



## **STARKEY, INC. NOTICE OF PRIVACY PRACTICES**

**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.**

### **WHY WE ARE PROVIDING THIS NOTICE:**

Starkey, Inc. compiles information relating to you and the treatment and services you receive. This information is called protected health information (PHI) and is maintained in your file or case record at Starkey. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as “medical information.” In this notice, we simply call all of that protected health information, “health information”; this is generally the types of information that is part of your file at Starkey.

This notice will tell you how we may use and disclose protected health information (PHI) about you and your rights. We may use and disclose this information in various ways. Sometimes your agreement or authorization is necessary for us to use or disclose your information and sometimes it is not. We are required by law to give you this Notice, and we are required to follow it. We may change this Notice at any time if the law changes or when our policies change. If we change the Notice you will be given a revised Notice. You may also access this Notice at our website: [www.starkey.org](http://www.starkey.org).

### **USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT MAY BE MADE *WITHOUT YOUR AUTHORIZATION*:**

1. For your treatment. We may share your protected health information with other treatment providers. For example, if you have a heart condition we may use your information to contact a specialist and may send your information to that specialist. We may send your information to other treatment providers, as necessary, including doctors, nurses, consultants (dietician, psychiatrist, etc.), psychologists, social workers, your case manager, teachers, direct support staff and other agency staff, volunteers, and other persons who are involved in supporting you or providing care. We may consult with other health care or service providers concerning you and, as part of the consultation,

share your health information with them. For example, staff may discuss your information to review your request for admissions, develop and carry out your Person Centered Support Plan, review your plan with the Behavior Management Committee or review incident reports. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor's visit, physical therapy, etc. Staff may need to disclose health information to entities outside of our organization (for example, another provider, your school, the SCDDO or KDADS) to discuss your needs and services or to obtain new services for you.

2. For payment. We may share your protected health information so we can be paid for the services we provide to you. This can include Medicaid, the SCDDO or your insurance company. For example, we may need to provide the state Medicaid program or the SCDDO information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program. However, if you pay out of pocket for your services and make a specific request that we not send information to your insurance company for that service, we will not send that information to your insurer except under certain circumstances.
3. For our healthcare operations. We may use and disclose your protected health information when it is necessary for our own operations. For example, we may use protected health information about you to review the services we provide and the performance of our employees supporting you. We may disclose protected health information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation (e.g. CARF), licensing/contract monitoring activities (e.g. KDADS, SCDDO) or for quality assurance activities (e.g. KDADS, SCDDO or Starkey). When we do this, the businesses or organizations agree in the contract to protect your health information and use and disclose such health information only to the extent Starkey would be able to do so. These businesses or organizations are called Business Associates.
4. For appointment reminders. We may use your protected health information to remind you of appointments for treatment or services, including leaving a voicemail message.
5. For Surveys. We may use and disclose your protected health information to contact you to assess your satisfaction with our services.
6. For providing your information on alternative services providers or other services. We may use and disclose protected health information to tell you about or recommend possible service options or alternatives that may be of interest to you. We may also use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you. In some cases, the facility may receive payment for these activities. We will give you the opportunity to let us know if you no longer wish to receive this type of information.
7. To discuss your services and support needs with other people who are involved with your care. We may disclose your health information to a friend or family member who is

involved in your care and support. We may also disclose your health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. Unless you inform us that you do not want any information released, we may tell individuals who ask, your location in the hospital and provide a general statement of your condition.

8. **Research.** Under certain circumstances, we may use and disclose your protected health information for research. All research projects, however, are subject to a special approval process. Before we use or disclose your health information for research, the project will have been approved.
9. **As Required By Law.** We will disclose your protected health information when the law requires us to do so.
10. **To Avert a Serious Threat to Health or Safety.** We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
11. **Workers' Compensation.** We may release your protected health information for workers' compensation or similar programs providing you benefits for work-related injuries or illness.
12. **Public Health Risks.** We may disclose your protected health information for public health activities which include the prevention or control of disease, injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of devices or products; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate if we believe you have been the victim of abuse, neglect or domestic violence.
13. **Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These activities are necessary for the government to monitor the health care system, government programs, and civil rights laws.
14. **Legal Proceedings.** We may disclose your protected health information when we receive a court or administrative order. We may also disclose your protected health information if we get a subpoena, or another type of discovery request. If there is no court order or judicial subpoena, the attorneys must make an effort to tell you about the request for your protected health information.
15. **Law Enforcement.** When a law enforcement official requests your protected health information, it may be disclosed in response to a court order, subpoena, warrant, summons, or similar process. It may also be disclosed to help law enforcement identify or locate a suspect, fugitive, material witness, or missing person. We may also disclose protected health information about the victim of a crime; about a death we believe may be the result of criminal conduct; about criminal conduct at Starkey; or in an emergency

to report a crime, the location of the crime, victims of the crime, or to identify the person who committed the crime.

