
3. Although Prairie View will endeavor to read and respond promptly to email and text messages, Prairie View cannot guarantee that any particular email or text message will be read and responded to within any particular period of time. Thus, email or text messaging should not be used for medical emergencies or other time-sensitive matters. Not all clinicians are available by text message.
4. If an email or text message requires or invites a response from Prairie View, and a response has not been received within a reasonable time period, it is the sender's responsibility to follow up to determine whether the intended recipient received the email or text message, and when the recipient will respond.
5. The patient/designee is responsible for protecting his/her password or other means of access to email or text message. Prairie View is not liable for breaches of confidentiality caused by the patient, designee or any third party.
6. It is the patient's responsibility to follow up and/or schedule an appointment if warranted.
7. Prairie View is not currently equipped to encrypt or encode email or text messages, so all email between patient/designee and Prairie View remains in an easily readable format that anyone would be able to read who gains access to it.

To communicate by email or text message:

1. Inform Prairie View of changes in email address or phone number.
2. Do not put the patient's name in the subject line of an email.
3. Include the category of the communication in the subject line, such as "Billing Question".
4. Review the email or text message to make sure it is clear and that all relevant information is provided before sending to Prairie View.
5. Take precautions to preserve the confidentiality of emails and text messages, such as using screensavers, safeguarding computer passwords, and locking the device.
6. Withdraw consent only by email or written communication to Prairie View.

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## **TREATMENT CONSENT**

### Participation in Telehealth Services:

To better serve the needs in the community, some behavioral health care services are now available by interactive video communications, sometimes referred to as "telemedicine". Using telemedicine, you may be evaluated and treated by a provider from a distant location. Since this may be different than the type of service with which you are familiar, the following additional information is being provided.

- The provider at the distant location is licensed in the state of Kansas, and you will be informed as to what type of license they have.
- You will be informed if any additional personnel are present at the distant location and will have a chance to request that they not be present.
- Health care providers at both your location and the distant location will have access to any relevant medical information about you, including any psychiatric and/or psychological information, alcohol, and/or drug use, and mental health records.
- The provider at the distant location will document the service, and information will be shared between providers at your location and the distant location.
- Your privacy and confidentiality will be protected. The potential of the interactive video communications being intercepted is similar to the potential of a phone call being intercepted.

There is a slight risk of equipment malfunction, which could interrupt the service.

Your participation in telemedicine is voluntary, and you may refuse to participate or decide to stop participation at any time. If you refuse to participate or decide to stop participation, you may seek traditional behavioral health care services through Prairie View (if available) or another provider of your choice. This could result in delays in service, need to travel, or the risks associated with having a delay in behavioral health care services.

## **FINANCIAL CONSENT**

An insurance policy is an agreement between the insurance company(ies) and you; Prairie View is not a party to that agreement. Prairie View and your insurance company(ies) have the right to discuss your insurance benefits. Prairie View may help you fill out forms needed to receive benefits from your insurance company(ies). Any amount paid directly to Prairie View on your behalf will be credited to your account. Payment of authorized benefits for services furnished by Prairie View will be made directly to Prairie View. In the event you are paid directly by an insurance company, you agree to promptly pay Prairie View.

To be eligible for an adjusted fee for outpatient services as residents of Harvey, Marion, and McPherson counties, insurance information and signed forms must be submitted to Prairie View. Insurance company(ies) will be billed Prairie View's treatment charge. Funds will be used to make up the difference between the treatment charge and the combined total of insurance payments and the adjusted fee.

Eligibility for an adjusted fee is determined by income and county of residence, and is intended to primarily benefit uninsured and underinsured patients. Information on applying for an adjusted fee is located in Prairie View's *Financial Assistance Policy* and *Plain Language Summary – Financial Assistance*.

## **CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for protected health information that we currently maintain in our possession, as well as for any protected health information we receive, use, or disclose in the future. A current copy of the Notice will be posted in our facility.

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