

## CLIENT RIGHTS & RESPONSIBILITIES / PRIVACY NOTICE

### Client Rights and Responsibilities:

1. You have the right to services regardless of race, color, religion, age, sex, sexual orientation, national origin, or disability.
2. You have the right to be treated with dignity and respect.
3. You have the right to confidential care and treatment records as protected by K.S.A 1986 Supp. 65-5601 to 65-5605. Information about you or information in your records cannot be given to anyone without the knowledge or written consent of yourself and/or your legal guardian except under the following conditions:
  - a. You are a serious danger to yourself or others.
  - b. Required abuse or neglect reporting.
  - c. As required by law.
  - d. In the event of a medical emergency.
4. You have the right to refuse treatment.
5. You have the right to participate in development of your treatment.
6. You have the right to be informed, in advance, of all fees, payment requirements and potential consequences for non-payment.
7. You have the right to obtain complete information regarding your diagnosis, treatment, and prognosis in terms that you can reasonably understand.
8. You have a responsibility to respect the confidentiality of all other clients in group therapy or seen at this location.
9. You have a responsibility to attend scheduled appointment times. Please provide 24-hour notice for cancelled appointments.
10. You have a responsibility to respect the rights of others. If your behavior infringes upon the safety of other clients or staff, your services may be terminated.

### Notice of Privacy Practices: Client Summary

#### **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.**

I understand that medical information about you is personal, and I am committed to protecting your treatment/health information and privacy.

#### **How I may use and disclose treatment/health information about you:**

I may use and disclose treatment/health information about you for **treatment** (for example coordinating information with another health care provider as part of a referral) or to **obtain payment** for treatment (sending billing information to your insurance company).

I may use and disclose treatment/health information about you without your prior authorization. Certain information is required reporting including **abuse** or **neglect** and **valid judicial orders**.

I may use and disclose or treatment/health information in case of a **medical emergency**.

I may use and disclose treatment/health information about you to a friend or family member whom you designate to be involved in your care.

## **Client Rights and Responsibilities/Privacy Notice**

### **Other uses of treatment/protected health information**

In situations not involving routine care and financial or insurance matters, a written authorization will be required before treatment/health information can be used or disclosed. If you chose to authorize use and disclosure, that authorization can be revoked by notifying Deanna L. Gonzales, LSCSW in writing.

Your rights regarding treatment/health information.

In most cases, you have the right to look at or get a copy of treatment/health information. There may be a fee charged for copies requested.

If you believe that your treatment/health information, created in this office, is incorrect or important information is missing, you have the right to request corrections. Your request could be denied if the information was not created in this office or if it is determined that the information is correct.

You have a right to a paper copy of this notice.

### **Complaints**

If you wish to make a complaint because you feel that your privacy rights have been violated or disagree with a decision made regarding your treatment/health records; please contact me as your Privacy Officer, Deanna L. Gonzales-Holman, LSCSW. I can be reached by phone at (620) 314-5015.

Under no circumstances will you be penalized or retaliated against for filing a complaint.

You may send a written complaint to the U.S. Department of Health and Human Services of Civil Rights at the contact information listed below or call 1-800-426-3686.

### **Mailing Address**

U.S. Department of Health and Human Services of Region VII Office of Civil Rights  
601 E. 12th Street, Room 248  
Kansas City, MO 64106