



JOHNSON COUNTY
KANSAS

Community Developmental
Disabilities Organization

Handbook

Johnson County Community Developmental Disabilities Organization

913-826-2600

cddo@jocogov.org

jocogov.org/cddo

CDDO Hotline for Comments and Complaints

913-826-2500

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Acronym List

ANE	Abuse, Neglect and Exploitation
APS	Adult Protective Services
BASIS	Basic Assessment and Services Information System
CDDO	Community Developmental Disabilities Organization
CINC	Child In Need of Care
CPS	Child Protective Services
CSP	Community Service Provider
DCF	Department for Children and Families
HCBS	Home and Community Based Services
ICF	Intermediate Care Facility
IDD	Intellectual and Developmental Disability
IEP	Individual Education Plan
ISP	Integrated Service Plan
KDADS	Kansas Department for Aging and Disability Services
MCO	Managed Care Organization
MH	Mental Health
PCSP	Person-Centered Support Plan
QA	Quality Assurance
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TCM	Targeted Case Management

Community Developmental Disabilities Organization (CDDO)

The Johnson County Community Developmental Disabilities Organization (CDDO) is the single point of entry for IDD services in Johnson County. As a provision of the Developmental Disabilities Reform Act, a CDDO has been designated for every area of the state to help coordinate services and supports for individuals with intellectual and developmental disabilities.

The Johnson County CDDO is responsible for:

- Providing a single point of entry for people seeking services.
- Determining individual eligibility for services.
- Coordinating access to services and supports.
- Assisting individuals in choosing from an array of service options.
- Providing information and referral services.
- Maintaining a network of affiliate providers.
- Working with affiliate agencies to ensure customer-driven quality services.

Home and Community Based Services (HCBS)

HCBS encompasses several waivers funded by KanCare (the Kansas Medicaid program) that were created to provide services to individuals with disabilities in their home community instead of an institution, such as a nursing home, hospital, or intermediate care facility for individuals with intellectual disabilities (ICF IID.) Services are designed to provide individuals with the least intensive level of care necessary and to promote greater independence.

Additional information about Kansas HCBS waivers and eligibility requirements can be found at: [www.kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](http://www.kdads.ks.gov/commissions/home-community-based-services-(hcbs))

IDD Services and Supports

Targeted Case Management (TCM) is provided by an individual or agency licensed by the State of Kansas that assists the person and support network to identify, develop, select, obtain, coordinate, utilize and monitor paid services and natural supports to enhance the person's independence, integration, productivity and community inclusion consistent with the person's needs and lifestyle preferences as outlined in the person-centered support plan.

HCBS IDD Waiver Services

Adult Residential Supports are provided by an agency licensed by the State of Kansas to individuals who are 18 years of age and older who do not live with a family member. Services can range from a few hours of support to live-in or around-the-clock care. Activities include assisting with daily living tasks and household chores, social/recreational opportunities and other adaptive skills to increase independence and community involvement.

Assistive Services are supports or items that address the person's needs as documented in their PCSP. These services are designed to enhance an individual's independence or abilities through purchase of adaptive equipment, assistive technology, or home modification.

Children's Residential Supports provides placement for children (ages 5-21) in a licensed foster care home in order to avoid placement in an institutional or other congregate setting when the child cannot remain in their family home.

Day Supports are typically provided outside the home, by an agency licensed by the State of Kansas, and for adult's ages 18+ who are no longer eligible for school services. Activities promote independence, productivity, integration and inclusion and may include facility-based work services, work crews, jobs in the community, volunteer opportunities and other community based activities.

Enhanced Care Services provides sleep support to provide immediate supervision or physical assistance with tasks such as toileting, transferring, mobility, and medication reminders as needed, or to contact a doctor, hospital, or medical professional in case of emergency.

Medical Alert provides small devices carried or worn by the person to provide access to assistance or emergency help 24 hours a day. This service is available to individuals who have a medical need that could become critical at any time.

Overnight Respite is a service that provides temporary direct care and

supervision of the person in order to provide relief to families and caregivers.

Personal Care Services allows the person or guardian to self-direct residential supports, day supports, or supports in the family home. These services provide necessary one-on-one assistance both in the home and in the community. Activities include assisting with daily living tasks and household chores, social/recreational opportunities and other adaptive skills to increase independence and community involvement.

