

Notice of Privacy Practices Summary Version

**Riverside Resources Inc. (“RRI”)
Leavenworth, Kansas**

A new federal law known as HIPAA provides new protection relating to the proper handling of certain health information. To comply with this new law, RRI is providing you with a description of the different ways in which it may use your health information. This letter is a short summary of RRI’s privacy practices. It is not a complete description of our practices. You should read the attached Notice for a more complete understanding.

The HIPAA Privacy rule **DOES NOT CHANGE** the way you receive or apply for services from RRI, or the privacy rights you have always had under State law. HIPAA adds some details of how your information may be properly used and how you can exercise your rights.

This notice is effective April 14, 2003. If you have any questions about this notice please contact our Privacy Official, Janice Denney at (913) 651-6810.

Our Privacy Commitment to You

At RRI, we are committed to protecting your privacy and sharing information about you only with those who need to know and are allowed to see the information. We are required by law to comply with the notice attached to this Summary. Should our practices change, information will be available at our office.

How Community Services Will Use and Disclose Clinical Information About You

In order to provide you with services, we maintain records with information about you. Information about you in our records is confidential, but we may need to share this information with other service providers or other agencies to get you the services you need. Here are a few of the reasons we may use or disclose your health information:

- To provide you with treatment and services, to bill and collect payment, and for certain internal operating procedures.
- Other reasons permitted or required by state or federal law.
- Other uses and disclosures that you agree to in writing.

Your Rights

- You may ask us to not share or disclose information about you to certain individuals or agencies, but you should be aware that there might be times when in our best judgment, and acting in your best interest, we are obliged to do so.
- You have a limited right to look at and obtain a copy of your records.
- You have the right to request an amendment or change in your clinical record.
- You may ask for a list of the people who have received health information about you.
- You have the right to obtain a paper copy of RRI’s notice.
- You may also file a complaint if you feel your rights have been violated. You can find information about how to file a complaint or contact RRI about any other questions you have in the attached notice.

**Riverside Resources, Inc. (“RRI”)
Leavenworth, Kansas**

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.

RRI is required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with notice of its legal duties and privacy practices with respect to your PHI and to comply with the terms of our Notice of Privacy Practices currently in effect. PHI is any information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. If you have questions about any part of this notice or if you want more information about the privacy practices at RRI please contact Riverside Resources, Inc., Privacy Official Janice Denney, at 700 North 3rd Street, Leavenworth, Kansas 66048 or by phone at 913-651-6810.

I. How RRI May Use or Disclose Your Health Information

RRI collects health information about you and stores it in a chart which is your record. We need this information to provide you with quality care and to create a record of the care and services you receive at RRI. RRI is committed to protecting the privacy of your health information. The law permits RRI to use or disclose your health information for the following purposes:

A. Uses and Disclosures for Treatment, Payment, and Healthcare Operation.

1. Treatment. We may use PHI about you to provide you with medical treatment or services. For example, we may disclose PHI about you to doctors, psychologists, pharmacists, nurses, social workers, therapists, technicians, or other personnel involved in providing services to you. Different departments of RRI may also share PHI about you in order to coordinate the different services you need.
2. Payment. We may use and disclose PHI about you so that the treatment and services you receive at RRI or other providers from whom you receive treatment or services, may be billed to, and payment may be collected from you, an insurance company, a third party, Medicaid or other payer. For example, we may disclose certain case management information to Medicaid in order to be paid for the services we perform. To the extent possible, our staff and outside contractors or consultants will make reasonable efforts to assure that the use and disclosure of your personal health information is conducted in a secure and confidential manner.
3. Health Care Operations. RRI may use and disclose PHI about you for agency operations. These uses and disclosures are necessary to manage the operation and to monitor your quality of care. For example, we may use personal health information to evaluate our agency’s services, including the performance of our staff. We may also use person health information for training purposes or to develop new policies, procedures, or programs that may benefit you or other individuals we support. Your medical information may be shared with survey reviewers and other accreditation bodies in accordance with current and on-going operating procedures.
4. Information provided to you. We may also provide certain services by contracting with third parties, referred to as Business Associates. In some cases, we will need to disclose your PHI to a Business Associate in order for them to provide the appropriate services to you. We will only disclose your

PHI to a Business Associate after we have received adequate contractual assurances from them that they will safeguard and keep confidential your PHI.

B. Uses and Disclosures With the Opportunity For You to Object

1. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition, or in the event of your death. If you are able and available to agree or object, we will give you opportunity to do so prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
2. Directory. Unless you object, we will maintain a directory of persons served to whom RRI presently provides services. We will confirm your eligibility or participation in a program if someone calls to obtain such confirmation and inquiries by name.
3. Treatment Alternatives and Reminders. Unless you object, we may use or disclose your PHI as necessary to contact you to remind you of appointments or services. We may also contact you to make you aware of other services that may benefit you or for which you may be eligible.

