

**NOTICE OF PRIVACY PRACTICES**  
**CRAWFORD COUNTY MENTAL HEALTH CENTER**  
**(HIPAA and 42 C.F.R. Part 2 Combined)**

*Effective Date of Notice: February 15, 2026*

***THIS NOTICE DESCRIBES:***

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **HOW YOU CAN GET ACCESS TO THIS INFORMATION**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

**YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE DEPUTY CHIEF QUALITY OFFICER AT 620-231-5130, OR AT [Quality@cmhccc.org](mailto:Quality@cmhccc.org), IF YOU HAVE ANY QUESTIONS.**

**PLEASE REVIEW IT CAREFULLY.**

**I. Who We Are—HIPAA Covered Entity and SUD Part 2 Program Provider.**

Certain laws require that you be provided “Notice” of our privacy practices that relate to your medical information. Our privacy practices are contained within this Notice. This Notice is prepared in accordance with the **HIPAA regulations** governing the privacy of protected health information (“PHI”) and the **42 C.F.R. Part 2 regulations** governing the privacy of substance use disorder (“SUD”) treatment records. Crawford County Mental Health Center (“CCMHC”) is both a HIPAA covered entity and a SUD Part 2 Program provider.

This Notice applies to the protected health records of your care provided by CCMHC and its employees, staff, volunteers, and business associates. Some care you receive may be provided by CCMHC as a HIPAA covered entity. Some care may be provided by CCMHC as a SUD Part 2 program provider. This Notice describes our privacy practices with respect to both types of information (collectively, “PHI”) unless we have stated otherwise.

Your personal doctor, other health care providers, or your health insurance plan may have different privacy policies or “notices” regarding the doctor’s, others provider’s, or the plan’s use and disclosure of your health information that are created outside of this mental health center.

CCMHC reserves the right to change the terms of this Notice and to make the new notice provisions effective for records that it maintains. If CCMHC revises this Notice, it will provide you with a copy by posting it on our website and at clinic locations. It will also provide a copy of the then-current Notice upon request.

**Our Responsibilities to Protect Your Protected Health Information.**

PHI is any information related to your health care that is shared or maintained in any manner. Each time you receive medical care from a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains a history of your illnesses or injuries, symptoms, exam & laboratory results, treatment provided and treatment plans, and notes on future care. Depending on your health care situation, your record may contain more or different information. It includes your insurance information as well. This Notice applies to all PHI generated by CCMHC.

This Notice describes the ways in which we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

Federal Privacy Regulations require us to:

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

We will not use or disclose your health information, including your Part 2 SUD information, without your consent or authorization, except as described in this Notice or as otherwise required by law.

**II. How CCMHC May Use and Disclose Medical Information About You – Treatment, Payment, and Health Care Operations.**

**DHHS allows us to use your PHI without your written authorization in the following ways:**

**Treatment.** We may use and disclose PHI to provide you with or coordinate healthcare treatment and services.

**Example:** We may review your health history form to form a diagnosis and treatment plan, consult with other doctors about your care, delegate tasks to ancillary staff, call in prescriptions to your pharmacy, arrange appointments with other healthcare providers, schedule lab work for you, etc.

**Payment for Services.** We may use and disclose your PHI to obtain payment for services we provide to you.

**Example:** CCMHC may need to provide information concerning you to a third party payer such as an insurance company or other reimbursement source. The information needed for the financial reimbursement process may include information that identifies you, your diagnosis, the type of treatment provided, and any other information necessary for the completion of the financial/reimbursement process. Remember, you are able to restrict disclosures to your insurance carrier for services for which you wish to pay “out of pocket.”

**Administrative/Health Care Operations.** We may use and disclose your PHI for health care operations, which includes activities related to evaluating treatment effectiveness, teaching and learning purposes, evaluating the quality of our services, and investigating complaints.