Specialized Medical Care provides long-term Registered Nurse or Licensed Practical Nurse support for people who are medically fragile and technology dependent.

Supportive Home Care services are supports that are not self-directed, but provide one-on-one assistance for individuals living with family or a foster family. Assistance may include support with daily living tasks, social/recreation opportunities, and other adaptive skills to help increase independence and community involvement.

Supported Employment provides support services to adult's ages 18+ to secure and maintain competitive, integrated work. Services may include assessment, job development, on the job training, ongoing monitoring of performance, training in skill development, and any ongoing support necessary as identified in the Person-Centered Support Plan (PCSP).

Wellness Monitoring provides for an evaluation and regularly scheduled nursing visits by a registered nurse for individuals who have medical conditions that require ongoing oversight. The nurse determines if the person is properly using medical health services as recommended by the physician and monitors for changes in the individual's health and well-being.

If you would like to choose a different provider for the service(s) you are currently receiving, or to obtain the most current affiliate provider listing by mail, please contact the CDDO at 913-826-2600 or email david.gibbs@jocogov.org.

For a current list of providers who are open to referrals, please visit jocogov.org/cddo.

The complete definitions for Services and Supports can be found under Manuals and Handbooks at:
www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/HCBS_IDD_07032017_17150.pdf

Statewide Waiting List

The Kansas Department of Aging and Disability Services (KDADS) maintains the statewide wait list for individuals eligible to receive services through the HCBS IDD waiver. To be added to the wait list, an individual must be a legal resident of Kansas, determined to meet IDD eligibility requirements and have scored Tier 1 through 5 on their most recent functional assessment. An individual can't be on the IDD waiting list if they are a recipient of other waiver services, with the exception of the Severe Emotional Disturbance (SED) waiver. If an individual moves outside Johnson County but remains in Kansas, they retain their spot on the waiting list.

When KDADS determines that funding is available to make waiting list offers:

- The CDDO, along with KDADS, notifies the person or the person's guardian and schedules a functional assessment.
- The CDDO, in cooperation with the targeted case manager, will inform the person or the person's guardian of available service options and assist them in choosing providers. The person and their guardian will also meet with their Managed Care Organization (MCO) to complete the Integrated Service Plan (ISP), which authorizes the services necessary to meet the person's needs.
- If someone declines funding when offered, their name is removed from the waiting list and they must reapply.

Continuity and Portability

Once a person is receiving HCBS IDD waiver services, he/she will continue to receive those services as long as:

- The person lives in Kansas.
- The person remains eligible for services.
- The person's funding is available.

If a person moves from one area in Kansas to another, his/her funding is transferred to the appropriate CDDO.

Functional Assessment FAQ

What is the functional assessment?

The current functional assessment tool used by the State of Kansas for the HCBS IDD waiver services is called the BASIS Assessment and Services Information System or BASIS. The BASIS is a two part functional assessment which includes the Information Section (name, address, guardian information, etc.) and the Assessment Section (medical conditions, medications, mobility, motor skills, cognitive abilities, communication, behaviors, self-care and living skills.) The data collected is transferred electronically to the State of Kansas. The State of Kansas will score each BASIS Functional Assessment and then send a tier score of 1-5 back to the CDDO for each individual. The Functional Assessment determines eligibility for HCBS IDD waiver, the level of care and funding for services.

Who needs to have the functional assessment completed?

An initial functional assessment must be completed upon IDD eligibility determination and annually thereafter for recipients of HCBS. Additionally, individuals who scored Tier 0 or were waiting for the HCBS IDD waiver on their last assessment will also have an annual assessment. Annual assessments must occur within 365 days of the last assessment.

Who should attend the functional assessment meeting?

The person served should be present at every assessment unless there are special circumstances such as illness or hospitalization. It is important to remember that the person served always has the option of leaving the assessment meeting should they feel uncomfortable with answering the questions. Individuals within the person's circle of support are encouraged to attend, which could include: parents, legal guardians, service providers, or other individuals that would have data to report from the past 12 months.

When and where will the functional assessment meeting be held?

Meetings occur annually, and assessments must be entered within 365 days of the previous assessment. Functional assessment meetings must be held in areas that provide a confidential and HIPAA compliant environment.

Why is my input so important?

It is important that all functional assessment questions are answered honestly and accurately. All answers impact scoring of assessments. All supporting documentation is required at the time of the annual reassessment and will not be accepted once the meeting has been completed.

