

CKF Addiction Treatment Notice of Program Practices

CKF Addiction Treatment provides a broad range of services to address many individual needs. CKF is proud of its history of specializing in chemical abuse problems. While we understand that not all clients have chemical problems, state licensing guidelines for our agency require all clients to be provided information concerning client rights, privacy practices and confidentiality, and HIV/AIDS. Please review the following information and if you have questions feel free to ask any CKF staff member.

1. Client Rights are protected by policy. Among these are your right to:

- A. To be treated with dignity and respect.
- B. To be free from abuse, neglect, exploitation, coercion, manipulation, and restraint or seclusion of any form used as a means of coercion, discipline, convenience, or retaliation.
- C. To a safe, sanitary, and humane living environment while in treatment that provides privacy and promotes dignity.
- D. To receive treatment services with regard to the client's race, religion, sexual orientation, ethnic origin, age, disabling or a medical condition, legal status, and ability to pay for the services.
- E. Not to be discriminated against based upon a client's race, religious preference, sexual orientation, ethnic origin, age, disabling or a medical condition, legal status, or ability to pay for the services.
- F. To privacy in treatment, including the right not to be fingerprinted, photographed or recorded without consent, except for photographing for identification and administrative purposes, or video recordings used for security purposes that are maintained only on a temporary basis.
- G. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights.
- H. To confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, Department of Aging and Disabilities representative, or other individual unless restriction of such communication is clinically indicated and is documented in the client record. Long distance telephone communication shall be at the client's personal expense.
- I. To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in program policy.
- J. To be free from coercion into engaging in or refraining from individual religious or spiritual activity, practice or belief.
- K. To an individualized treatment plan which shall include the following; client participation in the development of the plan, periodic review and revision of the client's written treatment plan, and to have the client's parent or designated representative participate in treatment decisions and treatment planning and review processes.
- L. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health
- M. To receive a referral to another program if the provider is unable to provide a treatment service that the client requests or that is indicated in the client's treatment plan.
- N. To have the client's information and records kept confidential and released according to federal confidentiality regulations.
- O. To be treated in the least restrictive environment affording the maximum freedom of movement consistent with the client's clinical condition and legal status.
- P. To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the service available to the client;
- Q. To exercise the treatment provider's grievance procedures;
- R. To receive a response to a grievance in a timely and impartial manner;
- S. To be free from retaliation for submitting a grievance to a treatment provider, BEHAVIORAL HEALTH, or another entity;
- T. To receive information regarding; medical and psychiatric conditions, prescribed medications including the risks, benefits, and side effects, whether medication compliance is a condition of treatment and discharge plans for medications and aftercare.

- U. To obtain a copy of the client's clinical record at the client's own expense;
- V. To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the: fees the client is required to pay; and providers refund policies and procedures;
- W. To receive treatment recommendations when the client is to be discharged or transferred and referrals, if applicable, when the client is to be discharged or transferred.

In addition to the above client rights, clients receiving treatment in the residential program shall have the following rights:

- A. To receive visitors, and make telephone calls as established by program policy and posted conspicuously in the facility, unless:
 - a. The program director or designee determines and documents in the client record a specific treatment purpose that justifies waiving this right, and
 - b. The client is informed of the reason the right is to be waived and the client's right to submit a grievance regarding this treatment decision.
- B. To privacy in correspondence, communication, visitation, financial affairs, and personal hygiene, unless:
 - a. The program director or designee determines and documents in the client record, a specific treatment purpose that justifies waiving this right, and
 - b. The client is informed of the reason the right is to be waived and the client's right to submit a grievance regarding this treatment decision.
- C. To maintain, display, and use personal belongings, including clothing according to program policy,
- D. To be provided with:
 - a. Meals that meet the client's nutritional needs,
 - b. A referral to medical services to maintain the client's health, safety, or welfare, if indicated, and
 - c. Opportunities for social contact and daily social, recreational, or rehabilitative activities.

