



Notice of Privacy Practices - Client Summary

All Divisions of EmberHope including FCS Counseling, STRIVE, and Youthville

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 COVERS ALL PROGRAM DIVISIONS OF EMBERHOPE INCLUDING FCS COUNSELING, STRIVE, AND YOUTHVILLE.

We understand that medical information about you is personal. Our employees are committed to protecting your treatment/health information and privacy.

We will use your information to provide care and treatment, create a record of the care and services you receive, bill your insurance in a timely fashion if applicable, and operate our facility in a diligent manner.

We will safeguard your information and share it only with those who need or are entitled to know it. We will obtain your permission for other use or disclosure.

You may ask to see, change, restrict, or obtain a copy of your information and file a formal complaint if we fail to assure your privacy or information confidentiality.

For more details, please read this [Notice of Privacy Practices](#).

We provide treatment/health care to our clients in partnership with other professionals and organizations. Our privacy practices guide:

- Any treatment/health care professional that treats you at any of our locations.
- All departments or units of our organization, including all off-campus units or departments.
- All staff or volunteers of our organization.
- Any business associate with whom we need to share your treatment/health information.

We are required by law to:

- Keep treatment/health information about you private.
- Provide you this notice of our legal duties and privacy practices with respect to treatment/health information about you.
- Follow the most stringent state and/or federal law.
- Abide by our currently published [Notice of Privacy Practices](#).

We may change our policies at any time. Changes will apply to treatment/health information we already have. When we make a significant change in our policies, we will change our notice, post the new notice in our offices, in our living units, and on our Web site at www.emberhope.org. You can receive a copy of the current notice at any time. You will be offered a copy of the current notice at the time you are first provided care. You will also be asked to acknowledge in writing your receipt of this notice. You will be offered a copy of the Notice when any change is made to the Notice

How we may use and disclose treatment/health information about you.

- We may use and disclose treatment/health information about you for **treatment** (example, sending treatment/health information about you to a specialist as part of a referral), **to obtain payment for treatment** (example, sending billing information to your insurance company or Medicaid), and **to support our health care operations** (example, using client information to improve quality of care).
- We may use and disclose treatment/health information about you **without** your prior authorization for several other reasons. Subject to certain requirements, we may give out treatment/health information about you without prior authorization for **public health purposes, disaster relief purposes, abuse or neglect reporting, health oversight audits or inspections, national security, and emergencies**. We also disclose treatment/health information when required by law, such as in response to **valid judicial or administrative orders**. We may disclose your treatment/health information to law enforcement for individuals who are a **victim of a crime** or if the information is evidence of a **crime or criminal conduct that occurred on our premises**.

- We may also contact you for appointment reminders, or tell you about or recommend possible treatment options, alternative, health-related benefits or services that may be of interest to you.
- We may disclose treatment/health information about you to a friend or family member whom you designate to be involved in your care or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of treatment/health information.

- In any other situation not involving routine care, financial and insurance matters or organizational operations, we will ask for your written authorization before using or disclosing treatment/health information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decisions.

Your rights regarding treatment/health information about you.

- In most cases, you have the right to look at or get a copy of treatment/health information that we use to make decisions about your care, after you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing, or related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us, if it is not part of the medical information maintained by us, or if we determine that your record is accurate. You may appeal, in writing, a decision by us not to amend the record.
- You have the right to a list of those instances where we have disclosed treatment/health information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the amount before you incur any costs.
- If this notice was sent to you electronically, you have the right to a paper copy of this notice.
- You have a right to request to receive confidential communications of your treatment/health information by an alternative means or in an alternative location.
- You have the right to request that treatment/health information about you be communicated to you in a confidential manner (such as sending mail to an address other than your home) by notifying us in writing of the specific way or location to communicate with you.
- You may request in writing that we not use or disclose treatment/health information about you for treatment, payment, or health care operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request, but we are not legally required to accept it. We will inform you of our decision on your request.

Complaints

- If you wish to file a complaint because you feel that your privacy rights may have been violated or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (listed below).
- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights.
- Under no circumstances will you be penalized or retaliated against for filing a complaint.

Linda Auld
 Privacy Officer
 Emberhope
 4505 East 47th Street South
 Wichita, KS 67210
 Voice Phone: 316.529.9100 ext 8236
 FAX: 316.529.9351
 E-mail: privacyofficer@youthville.org

Region VII Office of Civil Rights
 U.S. Department of Health & Human Services
 601 E. 12th Street, Room 248
 Kansas City, MO 64106
 Voice Phone: 800.368.1019
 FAX: 816.426.3686
 TDD: 800.537.7697

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