**Examples:**

- **Quality Assurance:** CCMHC staff, Clinical Director or members of the utilization review team may review information in your mental health record to assess the care you are receiving. Your information will also be used to judge the quality and competence of the persons assisting you in treatment.
- **Business Associates:** CCMHC participates in Business Associates Agreements (BAA) with outside entities that may require the CCMHC to divulge PHI for purposes such as State or insurance audits, administration of insurance benefits, software development or maintenance by our vendors, State or other program/benefits planning and implementation and other purposes as they arise. You have the right to expect CCMHC to use your PHI in a manner only for these purposes and for CCMHC to protect your PHI as outlined by HIPAA/HITECH and other privacy regulations. You have the right to request that a CCMHC representative explain to you its participation in any BAA that divulges your PHI. You also have the right to seek services elsewhere if you refuse to participate in BAA related activities that require CCMHC to report your PHI to the State, insurance providers and other entities that have BAAs with CCMHC. You have the right to request that CCMHC refrain from divulging your PHI for the purpose of a BAA by communicating this to CCMHC in writing.
- **Office Communications:** We may mail the following to you: New forms, appointment correspondence, account statements, information about new treatment options, newsletters, brochures, satisfaction surveys, announcements, etc. In addition, we may need to contact you by phone to discuss your office appointments, treatment, referrals, test results, account balances and/or to return your phone calls. We will first attempt to contact you at home or with other numbers you have indicated.
- **Training Purposes:** We will use your information to provide training and education to the students who treat clients at our facilities.

**Other Permitted Uses and Disclosures.**

- **Disclosure to Relatives and Close Friends.** We may disclose your PHI to a family member, other relative, close personal friend, or other person if we 1) obtain your agreement; 2) provide you with an opportunity to object to the disclosure; or 2) we can reasonably infer that you do not object to the disclosure.
- **Incapacity or Emergency Notification:** CCMHC may, in the event of a mental health or health related emergency, notify the person(s) you have listed in our records as your emergency contact to make them aware of your condition and location.
- **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:** CCMHC will disclose your mental health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs as established by law.
- **Public Health:** As required by law, CCMHC may disclose your mental health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. Part 2 SUD information will be de-identified before disclosure.
- **Correctional Institution:** If you are an inmate of a correctional institution, CCMHC may disclose to the institution or its agents the mental health information necessary for your health and safety and that of others.
- **Health Oversight Agencies and Public Health Authorities:** If a member of CCMHC staff or a business associate believes 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, workers, or the public, we may disclose your mental health information to a health oversight agency and/or public health authority, such as the Department of Health.
- **The Federal Department of Health and Human Services (DHHS):** Under the privacy standards, CCMHC must disclose your mental health information to DHHS as necessary to allow for the determination of compliance with the privacy standards.
- **Organ, Eye and Tissue Donation:** If you are an organ donor, we may disclose health information to organ procurement organizations, transplant centers and eye or tissue banks.
- **Military:** If you are a member of the armed forces, we may disclose health information to military authorities as authorized or

required by law.

- National Security and Intelligence Activities: When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and national security activities.
- Protective Services for the President and Others: We may disclose your protected health information to certain federal officials so they may provide protection to the President, other persons, or foreign heads of state, or to conduct special investigations.
- Law Enforcement: We may disclose your protected health information to law enforcement to identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime, information relayed to us pertaining to a criminal death, and criminal conduct on CCMHC property.
- Fundraising: We may send you information as part of our fundraising activities. You have the right to opt out of receiving this type of communication. CCMHC will, in accordance with Federal and State Laws, obtain your written authorization to use or disclose your PHI for other marketing purposes. If you do not wish to receive communications related to fundraising, you may contact CCMHC at [Quality@cmhccc.org](mailto:Quality@cmhccc.org) or:

Lori Libel, Deputy Chief Quality Officer  
911 E Centennial Pittsburg, KS 66762

- Lawsuits and Disputes: If you are involved in a lawsuit or in a dispute, we may disclose your protected health information about you in response to a court or administrative order. We may also disclose your protected health information about you in response to a court or administrative order even if you are not involved in the lawsuit or dispute. We may also disclose your protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested or as otherwise permitted by law.