2. Patient Responsibilities include the responsibility to:

- A. Present the problem honestly in order to receive appropriate services.
- B. Set realistic expectations for the benefits of services received.
- C. Invest appropriate time and effort beyond services received.
- D. Cooperate in providing requested and necessary information and paperwork.
- E. Schedule services responsibly in order to avoid cancellations and to inform CKF of necessary changes as soon as possible.
- F. Respect the confidentiality of other patients at CKF.
- G. Provide forms and information necessary to pursue any insurance reimbursement.

3. Financial Responsibilities include the following:

- A. Patients will be informed of the cost of services and will be responsible for any service fees assessed to them. Financial arrangements will be made through the business office.
- B. Some services may be reimbursable by health insurance. Patients are responsible for verifying insurance coverage, obtaining reimbursement, and paying any deductibles and/or any amount not covered by insurance.
- C. A charge may be assessed when appointments are frequently cancelled or rescheduled. A charge will be assessed when patients fail to appear for scheduled appointments.
- D. Patients must inform CKF of any changes in name or address.

While patient fees may be subsidized by funds from United Way, KDADS - Behavioral Health and Local Alcoholic Liquor Tax Monies, some services include recommendations for programs or services, which could be at the patient's additional expense.

CKF endorses the 12-Step programs as a valuable resource for patients with chemical problems, and patients may be required to participate in such programs to support change and recovery.

Confidentiality of Alcohol and Drug Abuse Client Records

The Confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol and drug abuser unless:

1. the client consents in writing (releases of information);
2. the disclosure is allowed by a court order; or
3. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
4. The client commits or threatens to commit a crime either at the program or against any person who works for the program

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States attorney in your district or to the State of Kansas KDADS- Behavioral Health.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-e and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Further clarification of the CKF privacy practices can be found in the "Notice of Privacy Practices."

Infectious Diseases/High Risk Behavior Information Sheet

HIV/AIDS Information

The threat of AIDS affects us all. This information is being shared with you in an effort to educate more people about its cause and transmission.

The virus identified as HIV (Human Immunodeficiency Virus) is the cause of AIDS (Acquired Immunodeficiency Syndrome). AIDS is currently incurable and eventually fatal. There are two stages to the HIV/AIDS disease progress:

-HIV-Infection- A person has been infected with the virus and can pass it on to others, but looks and feels healthy and has no physical symptoms of the disease. After contracting the virus, it may be four to six months before the body produces enough antibodies to show a positive test. The person may remain symptom free for 2 to 12 years.

-AIDS- A person has lost the ability to resist diseases that are normally fought off, especially pneumocystis carinii and Karposi's Sarcoma, which characterize the disease, but which eventually become fatal. HIV/AIDS is not directly fatal in itself, but it weakens the immune system and allows other infections to cause death.

The following information may be helpful in understanding HIV/AIDS.

HIV is passed from one person to another in several ways:

- By sexual intercourse (including vaginal, rectal, and oral sex) Through blood including shared needles
- From an infected mother to a fetus or nursing infant

HIV is not passed in any of the following ways:

- Hugging, shaking hands, or kissing
- Sneezing, coughing, or spitting
- Donating blood
- Using dishes, utensils, or food handled by a person with AIDS
- Using of toilets, sinks, bathtubs, or swimming pools
- Sharing bed linen
- Contacting pets or insects

The following are high risk activities that increase the likelihood of contracting HIV:

- Sharing needles
- Being born by high-risk or infected mother
- Having sex with persons that have engaged in high risk activities
- Having sex with prostitutes, homosexual or bisexual men, needle users, or sex with multiple partners

To help control the spread of HIV, everyone should practice the following:

- Abstain from sex with a known AIDS patient, someone who has a positive HIV test, or someone who is in the high-risk category (e.g. past or present needle user, person with multiple partners, etc.) Consider all new sex partners as possibly infected.
- Always make sure you know your sexual partner well. Do not have sex with prostitutes or many different partners. Do not have sex when you are high or drunk; judgment may be impaired and may result in risky behavior. Remember that your partner might not tell you (or might not know) that he/she is in a high-risk group or is infected with HIV.
- If you do have sex, use a condom (latex) to reduce the risk. Remember that condoms may fail 10-15% of the time. Avoid anal intercourse.
- Do not use needle. If you do, the only safe way is to use sterile equipment. You may reduce the risk of sharing equipment by cleaning the equipment by the latest technique (available from Salina-Saline County Health Department), but all cleansing techniques are imperfect and some risk remains present.
- Have an HIV screening test before becoming pregnant, or if pregnant and HIV positive contact your physician about treatment that reduces the risk of transmission of the virus to the unborn fetus.
- If you are in a high-risk group, do not donate blood, semen, or organs.