If you have a targeted case manager, they should assist you in preparing for this meeting. Documentation that you might need includes the following:

- Diagnosis
- Prescribed and over the counter (OTC) medications
- Special Diet
- Special Health Care Procedures
- Individual Education Plan
- Person Centered Support Plan
- Behavior Intervention Plan
- Behavior Tracking Data sheets
- Seizure Tracking Data sheets

Functional Assessment Review and Appeals Process

Rule

An initial functional assessment must be completed upon intellectual and developmental disabilities eligibility determination and annually thereafter for recipients of Home and Community Based Services (HCBS). Annual assessments must occur within 365 days of the last assessment.

The Johnson County Community Developmental Disabilities Organization (CDDO) is responsible for ensuring that all individuals receiving (HCBS IDD) waiver services in Johnson County have a completed annual functional assessment. Changes to the assessment only occur at the time of the individual's annual assessment, unless a re-assessment is granted due to the individual experiencing a life altering event that is likely to continue and may require additional staff support.

Request for Local Review

Every effort is made to capture accurate, complete information at the time of the assessment. All supporting documentation is required at the time of the assessment. Anything concerning the previous assessments are strictly historical and no longer relevant to the current year. If there is concern that information in the assessment scoring is inaccurate, you may request a review of the assessment by contacting the CDDO Director, in writing, within 14 days of receiving notification of the MR4.

Request for Appeal from State

If the result of the assessment is a tier change between 1 and 5, the individual continues to be eligible for HCBS IDD waiver services and has no appeal rights.

If the assessment results in a Tier 0, the individual has been found ineligible for HCBS IDD waiver funding and has a right to appeal. A request for a state fair hearing must be made in writing and signed within 30 days of receipt of the Notice of Action (NOA) of the Tier 0 finding. State fair hearing requests must be sent to:

The Kansas Department of Administration
Office of Administrative Hearings
1020 South Kansas Avenue
Topeka, KS 66612

Person-Centered Support Plan (PCSP)

A Person-Centered Support Plan (PCSP) is a plan developed by the individual, their family/guardian, friends, support staff, and others that outlines the individual's preferred lifestyle, needed supports and goals for the future. The PCSP must be approved in writing by the individual or their legal guardian and should be regularly reviewed and revised to reflect the individual's change in preferred lifestyle, needs or achievement of goals.

Quality Assurance Committee

As a provision of the Developmental Disabilities Reform Act (K.A.R. 30.64.27), CDDOs are required to develop a Quality Assurance Committee. This is a committee of volunteers made up of people receiving services, guardians, families, interested citizens, community provider representatives, and other outside parties. They ensure:

- Services that are paid for are delivered.
- Services provided meet Kansas regulations.
- Services ensure the rights of persons
- Persons receiving services have basic health and safety needs met.
- Persons receiving services have opportunities to make informed choices about where they would like to live and work.
- Persons are free from abuse, neglect and exploitation.

If you would like further information about this committee, please call 913-826-2600 or email cddo@jocogov.org.

Council of Community Members

As a provision of the Developmental Disabilities Reform Act (K.A.R. 30-64-31), CDDOs are required to develop a Council of Community Members made up of volunteers that include individuals with a developmental disability, guardians, families, community provider representatives and CDDO representatives. This committee makes suggestions and recommendations concerning any services issue including the following:

- The types of services being offered by various providers within the services area; and the manner in which those services are being provided.
- The development and implementation of the dispute resolution process.
- The development, implementation and progress reporting as to local capacity building plans.

If you would like further information about this committee, please call 913-826-2600 or email cddo@jocogov.org.

Rights

The CDDO is responsible for carrying out the duties as described in Kansas law and regulation (K.S.A. 39-1801 et seq. and K.A.R. 30-63-1 and 30-64-01 et seq. and for purposes of CDDO compliance with K.A.R. 30-64-22(e)(2).

