

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
NOTICE OF USE OF PRIVATE HEALTH INFORMATION**

**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 Department for Children and Families (DCF) understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The following is a notice of our legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at DCF, please contact your local representative, or DCF Privacy Officer, indicated on the contact list below.

**A. How DCF May Use or Disclose Your Health Information.**

The following categories describe the ways DCF may use and disclose your health information, as part of our normal operations to assist you, without asking you for permission. For each category of uses and disclosures, we will explain what we mean and present some examples. In each category we will only disclose the minimum amount of information needed to accomplish the task. Not every use or disclosure in a category will be listed. However, the ways we are permitted to use and disclose information will fall within one of the categories.

**1. Treatment.**

We may use or disclose health information about you to provide the necessary treatment for you. For example, if you are a patient of one of the state hospitals we may use medical information about you to provide you with treatment or services. We may disclose medical information about you to qualified mental health professionals; qualified mental retardation professionals; qualified counselors; or technicians. Your treatment team members will internally discuss your medical/health information in order to develop and carry out a plan for your services. Different departments of the facility also may share medical/health information about you in order to coordinate the different things you need, such as prescriptions, medical tests, special dietary needs, respite care, personal assistance, day programs, etc. We also may disclose medical/health information with people outside the hospital who may be involved in your medical care, but only the minimum necessary amount of information will be used or disclosed to carry this out.

**2. Payment Functions.**

We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services received from providers, determine program responsibilities for benefits, and to coordinate program benefits. For example, payment functions may include reviewing the medical necessity for health care services, reviewing a plan of care for payment to community partners such as a Community Developmental Disability Organization, a Community Mental Health Center, a Regional Alcohol and Drug Abuse Treatment Center, just to mention a few. We may also use or disclose health information to facilitate proper payment for treatment such as providing your Medicaid identification number to a health care provider, a pharmacy or other health provider who has an agreement with DCF to provide services to our clients/patients.

**3. Health Care Operations.**

We may use or disclose health information about you to carry out necessary program related activities. Such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; conducting or arranging for medical or program reviews, legal services, audit services, and fraud and abuse detection programs; business planning, management and general administration; case management and care coordination; accreditation, certification, licensing, or credentialing activities.

**4. Required by Law.**

As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action, a child custody hearing, or establishing paternity.

**5. Public Health.**

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**6. Disclosures about Victims of Abuse, Neglect or Domestic Violence.**

We may disclose protected health information about an individual who we reasonably believe is a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to

receive reports of such abuse, neglect or domestic violence.

**7. Health Oversight Activities.**

We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the Agency programs. Examples would be sharing health information with the Kansas Department of Health and Environment for their licensure activities involving child care centers or nursing home facilities.

**8. Judicial and Administrative Proceedings.**

We may disclose your health information in the course of any administrative or judicial proceeding.

**9. Law Enforcement.**

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, or complying with court order or subpoena and other law enforcement purposes.

**10. Coroners, Medical Examiners and Funeral Directors.**

We may disclose your health information to coroners, medical examiners and funeral directors, if, for example, it is necessary to identify a deceased person or determine the cause of death.

**11. Organ and Tissue Donation.**

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues, as necessary.

**12. Public Safety.**

We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**13. National Security.**

We may disclose your health information for military, national security, prisoner and government benefits purposes.

**14. Worker's Compensation.**

We may disclose your health information as necessary to comply with Worker's Compensation or similar laws.

**15. Marketing.**

We may provide health information to other state or local agencies who may contact you to give you information about health related benefits and services that may be of interest to you.

**16. Appointment Reminders.**

We may use and disclose your health information to contact you with appointment reminders for treatment or services provided by DCF.

**17. Research Activities.**

We may disclose health information about you for research purposes.

**B. When DCF May Not Use or Disclose Your Health Information.**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time to the local contact person, or DCF Privacy Officer, indicated on the contact list below. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

**C. Statement of Your Health Information Rights**

1. **Right to Request Restrictions.**

You have the right to request restrictions on certain uses and disclosures of your health information. DCF is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the local contact person, or DCF Privacy Officer, indicated on the contact list below.