A simple blood test will tell you if you are HIV positive. For those who have been in high-risk situations (sex, body fluids, etc), call the Salina-Saline County Health Department at 826-6600, or contact them in Room 101, 300 W. Ash, in Salina, M-W-F 8:30 a.m. – 4:00 p.m. to determine eligibility for testing that is free or at reduced cost. For others who would like to be tested, contact your local physician. Outside of the Salina area contact your local health department.

If you would like more information, you may contact the following:

1-800-342-AIDS	National AIDS Hotline	1-800-227-8922	American Social Health Organization
1-800-234-TEEN	Teen TAP Hotline	1-800-662-HELP	Drug Abuse Hotline

In addition, there are brochures on HIV/AIDS available in our lobby or through the local Health Department.

Infectious Pulmonary Tuberculosis

The Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act of 1992 established federal regulations mandating alcohol and other drug providers who receive Substance Abuse Prevention and Treatment (SAPT) Block Grant provide Tuberculosis services and appropriate referrals for patients who are in need of TB evaluation and treatment.

High Risk Groups for Infectious Pulmonary Tuberculosis:

- Persons with HIV infection
- Close contacts of persons know or suspected to have TB
- Persons with certain medical conditions, such as diabetes mellitus, silicosis, or low body weight
- Persons who inject illicit drugs
- Persons who are foreign-born from areas where TB is common
- Residents and employees of high risk congregate settings i.e. residential treatment, correctional facilities, nursing homes
- High risk racial or ethnic minority populations
- Children exposed to adults in high risk categories
- Health care workers who serve high risk patients
- Recently infected, and
- History of inadequately treated TB

To achieve TB control and progress toward TB elimination, substance abuse providers shall ensure that alcohol and drug patients are provided with the following services:

- a) TB risk assessment
- b) Referral for TB screening, and the results of evaluation
- c) Documentation of the results of the screening test
- d) Case management services when appropriate

During the initial assessment process at CKF, patients will be asked a series of questions regarding their potential risk of infection. If the patient is found to have symptoms the patient will be referred to the local health department or his/her primary care physician for further testing. Residential patients at CKF will be screened and evaluated by the nurse on staff.

No patient will be integrated into a residential treatment facility who is symptomatic until infectious TB disease has been properly ruled out.

Patients who answer yes to high risk questions during the assessment but do not demonstrate any symptoms will be given education about TB infection and disease, the evaluation process and referral information if further evaluation is desired by the patient.

CKF Patient Complaints & Grievances

I. Filing Complaints – complaints may be made either in written or verbal form. Any staff member may receive a complaint from an individual, however all complaints will be forwarded to the Chief Executive Officer for review. **(All complaints regarding the breach of confidentiality must be received in written form per the HIPAA policy handbook.)**

A. Written Complaints

1. All written complaints shall be forwarded to the CEO.
2. Within 72 hours of receiving the complaint, the CEO will investigate the matter and determine the need for further action.
3. Within five business days, the CEO will respond in writing to the patient or other individual making the written complaint, if the complaint is signed.
4. A record of all complaints will be kept in a confidential location by the HR/Operations Department.

B. Verbal Complaints

1. Staff members receiving verbal complaints shall log the complaint in memo form and report the complaint to their supervisor who will in turn report to the CEO.
2. The CEO will ensure that the complaint is investigated and that corrective action is taken when deemed necessary.
3. The CEO will respond in writing to all parties involved when appropriate.

II. Prohibition on Retaliation – No member of the Central Kansas Foundation’s workforce shall intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against any individual for exercising his/her right to file a complaint.

III. Notification to Patient’s of the Complaint Process – all patients will receive information upon admission of the process for filing complaints with the CKF. The process will also be posted near patient group rooms in all CKF locations.