### III. Other Uses and Disclosures.

**Highly Confidential Information.** Other Federal and State laws may provide privacy protections in addition to HIPAA for certain diagnoses or certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information (Part 2 protections); and, 4) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

**Other Uses or Disclosures Not Described in This Notice.** Other uses and disclosures of PHI not covered by this Notice or permitted under the laws that apply to us will be made only with your written authorization. Once we disclose your health information based on your authorization or as legally permitted under State and Federal law as described in this Notice, the disclosed health information may no longer be protected and may be re-disclosed by the recipient without your knowledge or authorization. Except as permitted under this Notice or as permitted by law, we will seek your written authorization prior to using or sharing your information for marketing purposes or selling your information.

### IV. Your Rights Regarding Your Protected Health Information.

Although your health record is the physical property of CCMHC that compiled it, the information belongs to you. To exercise any of these rights please contact the Deputy Chief Quality Officer. You have the following rights regarding PHI, protected health information, we maintain about you:

**Inspect and Copy Your Records.** You have the right to inspect and get a copy of your PHI including, but not limited to, medical and billing records. You may ask us to give you the copies in an electronic format and we will provide the information in the form and format you request, if readily producible. Or you may ask us to prepare a summary in lieu of the copies. You must submit your request in writing to the Medical Records Department. However, alternative arrangements may be made for individuals unable to make a request in writing. **We reserve the right to charge a reasonable, cost-based fee to accommodate such requests.** Original records will not leave the premises and will be only available for inspection only during our regular business hours. We will respond to requests in a timely manner, not to exceed 30 days of receipt of request. You may request a copy of the PHI requested by sent to another person, this request must be in writing and clearly identify the designated person and where to send the copy of the PHI.

**Under the Federal Privacy Regulations, Your Rights Do Not Include Access to the Following:**

- **Psychotherapy Notes:** Such notes are comprised of documentation in any medium by a mental health professional. This includes the documentation of an analyzed conversation, which occurred during a private, group, joint, or family counseling session. These notes are considered separate from the rest of the treatment record.
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
- PHI that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C. 263a, to the extent the provision of access to the individual would be prohibited by law.
- Information obtained, under the promise of confidentiality, from someone other than a healthcare provider and if the requested access would likely reveal the source of the information.

***We may deny your request*** to inspect and copy in certain limited circumstances. If you are denied access to health information, you will be told in writing. The following are examples of “reviewable” grounds of denial:

- A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is likely to endanger the life of physical safety of the individual or another person.

- The information requested refers to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual's personal representative, and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

If, under these reviewable grounds, your request is denied and you disagree with the denial, another mental health professional will, within 60 days of the initial denial, review the decision of the provider denying access. We will comply with the outcome of the review. You will be advised in writing of this reviewing official's decision in a timely manner.

**Right to Amend Your Records.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend / change the information. You have the right to request an amendment for as long as the information is kept by or for the mental health center. To request an amendment, your request must be made in writing and submitted to the mental health center's Medical Records Department. In addition, you must provide a reason that supports your request.

***We may deny your request*** for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by this mental health center, unless the person or entity that created the information is no longer available to act on the amendment;
- is not part of the health information kept by or for CCMHC;
- is not part of the information which you would be permitted to inspect and copy as discussed above; or
- is accurate and complete.

If your request for amendments/corrections is denied, we will notify you in writing. We will tell you why the request was denied, give you information on how you can attach a statement of disagreement to your records (which CCMHC may rebut), and how you can make a complaint. If the dispute concerns records generated by CCMHC, and we grant the request, we will distribute the revision to the agency or individuals you identify in a timely manner.

**Right to an Accounting of Disclosures.** You have the right to obtain an accounting of "non routine" uses and disclosures of your treatment information, (routine disclosures are those used for the purposes of payment, treatment and health care operations), by CCMHC to individuals or agencies for a period of 6 years, or 3 years for Part 2 SUD records, prior to the date accounting was requested. Not all disclosures will be included in this list, such as routine disclosures, except for Part 2 SUD records that were shared through an electronic health record. To request this list of accounting of disclosures, you must submit your request in writing to CCMHC Medical Records Department. Your request should indicate in what form you want the list (for example, on paper, electronically or some other form).

