



**Notice of Privacy Practices based on the
Health Insurance Portability and Accountability Act of 1996
(HIPAA)**

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. Please sign and return the “Acknowledgment of Receiving HIPAA Notice” to the Resource Center for Independent Living, Inc. (RCIL).

Effective:

Background: The HIPAA Privacy Rule created national standards to protect individuals’ medical records and other personal health information.

- It gives individuals more control over their health information.
- It sets boundaries on the use and release of health records.
- It establishes appropriate safeguards that health care providers and others must achieve to protect the privacy of health information.
- It holds violators accountable, with civil and criminal penalties that can be imposed if they violate patients’ privacy rights.
- And it strikes a balance when public responsibility supports disclosure of some forms of data-for example, to protect public health.

For individuals-it means being able to make informed choices when seeking care and reimbursement for care based on how personal health information may be used.

- It enables individuals to find out how their health information may be used and about certain disclosure of their information that have been made.
- It generally limits release of information to the minimum reasonable needed for the purpose of the disclosure.
- It generally gives individuals the rights to examine and obtain a copy of their own health records and request corrections.
- It empowers individuals to control certain uses and disclosures of their health information.

This HIPAA Notice is based on information from U.S. Department of Health & Human Services. For more detailed information about health privacy, visit U.S. Department of Health & Human Services, “Medical Privacy: National Standards to Protect the Privacy of Personal Health Information” website (<http://www.hhs.gov/ocr/hipaa>)

RCIL is committed to protecting your health information and following all laws regarding the use of your health information. This Notice describes how we will use, share and protect your health information we receive or create. It also explains your rights regarding the privacy of your health information as required by law. If you have question about this Notice, or if you want more information about the privacy practices at RCIL please contact the Executive Director.

Who is Covered by the HIPAA Privacy Rule

The HIPAA Privacy Rule applies to health care providers, health plans, health care clearing houses, and any business associate that transmits health information in any form or media, including electronic, paper or oral. The Privacy Rule calls this information “protected health information (PHI).”

The Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Rule) applies to all employees of RCIL.

The HIPAA Privacy Rule allows covered entities to disclose protected health information to business associates when they obtain assurances that the business associate will use the information only for the purposes for which it was engaged by the covered entity, will safeguard the information from misuse, and will help the covered entity comply with duties under the HIPAA Privacy Rule.

Covered entities may disclose protected health information to an entity in its role as a business associate only to help the covered entity carry out its health care functions. (U.S. Dept of HHS, “Health Information Privacy” De4c. 3, 2002 revised April 3, 2003)

How Resource Center for Independent Living, Inc. May Use or Disclose Your Health Information Based on HIPAA

Resource Center for Independent Living, Inc. staff may disclose your protected health information to a business associate also covered by HIPAA only to help them carry out their health care functions. When your health information is shared with other agencies or organizations that perform a health care function, we will limit the disclosure of your information to the amount of information that is the minimum necessary.

The following categories describe the ways RCIL may disclose health information based on the HIPAA Privacy Rule and its confidentiality policies.

Treatment: We may disclose your health information in order to provide you with our professional services. We have established “minimum necessary” and “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is informed of our confidentiality policies and is required to abide by these. If a staff member fails to comply with the agency’s confidentiality policies, disciplinary action is taken up to and including termination.

Collaboration: We may disclose your health information with other healthcare professionals who provide treatment or service to you. These professionals will have a privacy and confidentiality policy like this one. With your permission, health information about you may also be disclosed to your family, friends or other persons you choose to involve in your care. In each case, before any such collaboration occurs, we will obtain your permission by asking you to sign a Consent for Release of Information form specifying with whom we may share information, for what purpose, and for how long. If directed by you, the consent form may be signed by your appointed representative (parent, guardian, active power of attorney, etc.).

Payment: We may disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and collecting payments.

Emergencies: We may disclose your health information to notify, or assist in the notification of a family member or anyone responsible for your care, in case of an emergency. Under emergency condition or if you are incapacitated we will use our professional judgement to disclose only that information directly relevant to your care. We will also use our professional judgement to make reasonable inference of your vest interest by informing emergency response personnel or law enforcement officers, Adult Protective Services, or similar forms of assistance. If at all possible we will provide you with an opportunity to object to this disclosure.