IV. Patient Grievances – If a patient does not feel that their complaint has been resolved adequately they may file a written grievance with the CEO. If the patient or other individual filing a complaint asks for information concerning the filing of a complaint with the State of Kansas, KDADS-Behavioral Health they should be given the following information.

Community Services & Programs, Behavioral Health

503 S. Kansas Avenue
Topeka, KS66603
Phone#: (785) 296-6807
Fax#: (785) 296-7275

CKF ADDICTION TREATMENT

Notice of Privacy Practices

Dear CKF Client,

Attached to this letter you will find our Notice of Privacy Practices. We are required by law to provide this notice to you and obtain your acknowledgement of its receipt prior to providing any services to you.

The following is a brief summary of the contents of the Notice. We encourage you to read the entire Notice and ask any questions you may have concerning its contents.

Your Rights Regarding Your Health Information. This section describes the following rights you have with respect to your health information and tells you how you may exercise these rights.

- Right to inspect and copy
- Right to request amendment
- Right to an accounting of disclosures
- Right to request restrictions on certain uses and disclosures
- Right to request alternative means of communication
- Right to receive a paper copy of our Notice of Privacy Practices

How To File Complaints Concerning Our Privacy Practices. This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing any complaint.

How We May Use and Disclose Health Information About You Without Your Specific Authorization. This section describes the different ways we may use or disclose your health information without first obtaining from you a specific authorization. These types of uses and disclosures are specifically permitted by federal law because it is assumed you would want us to use or disclose your information for these purposes, or because such use or disclosure is recognized as critical to the proper functioning of our health care system.

You will be asked to acknowledge your receipt of this Notice, and your acknowledgement will be maintained in your permanent record. You should keep this copy of the Notice. Another copy of this Notice will not be provided automatically at any later visit, but you may request a copy of the Notice at any time. Also, the Notice is posted at our facility and on our website for your review. If there is a material revision to the Notice at some later date, you again will be provided with a copy of the Notice and asked to sign an acknowledgement.

Maintaining the privacy of your health information is very important to us. Again, if you have any questions concerning the attached Notice, please do not hesitate to ask.

CKF

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 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.

If you have any questions about this notice, please contact

*HIPAA Compliance Officer
617 East Elm Street
Phone: (785)825-6224
Fax: (785)825-7595
www.ckfaddictiontreatment.org*

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination/interview and test results, diagnoses, treatment, a plan for your future care or treatment, and billing-related information. Such records are necessary for the healthcare provider to provide you with quality care and to comply with certain legal requirements.

We are committed to protecting the confidentiality of our records containing information about you. This notice applies to all records of your care created or received by the CKF. Other healthcare providers from whom you obtain care and treatment may have different policies or notices regarding the use and disclosure of your health information created or received by that provider. Also, health plans in which you participate may have different policies or notices concerning information they receive about you.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to maintain the privacy of your health information; give you this notice of our legal duties and privacy practices and make a good faith effort to obtain your acknowledgement of receipt of this notice; and follow the terms of the notice that is currently in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

Right To Inspect and Copy. You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. You will be asked to complete a written authorization form. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. We may require that you pay such fee prior to receiving the requested copies.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the CKF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right To Request Amendment. If you believe that our records contain information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the CKF.

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. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice.

We may deny your request for an amendment if you fail to complete the required form in its entirety. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for the CKF;
- Is not part of the information that you would be permitted to inspect and copy;
or
- Is accurate and complete.

If your request is denied, you will be informed of the reason for the denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you, with certain exceptions specifically defined by law.

To request this list or accounting of disclosures, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice.

Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment episode you had. In all cases other than those listed on the following pages we will not release your health information without a specific authorization from you.

Right to Request Alternative Methods of Communications. You have the right to request that we communicate with you about treatment matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request an alternative method of communications, you must complete a specific form providing information we need to process your request. To obtain this form or to obtain more information concerning this process, please contact the person identified on the first page of this Notice. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www..

To obtain a paper copy of this notice, contact the person identified on the first page of this Notice.