**The first accounting in any 12-month period is free, thereafter CCMHC reserves the right to charge a reasonable, cost-based fee for copying any records.**

CCMHC must provide the accounting within 60 days of receiving the request. The accounting will include:

- The date of each disclosure
- The name and address of the organization(s) or person (s) who received the information.
- A brief description of the information released and purpose of the disclosure.

CCMHC does not have to provide an account for:

- To carry out treatment, payment and health care operations as provided in 164.506
- Disclosures made to you 164.502
- Disclosures authorized by you 164.508
- For the facility's director or to person involved in your care or other notification purposes as provided in 164.510
- For National Security or intelligence purposes as provided in 164.512(k)(2)
- To correctional institutions or law enforcement officials as provided in 164.512(k)(5)
- Disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations) 164.514(e)

**Right to Request Restrictions.** You have the right to request how your PHI is used and disclosed. You may request restrictions or alternate communications for treatment, payment, and health care operations. *If you do not want us to bill your insurance carrier for services you or a family member receive, you are required to pay for the service prior to provision.*

**PLEASE NOTE:** The right to request a restriction does not extend to uses or disclosures permitted under § 164.502 (a) (2) (i) disclosures to you, or § 164.510(a) for facility directories. However, you do have the right to object to such uses. There are situations, indicated in § 164.512 that do not require your consent or authorization for disclosure, and you do not have the right to request restriction if these situations exist. Such required uses and disclosures include the mandatory reporting of communicable diseases, and elder adult/child abuse or neglect.

***We are not required to agree to your request unless you do not want us to bill your insurance carrier for services and you have paid in full for those services.*** . If we do agree, we will notify you in writing and comply with your request unless the information is needed to provide you emergency treatment. If we agree to a restriction, we may terminate any restriction if you agree to the termination or if we inform you that we are terminating our agreement to the restriction. You may also terminate any restriction.

**How to make a request.** To request restrictions or limitations, you must make your request in writing to the Medical Records Department. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Alternative Communications.** You have the right to request that we communicate with you about medical 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, or you may prefer that we communicate with you via unencrypted email or text messaging. There are risks associated with communications via unencrypted email or text messaging, for example, a third party could intercept the email or text message in transmission .

To request alternative confidential communications, you must make your request in writing to the Medical Records Department. We will not ask you for the reason for your request. We may ask you for clarification so we can understand your request. You are not required to give an explanation. 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. If you want a written copy, one will be available to you at the reception desk.

**Right to Revoke.** You have the right to revoke your consent or authorization to use or disclose your PHI except to the extent that we have already acted in reliance upon the consent. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you. You may revoke your authorization by submitting a request to your provider or you may request a reasonable alternative revocation process by contacting Lori Libel, Deputy Chief Quality Officer at 620-231-5130 or email at [Quality@cmhccc.org](mailto:Quality@cmhccc.org).

**Right to Breach Notification.** A “breach” occurs when your PHI is acquired, accessed, used, or disclosed in a manner not permitted by HIPAA which compromises the privacy or security of your information. Not all types of breaches require notice, but if notice is required, we will provide such notification without unreasonable delay, but in no case, later than 60 days after we discover the breach.

**Right to Choose Someone to Act for You.** If you have given someone a durable health care power of attorney that is currently in effect or if someone is your legal guardian, that person may exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- V. **Your Rights Regarding Electronic Health Information Technology.** CCMHC participates in electronic health information technology or HIT. This technology allows a provider or a health plan to make a single request through a health information organization or HIO to obtain electronic records for a specific patient from other HIT participants for purposes of treatment, payment, or health care operations. HIOs are required to use appropriate safeguards to prevent unauthorized use and disclosures.

You have two options with respect to HIT. First, you may permit authorized individuals to access your electronic health information through an HIO. If you choose this option, you do not have to do anything.