16. Coroners, Medical Examiners, and Funeral Directors. We may disclose your protected health information to a coroner, medical examiner, or a funeral director.
17. National Security and Intelligence Activities. When authorized by law, we may disclose your protected health information to federal officials for intelligence, counterintelligence, and other national security activities.
18. 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.
19. Inmates or Persons in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your protected health information to the correctional institution or a law enforcement official when it is necessary for the institution to provide you with health care; when it is necessary to protect your health and safety or the health and safety of others; or when it is necessary for the safety and security of the correctional institution.
20. 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.

#### **OTHER USES AND DISCLOSURES:**

1. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and uses and disclosures that constitute a sale of protected health information require your authorization. Psychotherapy notes are a particular type of protected health information. Mental health records generally are not considered psychotherapy notes. Your authorization is necessary for us to disclose psychotherapy notes.
2. There may be some circumstances when we directly or indirectly receive a financial (e.g., monetary payment) or non-financial (e.g., in-kind item or service) benefit from a use or disclosure of your protected health information. Your authorization is necessary for us to sell your protected health information. Your authorization is also necessary for some marketing uses of your protected health information.
3. Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke your authorization in writing at any time, provided you notify us. If you revoke your authorization, it will not take back any disclosures we have already made.

#### **YOUR HEALTH INFORMATION RIGHTS:**

1. Right to Access. You have the right to access, or to inspect and obtain a copy of your protected health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form so we have the information we need

to process your request. You may request that your records be provided in an electronic format and we can work together to agree on an appropriate electronic format. Or you can receive your records in a paper copy. You may also direct that your protected health information be sent in electronic format to another individual. You may be charged a reasonable fee for access. We can refuse access under certain circumstances. If we refuse access, we will tell you in writing and in some circumstances you may ask that a neutral person review the refusal.

2. **Right to Amend Your Records.** If you feel that your protected health information is incorrect or incomplete, you may ask that we amend your health records. To exercise this right, you must contact the Privacy Officer to complete a specific form stating your reason for the request and other information that we need to process your request. We can refuse your request if we did not create the information, if the information is not part of the information we maintain, if the information is part of information that you were denied access to, or if the information is accurate and complete as written. You will be notified in writing if your request is refused and you will be provided an opportunity to have your request included in your protected health information.
3. **Right to an Accounting.** You have a right to an accounting of disclosures of your protected health information that is maintained in your file or case record. This is a list of persons, government agencies, or businesses who have obtained your health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. There are specific time limits on such requests. You have the right to one accounting per year at no cost.
4. **Right to a Restriction.** You have the right to ask us to restrict disclosures of your protected health information. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us with the information that we need to process your request. If you private-pay for a service and do not want your health information to go to a third party payer, we will not send the information, unless it has already been sent, you do not complete payment, or there is another specific reason we cannot accept your request. For example, you could request that we not disclose protected health information about you to your brother or sister. We do not have to agree to any other restriction. If we have previously agreed to another type of restriction, we may end that restriction. If we end a restriction, we will inform you in writing.
5. **Right to Communication Accommodation.** You have the right to request that we communicate with you in a certain way or at a specific location. To exercise this right, you should contact the Privacy Officer because you must complete a specific form to provide us the information that we need to process your request.
6. **Breach Notification.** You have the right to be notified if we determine that there has been a breach of your protected health information.

7. Right to Obtain the Notice of Privacy Practices. You have the right to have a paper copy of this Notice. You may request a copy from the Privacy Officer or you may go to our website at [www.starkey.org](http://www.starkey.org).
8. Right to File a Complaint. If you believe your privacy rights as described in this Notice have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services – Office for Civil Rights (Regional Office at Kansas City), 601 East 12<sup>th</sup> Street Room, 353, Kansas City MO 64106, 816-426-7277, or through [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). You will not be penalized for filing a complaint.

**PRIVACY OFFICER CONTACT INFORMATION:**

Privacy Officer  
Starkey, Inc.  
4500 W. Maple  
Wichita, Kansas 67209  
316-942-4221

**CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice at any time. We reserve the right to make the revised Notice effective for protected health information that we currently maintain in our possession, as well as for any protected health information we receive, use, or disclose in the future. A current copy of the Notice will be posted in our facility.

Date: September 28, 2020