COMPLAINTS.

If you believe your rights with respect to health information about you have been violated by the CKF, you may file a complaint with the CKF or with the Secretary of the Department of Health and Human Services. To file a complaint with the CKF, contact

the person identified on the first page of this Notice. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITHOUT YOUR SPECIFIC AUTHORIZATION.

The following categories describe different ways that we are permitted to use and disclose health information without a specific authorization from you. If you desire to restrict our use of your health information for any of these purposes, you need to submit a request for restrictions in the manner described above.

For Treatment. We may use information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, counselors, counselor aides, case managers, or other personnel who are involved in taking care of you at the CKF. For example, a counselor treating you for alcoholism on the residential unit may need to know if you have diabetes in order to provide you with the appropriate food items for meals and snacks. Different departments of the CKF also may share health information about you in order to coordinate the different things you need, such as educational presentations provided by the prevention department.

For Health Care Operations. We may use and disclose health information about you for our internal operations. These uses and disclosures are necessary to run the CKF and make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, counselors, counselor aides, other personnel for review and learning purposes. We may also combine the health information we have with health information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose health information to contact you as a reminder that you have an appointment for treatment at the CKF. Unless you direct us to do otherwise, we may leave messages on your telephone answering machine asking for you to return our call. When leaving a message we will not disclose the organization name but may leave the phone number and the first name of an individual to contact. Unless we are specifically authorized by you otherwise in a particular circumstance, we will not disclose any health information to any person other than you who answers your phone except to leave a message for you to return the call.

Surveys. We may use and disclose health information to contact you to assess your satisfaction with our services.

Treatment Alternatives. We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

Fundraising Activities. We may use health information about you to contact you in an effort to raise money for the CKF and its operations. The CKF is a non-profit organization that maintains a "membership" that often includes program alumni. CKF holds an annual Membership Drive and fundraiser. For this purpose the CKF may utilize the following health information, such as your name, address and phone number. If you do not want the CKF to contact you for fundraising efforts, you must notify the person identified on the first page of this Notice in writing.

Business Associates/Qualified Service Organization Agreements. There are some services provided in our organization through contracts or arrangements with business associates. For example, we may contract with a computer firm for network maintenance. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. To protect your health information, however, we require our business associates to appropriately safeguard your information.

Research. Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the CKF. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at CKF.

As Required By Law. We will disclose health information about you when required to do so by federal, state, or local law.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following:

- to report child abuse or neglect;
- to notify clients when the Food and Drug Administration (FDA) determines that an error in packaging or manufacturing a drug that is used in substance abuse treatment may endanger the health of clients

Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court order.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- In response to a court order;
- About criminal conduct at the CKF if a client commits or threatens to commit a crime either at the program or against any person who works for the program.

Coroners, Medical Examiners. We may release health information about a deceased client when required by federal or state laws providing for the collection of vital statistics or an inquiry into the cause of death.

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time, with the exception of some authorizations to the criminal justice system. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Of course, we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at

our facility and on our website. The notice will contain on the first page the effective date.

ACKNOWLEDGEMENT.

You will be asked to provide a written acknowledgement of your receipt of this Notice. We are required by law to make a good faith effort to provide you with our Notice and obtain such acknowledgement from you. However, your receipt of care and treatment from the CKF is not conditioned upon your providing the written acknowledgement.

Verification of Receipt

CKF PROGRAM AND PRIVACY PRACTICES

You will receive a copy of the following information upon your initial visit to the CKF. Please review all of the information and feel free to ask any questions you might have regarding the information.

1. **Patient Rights Policy.**
2. **Confidentiality Policy.**
3. **Infectious Disease information handout**
4. **CKF Patient Complaints & Grievances handout**
5. **Fee Schedule/Financial Contract (when applicable)**

If at any time during the course of your services at CKF you have a question about any of the above information or need further explanation please feel free to discuss this with your assigned counselor or any member of the CKF staff.

By my signature below, I acknowledge that I have been given the opportunity to review all of the above listed information and have it explained to me by a member of the CKF staff.

Signature of Patient

Date

Printed Name of Patient

Signature of Witness/Staff

Date