Second, you may restrict access to **all** your information through an HIO (except as required by law). If you wish to restrict access, you must submit the required information either online at <http://www.KanHIT.org> or by completing and mailing a form. This form is available at <http://www.KanHIT.org>. You cannot restrict access to certain information only; your choice is to permit or restrict access to all your information.

If you have questions regarding HIT or HIOs, please visit <http://www.KanHIT.org> for additional information.

If you receive health care services in a state other than Kansas, different rules may apply regarding restrictions on access to your electronic health information. Please communicate directly with your out-of-state health care provider regarding those rules.

- VI. **Right to Complain or Get More Information.** If you believe your privacy rights have been violated, you have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services. You may do so by contacting the HHS Office for Civil Rights or accessing <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. A patient is not required to report an alleged violation either to the Secretary or Part 2 program but may report to either or both.

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
[www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html)

In order to file a complaint with CCMHC you can utilize the complaint box procedure or contact the Quality Department at [Quality@cmhccc.org](mailto:Quality@cmhccc.org). CCMHC will not retaliate against you for filing a complaint. If you have questions, would like additional information, or want to file a complaint, please contact:

Lori Libel, Deputy Chief Quality Officer  
911 E Centennial Pittsburg, KS 66762  
620-231-5130

**There will be no retaliation for filing a complaint with either the Deputy Chief Quality Officer or the Office for Civil Rights.**

- VII. **Confidentiality Of Alcohol And Drug Use Client Records 42 C.F.R. 2:**

In addition to the privacy protections of the HIPAA Rules and the rights as described in this Notice, the confidentiality of substance use disorder (“SUD”) records are protected by another Federal law referred to as Part 2. Since CCMHC operates as a Part 2 Program this section

provides CCMHC patients participating in CCMHC's Part 2 Program with additional information on the laws and regulations governing SUD records.

The following additional protections apply to uses and disclosures of your Part 2 SUD records and describes your rights:

**Use and Disclosure.** Generally, CCMHC may not say to a person outside the agency that a client attends the program or disclose any information identifying a client as an alcohol or drug abuser unless:

- The client consents in writing
- The disclosure is allowed by a court order
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, program evaluation. Violations may be reported to the United States Attorney in your district or to KDADS/Alcohol and Drug Abuse Services.

**Single Consent.** Except in an emergency or other special situations, we may ask you to sign a single consent for all future uses or disclosure of your Part 2 SUD records for our treatment, payment, and health care operations purposes. If we share Part 2 SUD records with your consent, the information may be further shared by the recipient without your permission to the extent the HIPAA Rules allow it.

**Use of Part 2 SUD Records for Fundraising Purposes.** We will not share your Part 2 SUD information for fundraising purposes unless we have first given you a clear and conspicuous opportunity to elect not to receive any fundraising communications.

**Use of Part 2 SUD Records in Legal Proceedings.** Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you (the patient) and/or the holder of the record, where required by 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

- Federal law and regulations do not protect any information about a crime committed by a client either at CCMHC or against any person who works for CCMHC or about any threat to commit such a crime.
- Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to the appropriate state or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws and 42 C.F.R. Part 2 for Federal Regulations).

**Part 2 SUD Records Disclosed for Public Health Purposes.** Part 2 SUD information will be de-identified prior to sharing for public health purposes if we do not obtain your consent.

**Part 2 SUD Records for Other Uses and Disclosures.** We may ask for your written consent for other use and disclosures of your Part 2 SUD information, including, without limitation, to sharing Part 2 SUD information with central registries or withdrawal management to prevent multiple enrollments; a person in the criminal justice system and if participation in a Part 2 program is required to end a criminal case; and a state prescription drug monitoring program if required by state law.

**Mandated Treatment.** If you were mandated to treatment through the criminal legal system (including drug court, probation, or parole) and you sign consent authorizing disclosures to elements of the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement, your right to revoke consent may be more limited and should be clearly explained on the consent you sign.

**Revocation of Consent for Uses and Disclosures of Part 2 SUD Records.** You may revoke your consent by contacting the Part 2 Program or the Chief Quality Officer at the contact information noted above.