As an individual who is receiving services from the State of Kansas IDD Waiver or has been placed on the IDD Waiver waitlist, my core rights in connection with the CDDO are as follows:

1. The right to have help getting the community services of my choice once I have been determined eligible for the HCBS IDD Waiver by KDADS based on my disability and finances.
2. The right to choose which targeted case management services I'd like to receive, from a provider affiliated with my CDDO.
3. The right to choose whether or not I'd like to have a targeted case manager if I am currently on the IDD waiver waitlist.
4. The right to receive services without discrimination as to the severity of my disability. If I currently pose a clear and present danger to myself or the community, the Secretary of KDADS may decide that I am inappropriate for community services.
5. The right to receive services for which I have been determined eligible from my choice of community service provider. Once I have been found eligible and funds are available, I should receive the service I have chosen, or it should be reported to the Secretary of KDADS that I am waiting for that service.
6. The right to continue to receive services for which I am eligible as long as state or federal funding support continues. I also have the right to transfer that level of state and federal financial support if I move from service area to another within the state of Kansas.
7. The right to take advantage of the CDDO dispute resolution process, including internal and external appeal procedures to settle any disagreement with the CDDO, any affiliate, or any other component of the community service system.
8. The right to receive information regarding the CDDO local Quality Assurance Committee and Council of Community Members.
9. The right to receive information about self-advocacy groups.
10. The right to receive services provided in a way that is based on my Person-Centered Support Plan (PCSP) and listed in my Person-Centered Service Plan (PCSP). My services must offer me opportunities for choice and ensure that all of my rights are respected and protected, including those listed in K.A.R. 30-63-22.

As an individual who resides in an Intermediate Care Facility which services Individuals with Intellectual Disabilities (ICF/IID), my core rights in connection with the CDDO according to Kansas law and regulations (K.A.R. 30-64-22 and 30-64-29) include the following:

1. The right to have equal access to services if I am referred to the CDDO for possible services.
2. The right for myself or my guardian (if one has been appointed) to receive information at least once a year offered in a way that is easy to understand, including:
 - a. The types of community services available in my area and information about the providers of those services; and
 - b. My rights as described in the Developmental Disabilities Reform Act and implementing Regulations. The commission will approve the content of this information.
3. The right for myself, my family, and my guardian (if one has been appointed) to receive information on services or supports that are currently available or could be made available within 90 days in or near my home county once eligibility has been achieved.
4. The right to have the CDDO offer to provide or arrange to provide these services and support when it's time to do so.

You may also contact the Disability Rights Center of Kansas to assist with due process and individual rights.

www.drckansas.org
Voice: 1-877-776-1541
TDD: 1-877-335-3725

Abuse, Neglect and Exploitation

Individuals with disabilities have the right to be free from abuse, neglect and exploitation. Reporting suspicions of abuse, neglect and exploitation is the responsibility of everyone.

Kansas law defines abuse, neglect, and exploitation as:

Abuse means any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm to a person served, including: (1) infliction of physical or mental injury; (2) any sexual act with a person served when the person served does not consent or when the other person knows or should know that the person served is incapable of resisting or declining consent to the sexual act due to mental deficiency or disease or due to fear of retribution or hardship; (3) unreasonable use of a physical restraint, isolation or medication that harms or is likely to harm the person; (4) unreasonable use of physical or chemical restraint, medication or isolation as punishment, for convenience, in conflict with a physician's orders or as a substitute for treatment except where such conduct or physical restraint is in furtherance of the health and safety of the person served; (5) a threat or menacing conduct directed toward an adult that results or might reasonably be expected to result in fear or emotional or mental distress to an adult; (6) fiduciary abuse; (7) omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Neglect means the failure or omission by the one's self, caretaker, or another person to provide goods or services, which are necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Exploitation means misappropriation of a person's property or intentionally taking unfair advantage of the person's physical or financial resources for another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false representation of false pretense by a caretaker or another person.

If you suspect abuse, neglect or exploitation has occurred, please contact the:

Kansas Protection Report Center Hotline 1-800-922-5330 or fill out a report on line at the address below: www.dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx

Notice of Privacy Practices (HIPAA)

This notice describes how intake, eligibility, assessment and other information is used and disclosed and how you can gain access to this information. Please review it carefully.

Understanding Your Individual Record

Beginning with your intake application, the CDDO creates a case record of your information. This record may include:

- Your social and health history.
- Current services and funding for each.
- Intake application, eligibility, assessment, diagnoses, and medications.
- Plan for the supports you receive.
- Basis for planning your supports.
- Means of communication among the many health and service professionals who contribute to your supports.
- Legal document describing the supports that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tools to assess the appropriateness and quality of support you received.
- Tools to improve the quality of support services and achieve better outcomes.

