LAKEMARY CENTER, INC.

100 Lakemary Drive, Paola, KS 6607
15145 S. Keeler, Olathe, KS 66062
5940A Dearborn, Mission, Ks 66202

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.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the HITECH Act of 2009 requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper or orally be kept confidential. This federal law gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. Without your specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers so Lakemary Center, Inc. can treat you or assist others in your treatment. Examples would include doctors, nurses, pharmacists, social workers, therapists and affiliated health care personnel as well as hospitals, clinics, nursing homes, residential treatment facilities, laboratory and diagnostic facilities, etc. Treatment would also include sharing information with your designated personal representative if they will be involved in your care and treatment.

- **Payment** means such activities as confirming insurance coverage, obtaining reimbursement for services, billing /collection activities and utilization review. Payment may also require that we provide details regarding your pre-treatment condition and/or periodic updates concerning your progress to obtain payment for required services.

- **Health Care Operations** include the operating aspects of our business, such as conducting quality assessment and improvement activities internally and through accrediting and credentialing organizations, auditing and corporate compliance functions, cost-management analysis and customer service.

In addition, we are permitted by law to make certain uses and disclosures of your personal health information without your consent, subject to those conditions specified in the law. Your confidential information may be released to:

- comply with federal, state or local law, statute or regulations
- for public health activities, such as required reporting of disease, injury, death and for required public health investigations
- notify certain governmental agencies if we suspect child abuse or neglect; or if we believe that you may be a victim of abuse, neglect or domestic violence
- notify entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls
- comply with government oversight agencies that have legal authority to conduct audits, investigations, inspections and related functions
- prevent a serious and imminent threat to a person or to the public as would be encountered in an emergency situation
- comply with a bona fide court or administrative order, subpoena or discovery request; in most cases you will have notice of such release
- comply with requests from law enforcement officials to identify or locate suspects, fugitives or witnesses or victims of crime or for other allowable law enforcement purposes
- notify coroners, medical examiners and/or funeral directors
- provide notice to you or your designated medical representative with a reminder (i.e. telephonic, US Mail, etc.) of an upcoming appointment

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your protected health information, which you may exercise by presenting a written ***request to our Privacy Officers at the location listed below***. Although under specific circumstances these rights may be limited, generally they include:

- The right to have your personal health information kept confidential.
- The right to know why we need to ask questions about your past medical history and current medical condition and the right to refuse to answer such questions.
- The right to request restrictions in our use or disclosure of your protected health information for treatment, payment or health care operations including that related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to such a restriction.
- If we do agree to a restriction and we later deem that the restriction to be inappropriate, we retain the right to terminate an agreed upon restriction and we will provide you notice of this change.

- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations. We will accommodate reasonable requests by you.
- The right to request an amendment to your protected health information if you believe that it is incorrect or incomplete.
- The right to access, inspect and copy your protected health information. Lakemary Center, Inc. may charge a cost based fee for copying and mailing such information.
- The right to receive an "accounting of disclosures" or list of certain protected health information disclosures our organization has made excluding those related to treatment, payment and health care operations. Under certain circumstances, there may be a cost based charge for compiling this list.
- The right to obtain a paper copy of this notice from us upon request.
- The right to file a complaint if you believe your privacy rights have been violated.
- The right to provide an authorization for other use and disclosure that is not identified in this notice or permitted by applicable law.

Confidentiality of Alcohol and Drug Abuse Records HIV- Related Information and Mental Health Records. The confidentiality of alcohol and drug abuse records, HIV information and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited and regulated circumstances. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Business Associates. Certain aspects and components of our services are performed through contracts with other healthcare professionals and / or organizations, such as auditing, accreditation, legal services etc. At times it may be necessary for us to provide certain of your personal health information to one or more of these persons or organizations who assist us with treatment, payment/ billing and healthcare operations. In such circumstances, we require these business associates to appropriately safeguard the privacy of such information.

Persons Involved In Your Care. Unless you specifically object, we may, in our professional judgment, disclose to a member of your family or personal representative, a close friend or any other person you identify, your personal health information to facilitate that person's involvement in caring for you or in payment for that care. We may use or disclose personal health information to assist in notifying a family member, a personal representative, or any other person that is responsible for your care and general condition. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons that may be involved in some aspect of caring for you.
Paper Copy As Notice. As a patient, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such a copy by email or other electronic means. You may also download and print a copy of this Notice from our website located at www.lakemaryctr.org.

Research. We may use and disclose your de-identified personal health information as permitted or required by law for research, subject to your explicit authorization.

This notice is effective as of January 2017 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services. Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our privacy practices, please contact:

Privacy Officers at our Toll Free Number 866-557-0700 OR directly at:
Sherri Johnson, Medical Records Coordinator; 913-535-4722 OR shjohnson@lakemaryctr.org
Shawn Kelsey, CFO and Vice-President of Administrative Services; 913-533-7280 OR skelsey@lakemaryctr.org
Lakemary Center, Inc., 100 Lakemary Drive. Paola, KS 66071 Fax: 913-557-4910

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services
Office of Civil Rights Phone: 877-696-6775
200 Independence Avenue SW
Washington, D.C. 20201

By signing below, I attest that I have been provided with a copy of this brochure, my rights have been reviewed, and questions have been answered.

_____ _____
Name Date
Select one:___ Individual Served ___ Parent ___ Guardian ___Volunteer/Intern ___Staff ___Other:_____

Originated: April 2003
Reviewed: 04/04; 04/05; 04/06; 04/07; 04/08/; 04/09; 11/11; 07/14
Revised: 11/10; 09/13; 03/15; 03/17