2. **Right to Request Confidential Communications.**

You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the local contact person, or DCF Privacy Officer, indicated on the contact list below.

3. **Right to Inspect and Copy.**

You have the right to inspect and copy health information about you that may be used to make decisions about your treatment or benefits, with the exception of psychotherapy notes or information gathered for and used in legal or administrative proceedings. To inspect and copy such information, you must submit your request in writing to the local contact, or DCF Privacy Officer, indicated on the contact list below. If you request a copy of the information we may charge you a reasonable fee to cover

expenses associated with your request.

**4. Right to Request Amendment.**

You have the right to request that DCF amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the local contact, or DCF Privacy Officer, indicated on the contact list below.

**5. Right to an Accounting of Disclosures.**

You have the right to receive a list of “accounting of disclosures” of your health information made by us, except that we do not have to account for disclosures made for purposes described in Section A 1-3, of this document, disclosures authorized by you or disclosures made to you. To request this list of disclosures you must submit your request in writing to the local contact person, or DCF Privacy Officer, indicated on the contact list below.

**6. Right to Paper Copy.**

You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the local contact, or DCF Privacy Officer, indicated on the contact list below. You may also obtain a copy of this Notice at our website, [www.dcf.ks.gov](http://www.dcf.ks.gov).

**D. Changes to this Notice of Privacy Practices**

DCF reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, DCF is required by law to comply with the current version of this Notice.

**E. Complaints**

If you believe your privacy rights have been violated you may take the following actions:

- file a complaint with DCF by contacting the DCF Privacy Officer, or
- the local contact, in writing at the address indicated on the contact list below, or
- file a written complaint with the Office for Civil Rights, Secretary of the Department of Health and Human Services, 601 East 12<sup>th</sup> Street - Room 248, Kansas City, Missouri 64106.

You will not be retaliated against for filing a complaint. Your health care services and/or benefits will not be affected in any way.

This Notice of Privacy Practice is effective April 14, 2003, and was updated July 1, 2012.

**HIPAA LOCAL CONTACT LIST**

<b>Regional Office Contact Contacto en la Oficina del Area</b>	<b>Telephone # Telefono</b>	<b>Counties Served Condadios Atendidos</b>
Kansas City Region 8915 Lenexa Drive Overland Park, KS 66214	Phone: (913) 826-7300 TTY/TDD: 1-800-766-3777 Fax: (913) 826-7528	Atchison, Douglas, Johnson, Leavenworth, Wyandotte
East Region 500 Van Buren Topeka KS 66603	Phone: (785) 296-2500 TDD: 1-800-766-3777 Fax: (785) 296-5666	Allen, Anderson, Atchison, Brown, Bourbon, Chautauqua, Cherokee, Coffey, Crawford, Dickinson, Doniphan, Franklin, Jackson, Jefferson, Labette, Linn, Marshall, Miami, Montgomery, Nemaha, Neosho, Osage, Pottawatomie, Republic, Riley, Shawnee, Wabaunsee, Wilson, Woodson
Wichita Region 230 East William Wichita, KS 67202	Phone: (316) 337-7000 TDD: 1-800-766-3777 Fax:(316) 367-1926	Barber, Butler, Cowley, Elk, Greenwood, Harper, Kingman, Pratt, Sedgwick, Sumner
West Region 615 N. Kansas Liberal, KS 67901	Phone: (620) 626-3700 TTY/TDD: 1-800-766-3777 Fax: (913) 826-7528	Barton, Chase, Cheyenne, Clark, Clay, Cloud, Comanche, Decatur, Dickinson, Edwards, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Hamilton, Harvey, Haskell, Hodgeman, Jewell, Kearney, Kiowa, Lane, Lincoln, Logan, Lyon, Marion, McPherson, Meade, Mitchell, Morris, Morton, Ness, Norton, Osborne, Ottawa, Pawnee, Phillips, Rawlins, Republic, Reno, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Washington, Wallace, Wichita