C. Uses and Disclosures of Your PHI For Other Specific Purposes We May Make Without Your Consent or Authorization, or Opportunity to Object

1. Required by law. We may use and disclose your PHI as required by federal, state or local law. The use or disclosure will be limited to the requirements of the relevant law.
2. Public health. We may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
3. Health oversight activities. We may disclose your PHI to health agencies, including SRS during the course of audits, investigations, inspections, licensure and other proceedings.
4. Judicial and administrative proceedings. We may disclose your PHI in the course of any administrative or judicial proceeding as required by a court order or subpoena.
5. Law enforcement. We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
6. Deceased person information. We may disclose your PHI to coroners, medical examiners, and funeral directors or SRS.
7. Public safety. We may disclose your PHI 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.
8. Specialized government functions. We may disclose your PHI for military, national security, and prisoner purposes.
9. Worker's compensation. We may disclose your PHI as necessary to comply with worker's compensation laws.

Only the minimum necessary health information will be disclosed to accomplish the above purposes. In addition, if Kansas law materially limits or prohibits any of the uses and disclosures described above, each such use and disclosure described above must reflect the more stringent law.

II. Your Authorization is Required For Other Uses of PHI

Except as described in this Notice of Privacy Practices, RRI will not use or disclose your health information without your written authorization. If you do authorize RRI to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

- A. You have the right to request restrictions on certain uses and disclosures of your PHI. However, RRI is not required to agree to the restriction that you requested. We ask that such request be made in writing. Appropriate forms may be obtained from RRI's Privacy Official listed below.
- B. You have the right to inspect and copy your health information. In order to inspect or copy your PHI, you must submit a written request to us. We may charge you a reasonable fee for the cost of such copies. By law, your access to inspect or copy certain records, such as psychotherapy notes or information compiled in anticipation of litigation may be limited. Depending on the circumstances, a decision to deny access may be reviewable.
- C. You have the right to request or receive confidential communications regarding PHI in a certain manner at a certain location. For example, you may request that we contact you at home rather than at work. We will not request an explanation as to the basis for the request. You must make any such request in writing to the Privacy Official. We will accommodate reasonable requests.
- D. You have a right to request that RRI amend your PHI that is incorrect or incomplete. RRI is not required to change your PHI and will provide you with information about any denial to amend and how you request a review. We ask that such requests be made in writing. Appropriate forms may be obtained from RRI's Privacy Official listed above. If we deny your request, you have the right to file a statement of disagreement and to have your statement included with any subsequent disclosure.
- E. You have a right to receive an accounting of disclosures of your PHI made by RRI, except that RRI does not have to account for the disclosures for treatment payment, health care operations, information provided to you, and certain government functions of Sections I and II of this Notice of Privacy Practices. You may request a list of disclosures made by RRI for a period of up to six (6) years prior to your request. Disclosures made prior to April 14, 2003, are not subject to this accounting. The first list provided in any 12-month time period is free, but we may charge you for additional lists provided within that 12-month time period.
- F. You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a copy, please contact the Privacy Official.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the RRI Privacy Official, Janice Denney at (913-651-6810).

IV. Changes to this Notice of Privacy Practices

RRI reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, RRI is required by law to comply with this Notice. Revised notices will be available at RRI, and may be communicated through local operations publication, meetings, or other approved distribution channels, from time to time.

V. Complaints

If you believe that your rights have been violated regarding HIPAA, you may file a complaint with us. Complaints about this Notice of Privacy Practices or how RRI handles your health information must be in writing and directed to:

Riverside Resources, Inc.
ATTN: Privacy Official
700 North 3rd Street
Leavenworth, KS 66048

For further information about this process, call 913-651-6810. This number is not to be used to register a complaint, as complaints must be submitted in writing as stated above.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices of Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>. All complaints must be in writing, name the entity that is subject to the complaint, describe the act(s) or omission(s) being complained about; and be filed within 180 days of when the person filing the complaint knew or should have known that the act or omission occurred.

Effective as of April 14, 2003

I hereby acknowledge that I have received this Notice of Privacy Practices regarding my right to privacy. I understand that I may contact the RRI Privacy Official in the event that I have any questions about the Notice or if I have any concerns regarding the use or disclosure of my Protected Health Information.

Name of Person Served

Date

Parent/Guardian Signature (if applicable)

Date

To acknowledge receipt of this Notice of Privacy Practices please sign above and return this page to Riverside Resources, Inc. at the address listed below or return to your Service Coordinator. Keep the Notice of Privacy Practices for your files.

Thank you for your cooperation.

Riverside Resources, Inc.
ATTN: Privacy Official
700 North Third Street
Leavenworth, KS 66048