Healthcare Oversight: We may disclose your health information to keep our practice operable for activities authorized by law, including audits, investigations, inspection, or licensure.

Required by Law: We may disclose your health information when we are required to do so by law at the request of a coroner, medical examiner, funeral director, or through a court order subpoena, discovery request, or other lawful process. We may disclose health information about you to a law enforcement official for law enforcement purposes.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you have been a possible victim of abuse, neglect, or exploitation or the possible victim of another crime. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

Public Health Responsibilities: We may disclose specific health information to prevent a serious threat to a person's or the public's health or safety.

Marketing Health-Related Services: We will not use your health information for marketing purposes unless we have your written authorization to do so.

National Security: The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence or other national security activities, we may disclose it to authorized federal officials.

Appointment Reminders: We may disclose your health information to provide you with appointment reminders, including voicemail messages or letters addressed to you. (See your Right to Receive Confidential Communication below for information about your right to request these reminders in a certain format.)

Your Health Information Rights

Your health information will not be shared without your permission except as described in this notice or required by law. You may authorize other disclosures by completing a RCIL Release of Information Form. You may revoke such authorization in writing at any times. RCIL has services available to help you understand your rights regarding your health information. You may ask RCIL for a copy for this notice at any time. An electronic copy for this notice is available on the RCIL web site: www.rcilinc.org.

You have the following rights regarding your health information:

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information RCIL discloses about you. RCIL will accommodate your request, unless we are obligated by

law to disclose the information or unless we need to disclose the information in order to provide you with the services you are requesting or form any of the reasons stated above.

Right to Receive Confidential Communications: You have the right to ask RCIL to communicate with you in a certain way or at a certain location. For example, you may give us a different mailing address or phone number at which to reach you. RCIL staff will accommodate any reasonable request you may have about how we communicate your health information by alternative means or at alternative locations.

Right to Inspect and Copy: You have a right to inspect and obtain a copy (for standard fee) of your health information. Exceptions are psychotherapy notes and information that is needed for a civil, criminal or administrative action or proceeding.

Right to Request Amendment: If you believe that the health information RCIL has about you is incorrect or incomplete, you may ask us to amend the information. RCIL may deny your request if the information is accurate and complete, or if you ask us to amend information that was not created by RCIL, unless the person or entity that created the information is no longer available to make the amendment.

Right to Receive an Accounting of Disclosures: Upon your request, RCIL will tell you with whom we spoke and a summary of what was said regarding your health information. Also, upon your request, we will provide you with a written list of disclosures of your health information, except for information that you are denied by law.

Right to a Copy of this Notice: You have a right to receive a copy of this Notice Of Privacy Practices at any time, in the form you request, such as; print copy on paper, large print, Braille, or electronic format.

To obtain a copy of this Notice, ask an RCIL staff person. Or send a written request to the Executive Director at RCIL. You may also obtain a copy from our website, www.rcilinc.org.

Changes to This Policy: We reserve the right to make changes to this Notice of Privacy Practices to reflect changes in the law. If changes occur, a new Notice will be posted within 60 days, on our website at www.rcilinc.org.

Complaints

If you believe that RCIL has disclosed health information about you that it should not have, or if you disagree with our handling of any of these privacy policies, you may take the following actions. There will be no retaliation against you for filing a grievance or a complaint.

1. File a grievance by contacting:
Executive Director
RCIL
PO Box 257
Osage City, KS 66523
2. File a complaint with:
Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12 Street: Room 248
Kansas City, MO 64106
Voice Phone (816) 426-7277
FAX (816) 426-3686
TDD (816) 426-7065

Acknowledgment of Receiving HIPAA Notice

By signing this document I acknowledge that I have been informed of the RCIL Notice of Privacy Practices based on the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

To request an additional copy of this HIPAA Notice, indicate by checking the preferred format:

Print

Large Print

Braille

Email

Other: _____

Signature

Date Signed

Print Name

Guardian or other Authorized Representative (if applicable)

Date Signed