

Effective September 23, 2013

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.



This notice describes how protected health information about you may be used and disclosed and how you can get access to the information.

Please review it carefully.

Your Rights

When it comes to your non-public personal information or health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your non-public personal information or health information and other health information we have about you. To do this, you must complete a specific form providing information to process your request.
 - Information which you request from our files which was generated by a source outside of ICI Inc. will not be released. ICI Inc. will assist whenever possible with obtaining needed records directly from the source.
 - We will provide a copy or a summary of your non-public personal information or health information to you or a third party designated by you, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
 - We may deny your access in certain limited circumstances. If we deny access, you may request a review of that decision by a third party, and we will comply with the outcome.
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Ask us to amend our non-public personal information or health information and other health information

- You can ask us to amend non-public personal information or health information about you that you think is incorrect or incomplete. To request an amendment, you must complete a specific form providing information we need to process your request, including the reason that supports your request.
 - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
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Request alternative methods of communications

- You can ask us to contact you in a specific way (for example, home or office phone) or at a certain location. You must complete a specific form providing information needed to process your request. Our Privacy Officer is the only person who has the authority to act on such a request.
 - We will not ask you the reason for the request and will say “yes” to all reasonable requests.
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Ask us to limit what

- You can ask us not to use or share certain health
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we use or share	information for treatment, payment, or our operations.
	<ul style="list-style-type: none"> • We are not required to agree to your request, and we may say “no” if it would affect your services. • You must complete a specific form providing information we need to process your request. • Our Privacy Officer is the only person who has the authority to approve such a request. • If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. • We will say “yes” unless a law requires us to share that information.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> • You can ask for a list (accounting) of disclosures of non-public personal information or health information we have made with certain exceptions defined by law. • You may request an access report indicating who has accessed your non-public personal information or health information maintained by us by our business associates in an electronic designated record set in the last three years. • To request an accounting, you must complete a specific written form providing information we need to approve such a request.
Get a copy of this privacy notice	<ul style="list-style-type: none"> • You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> • If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

	<ul style="list-style-type: none"> • We will make sure the person has the authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> • You can complain if you feel we have violated your rights by contacting us using the information on the back page. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

Your Choices

For certain situations, you can tell us your choices about what we share. We will obtain your express written authorization before using or disclosing your information for any other purpose not described in this Notice.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> • Share information with your family, close friends, or others involved in your services. • Share information in a disaster relief situation. • If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information • Records not generated by ICI Inc.
In the case of fundraising:	<ul style="list-style-type: none"> • We may contact you for fundraising effort, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Provide Services	We can use non-public personal information or health information about you to provide, coordinate or manage the services, supports and health care you receive from us and other providers.	Example: Staff in different departments of ICI Inc. may share non-public personal information or health information about you in order to coordinate the different services you are receiving.
Run our organization	We can use and share your non-public personal information or health information for our internal operations. These uses and disclosures are necessary for day-to-day operations and to make sure our customers receive quality services. We may disclose health information about you to another service provider with which you also have a relationship for purposes of that provider's internal operations.	Example: We use non-public personal or health information about you to manage your treatment and services.
Bill for your services	We can use and share non-public personal information or health information about you so that we can be paid for the services we provide to you.	Example: We may need to provide the state agency program information about the services we provide to you in order to be reimbursed for those services.
Business Associates	We provide some services through contracts or arrangements with Business Associates. We require our Business Associates to appropriately safeguard your information.	Example: We may contract with a software provider to use their system for recordkeeping

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet

many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html .

Help with public health and safety issues	<ul style="list-style-type: none">• We may disclose your non-public personal information or health information to a government agency authorized:<ul style="list-style-type: none">• To collect data for the purpose of preventing or control disease, injury or disability• To receive reports for child/adult abuse, neglect, or exploitation.
Disclosures About Victims of Abuse, Neglect, or Domestic Violence	<ul style="list-style-type: none">• We may disclose your health information to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence.
Disclosures for Judicial and Administrative Proceedings	<ul style="list-style-type: none">• We may disclose your health information in response to a court order or in response to a subpoena, discovery request, or other lawful process if certain legal requirements are satisfied.
Disclosures for Law Enforcement Purposes	<ul style="list-style-type: none">• We may disclose your health information to a law enforcement official as required by law or in compliance with a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer; a grand jury subpoena; or an administrative request related to a legitimate law enforcement inquiry.
Disclosures Regarding Victims of Crime	<ul style="list-style-type: none">• In response to a law enforcement official's request, we may disclose information about you with your approval. We may also disclose information in an emergency situation or if you are incapacitated, if it appears you were the victim of a crime.
Disclosures to Avert a Serious Threat to Health or Safety	<ul style="list-style-type: none">• We may disclose your protected health information to prevent or lessen a serious threat to the health and safety of a person or the public or as necessary for law enforcement authorities to identify or apprehend an individual.
Disclosures for Specialized Government Functions	<ul style="list-style-type: none">• We may disclose your protected health information as required to comply with governmental requirements for national security reasons or for protection of certain government personnel or foreign dignitaries.
Disclosures for Fundraising	<ul style="list-style-type: none">• We may disclose demographic information and dates of service to an affiliated foundation or a business associate that may contact you to raise funds for ICI Inc. You have a right to opt out of receiving such fundraising communications.

Our Responsibilities

We are required by law to maintain the privacy and security of your non-public personal information or health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in the notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

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 non-public personal information or health information, please contact the following person:

Deanna Lamer
Independent Connection Inc.
436 S. Ohio St.
Salina, KS 67401
785-452-9580
dlamer@indconnectinc.com
www.indconnectinc.com