

**1NOTICE OF PRIVACY PRACTICES
FUTURES UNLIMITED, INC.**

This Notice of Privacy Practices is effective as of
03/01/2003

**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**

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as "medical information." In this notice, we simply call all of that protected health information, "health information."

This notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

PRIVACY OFFICER/CONTACT PERSON: For the purposes designated in this notice or if you have any questions about this notice or our privacy practices relating to your health information or if you need this notice in a different format, please contact the following person:

Ginny Butts
Futures Unlimited, Inc.
2410 N. A Street
Wellington, Ks 67152
Telephone # (620) 326-8906 Fax # (620) 326-7796
ginnyb@futures-unlimited.org

How We May Use and Disclose Health Information About You. We use and disclose health information about you for a number of different purposes. Each of those purposes is described below.

For Service Delivery (Treatment).

We may use health information about you to provide, coordinate or manage the services, supports, and health care you receive from other providers and us. We may disclose health information about you to consultants who contract with Futures Unlimited, our health professionals or therapists, student teachers or interns, or other Futures Unlimited staff or personnel who are involved in providing services to you at Futures Unlimited. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. **For example**, a case manager assisting you with scheduling health care appointments may consult our nurse when you say you are sick. They would relay your symptoms, any medications you take and any additional health issues you have. In turn, the nurse or your case manager may contact the doctor's office of your choice and relay this information when scheduling your appointment for you. In addition, after your appointment, your case manager or the nurse may relay the results of your appointment and service delivery recommendations given to you by your doctor to your residential staff so they can assist you with your service delivery at home. Different departments of Futures Unlimited also may share health information about you in order to coordinate the different services you need, such as medication assistance; meal preparation or skin care. Health information created or received during a comprehensive

developmental evaluation may be shared with therapists, teachers, educational support staff, consultants or health care providers in order to develop an Individualized Educational Plan (IEP), Family Partnership Agreement (FP) or Individualized Family Service Plan (IFSP). We also may disclose health information about you to people outside Futures Unlimited who may be involved in your health care while you are receiving services at Futures Unlimited or after you leave Futures Unlimited services such as doctors, health care workers, family members, clergy or others that are part of your support network. If you request our dispatcher to arrange transportation for a medical appointment, we may disclose health information about you to the office where you have the appointment if you request we schedule the appointment for you.

For Payment.

We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payor, such as Medicaid or other state agency (for example, the state's Office of Health Care Policy), or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program. We may need to give your health plan (health insurance company) information about your diagnosis so your health plan will pay us or reimburse you for specific services. We may also tell your health plan about a service you are going to receive in order to obtain prior approval or to determine whether your plan will cover the service. This may include filing statutory liens to collect amounts owed to us for your services.

For Administrative (Health Care) Operations.

We may use and disclose health information about you for our own operations. These are necessary for us to operate FUTURES UNLIMITED and to make sure that all of our clients receive quality services. **For example**, we may use health information to review our services and to evaluate the performance of our staff in providing services to you. We may disclose health information about you to train our staff and volunteers. We may also combine health information about many clients to decide what additional services Futures Unlimited should offer, what services are not needed, and whether certain new services are beneficial. We may combine the health information we have with health information from other service providers in our service area or the State of Kansas to compare how we are doing and see where we can make improvements in the services that we offer. We may remove information that identifies you from this set of health information so others may use it to study service delivery without learning who specific individuals are. Examples are State funding database and service association demographic databases. Additional uses and disclosures for "administrative operations" include:

- activities relating to improving services or reducing service delivery costs,
- training, accreditation, certification, licensing, credentialing or other related activities,
- underwriting and other insurance related functions,
- quality/peer review and auditing functions, including fraud and abuse detection, and compliance programs
- conducting or arranging for legal services for Futures Unlimited, its staff or personnel business planning and development, business management and general
- internal grievance resolution

How We Will Contact You.

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 8 of this Notice.

Appointment Reminders.

We may use and disclose health information about you to contact you to remind you of an appointment for service delivery or services.

Service delivery and Service Alternatives.