Understanding what is in your record and how your information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the information rights detailed below.

Your Rights under the Federal Privacy Standard

Although your records are the physical property of the CDDO, you have the following rights with regard to the information contained therein:

- Request restriction on uses and disclosures of your information for service, payment, and health care operations. The right to request restriction does not extend to uses or disclosures permitted or required under the following

sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), § 164.510(a) (for facility directories, but note that you have the right to object to such uses), or § 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable information provides the ability to request restriction. We do not, however, have to agree to the restriction, except in the situation explained below. If we do, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and if the method of communication is reasonable, we must grant the alternate communication request.

- Obtain a copy of this notice of information practices. Although this is in the CDDO handbook, you have a right to a hard copy upon request.
- Inspect and copy your information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes. Such notes consist of those notes that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private, group, joint, or family counseling session and that are separated from the rest of your medical record.
 - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
 - Protected health information (“PHI”) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. § 263a, to the extent that giving you access would be prohibited by law.
 - Information that was obtained from someone other than a health care provider under a promise of confidentiality and the requested access would be reasonably likely to reveal the source of the information.
 - Information that is copyright protected, such as certain raw data obtained from testing.

In other situations, we may deny you access, but if we do, we must provide you a review of our decision denying access. These “reviewable” grounds for denial include the following:

- A licensed health care professional, such as your attending physician, has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of yourself or another person.
- PHI makes reference to another person (other than a health care provider) and a licensed health care provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause

substantial harm to such other person.

- The request is made by your personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that giving access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- Request amendment/correction of your information. We do not have to grant the request if the following conditions exist:
 - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - The records are not available to you as discussed immediately above.
 - The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why it was denied, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures, those other than for intake, eligibility, assessment and quality assurance until a date that the federal Department of Health and Human Services will set after January 1, 2011. After that date, we will have to provide an accounting to you upon request for uses and disclosures for service, payment, and health care operations under certain circumstances, primarily if we maintain an electronic health record. We do not need to provide an accounting for the following disclosures:
 - Protected health information (“PHI”) to you.
 - For the organization directory or to persons involved in your support or for other notification purposes as provided in § 164.510 of the federal privacy regulations (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for your support of your location, general condition, or death).
 - For national security or intelligence purposes under § 164.512(k)(2) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).

- To correctional institutions or law enforcement officials under § 164.512(k) (5) of the federal privacy regulations (disclosures not requiring consent, authorization, or an opportunity to object).
- That occurred before April 14, 2003.

We must provide the accounting within 60 days. The accounting must include the following information:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization or a copy of the written request for disclosure. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.
- Revoke your consent or authorization to use or disclose information except to the extent that we have taken action in reliance on the consent or authorization.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

- Maintain the privacy of your information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your information without your consent or authorization, except as described in this notice or otherwise required by law. These include most uses or disclosures of psychotherapy notes, marketing communications, and sales of PHI. Other uses and disclosures not described in this notice will be made only with your written authorization.

Examples of Disclosures for Service, Payment and Health Care Operations

Quality Assurance

Example: Members of the CDDO quality assurance team may use information in your record to assess your supports and the competence of the providers. We will use this information in an effort to continually improve the quality and effectiveness of the services that we provide. Note that some health information, such as substance abuse treatment information, may not be used or disclosed without your consent.

Business Associates

We provide some services through contracts with business associates. Examples include database developments, shredding of confidential documents and the like. When we use these services, we may disclose your information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

Notification

We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location, and general condition.

Communication with family

Unless you object, we, as service professionals, using our best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify information relevant to that person's involvement in your support or payment related to your support.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Funeral directors

We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Food and Drug Administration (FDA)

We may disclose to the FDA health information relative to adverse effects/ events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs, or

replacement.

Workers Compensation

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution

If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement

We may disclose information for law enforcement purposes as required by law or in response to a valid subpoena.

Health Oversight Agencies And Public Health Authorities

If members of our work force or business associates believe in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more clients, employees, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of health.

The Federal Department of Health and Human Services (DHHS)

Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

We reserve the right to change our practices and to make the new provision effective for all individually identifiable information that we maintain. If we change our information practices, we will mail a revised notice to the address you have provided.

Johnson County Community Developmental Disabilities Organization Internal Administrative Review