**Discussion of Notice.** You have the right to discuss this Notice with the Deputy Chief Quality Officer.

**Accounting of Disclosures Made by CCMHC.** You have the right to ask for a list (accounting of disclosures) of the times CCMHC disclosed your Part 2 SUD information for up to three (3) years before your request. Disclosures made for treatment, payment, or health care operations will only be included if they were made through an electronic health record.

**Accounting of Disclosures Made by Third Party.** You have the right to ask for a list of disclosures made by a person or entity that received the Part 2 SUD information pursuant to your written consent for up to three (3) years before your request and they will provide a list of persons or entities to which their information has been disclosed. You will receive a response within thirty (30) days or less.

**Restriction on Use or Disclosure of Part 2 SUD Program Records.** If CCMHC has agreed to your request to restrict the use or disclosure of your Part 2 SUD information for treatment purposes, we are permitted and may still share that information with other health care providers in an emergency treatment situation. In such a case, we will request that the recipient does not further use or disclose the information.

If we have PHI about you regarding communicable diseases, disease testing, alcohol or substance abuse diagnosis and treatment, or psychotherapy and mental health records (super-confidential information under the law), we will not disclose it under the General or Healthcare Treatment, Payment and Operations Rules (see above) without your first signing and properly completing our Consent form (i.e. you specifically must initial the type of super-confidential information we are allowed to disclose). If you do not specifically authorize disclosure by initialing the super-confidential information, we will not disclose it unless authorized under the Special Rules (see above) (i.e. we are required by law to disclose it). If we disclose super-confidential information (either because you have initialed the consent form or the Special Rules authorizing us to do so), we will comply with state and federal law that requires us to warn the recipient in writing that re-disclosure is prohibited.

**These privacy practices are in accordance with the original HIPAA enforcement effective April 14, 2003, and updated to Omnibus Rule effective March 26, 2013 and in accordance with 42 C.F.R. Part 2 Final Rule released February 8, 2024 and will remain in effect until we replace them as specified by Federal and/or State Law.**

## **VIII. Changes to This Notice.**

CCMHC reserves the right to change our privacy practices (by changing the terms of this Notice) at any time as authorized by law. The changes will be effective immediately upon us making them. They will apply to all PHI we create or receive in the future, as well as to all PHI created or by us in the past (i.e., to PHI about you that we had before the changes took effect). We will post a copy of the current notice in all locations. Also, upon request, you will be given a copy of our current Notice. The Notice is also available on our website at <https://crawfordmentalhealth.org/>.

EFFECTIVE DATE: February \_\_\_\_16\_\_\_\_, 2026

## NOTICE OF NONDISCRIMINATION

### DISCRIMINATION IS AGAINST THE LAW:

CCMHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

#### CCMHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Deputy Chief Quality Officer.

If you believe that CCMHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Lori Libel, Deputy Chief Quality Officer  
911 E Centennial Pittsburg, KS 66762  
620-231-5130  
Fax: 620-235-7183  
Email: [Quality@cmhccc.org](mailto:Quality@cmhccc.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Deputy Chief Quality Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

### NOTICE OF NONDISCRIMINATION TAGLINES

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-620-231-5130

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-620-231-5130

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-620-231-5130

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-620-231-5130

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-620-231-5130 번으로 전화해 주십시오.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-620-231-5130

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-620-231-5130 (رقم هاتف الصم والبكم: 1-620-231-5130).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-620-231-5130

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-620-231-5130まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-620-231-5130

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-620-231-5130 تماس بگیرید.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-620-231-5130

သတိပျီရန - အကယုၣ် သဠုၣ် ပုမန္တကား ကို ဝေပုဟပါက၊ ဘာသာစကား အကူအညီ၊ အခဲ၊ သဒ္ဒါအကြံ ကို စီစဉ်ဆောင်ရွက်ပေးပါမည့်။ ဖုန်းနံပါတ် 1-620-231-5130. သုခိၣ် ဝေခဏ်းပိ။

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-620-231-5130

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-620-231-5130