We may use and disclose health information about you to contact you about service delivery and service alternatives that may be of interest to you.

Health Related Benefits and Services.

We may use and disclose health information about you to contact you about health-related benefits and services that may be of interest to you.

Disclosures to Family and Others.

We may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify your Case Manager, Family Support Specialist, Service Coordinator or Family Involvement Specialist or a staff member in charge of assisting you with coordination of your services.

Disaster Relief.

We may use or disclose health information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

Required by Law.

We may use or disclose health information about you when we are required to do so by law.

Public Health Activities.

We may disclose health information about you for public health activities and purposes. This includes reporting health information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity. Reporting work-related/ workplace illnesses and injuries to OSHA would be included in these disclosures. We would also disclose deaths as required by law.

Victims of Abuse, Neglect or Domestic Violence.

We may disclose health information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is:

(a) required by law; (b) agreed to by you or your personal representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

Health Oversight Activities.

We may disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Judicial and Administrative Proceedings.

We may disclose health information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose health information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

Disclosures for Law Enforcement Purposes.

We may disclose health information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

Coroners and Medical Examiners.

We may disclose health information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

Funeral Directors.

We may disclose health information about you to funeral directors as necessary for them to carry out their duties.

Organ, Eye or Tissue Donation.

To facilitate organ, eye or tissue donation and transplantation, we may disclose health information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

To Avert Serious Threat to Health or Safety.

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful

custody.

Military.

If you are a member of the Armed Forces, we may use and disclose health information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

National Security and Intelligence.

We may disclose health information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President.

We may disclose health information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

Security Clearances.

We may use health information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

Inmates; Persons in Custody.

We may disclose health information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) for the safety, security and good order of the correctional institution.

Workers Compensation.

We may disclose health information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Other Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying our Privacy Officer in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

Your Rights With Respect to Health Information About You.

You have the following rights with respect to health information that we maintain about you.

Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of health information about you to carry out service delivery, payment, or administrative operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to your Case Manager; Family Support Specialist; Service Coordinator or Family Involvement Specialist or a staff member in charge of assisting you with coordination of your services and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your

spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency service delivery. Even if we agree to a restriction, either you or we can later terminate the restriction.

Right to Receive Confidential Communications.

You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to your Case Manager; Family Support Specialist; Service Coordinator or Family Involvement Specialist or a staff member in charge of assisting you with coordination of your services. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, if necessary, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

Right to Inspect and Copy.

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of health information about you.

To inspect or copy health information about you, you must submit your request in writing to your Case Manager; Family Support Specialist; Service Coordinator or Family Involvement Specialist or a staff member in charge of assisting you with coordination of your services. Your request should state specifically what health information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

We may deny your request to inspect and copy health information if the health information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

Right to Amend.

You have the right to ask us to amend health information about you. You have this right for so long as we maintain the health information. To request an amendment, you must submit your request in writing to our Privacy Officer. Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend health information about you.

We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the health information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed two pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved. You also will have the right to complain about our denial of your request.

Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of health information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out service delivery, payment and administrative operations;
- b. Disclosures of your health information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our facility directory or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or administrative operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to your Case Manager; Family Support Specialist; Service Coordinator or Family Involvement Specialist or a staff member in charge of assisting you with coordination of your services. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and my not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.futures-unlimited.org

To obtain a paper copy of this notice, contact our Privacy Officer.

Our Duties

Generally.

We are required by law to maintain the privacy of health information about you and to provide individuals with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all health information that we maintain, including that created or received by us prior to the effective date of the new notice.

Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted in the administrative offices; case management office; children's services office; Caldwell Children's Center; Northfield Apartments; Futures of Caldwell office and Conway Springs preschool.

A copy of the current notice also will be posted on our web site, www.futures-unlimited.org.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting our Privacy Officer.

Effective Date of Notice.

The effective date of the notice will be stated on the first page of the notice.

Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights by us.

To file a complaint with us, contact our Privacy Officer. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.

Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact our Privacy Officer.

FUTURES UNLIMITED, INC.
DATE: 10/12/04
FORM A5020-3

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