



Welcome to Pawnee Mental Health!

Maintaining your mental health is an important part of maintaining your overall health. Pawnee Mental Health strives to provide services that address your overall well-being and promote your recovery. You are not alone. According to the Centers for Disease Control and Prevention (CDC), more than 1 in 5 US adults live with a mental illness, and over 1 in 5 youth (ages 13-18) either currently or at some point during their life, have had a seriously debilitating mental illness. We recognize that deciding to get help can be a big step toward change and recovery in your life and we celebrate your decision to do so.

Pawnee Mental Health is a private, not-for-profit Community Mental Health Center (CMHC) and Certified Community Behavioral Health Clinic (CCBHC). It is licensed by the State of Kansas Department for Aging and Disability Services (KDADS) and Addiction and Prevention Services (AAPS).

Pawnee provides a full range of mental health, substance use recovery, and crisis services for residents of 10 north central Kansas counties, Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pottawatomie, Republic, Riley, and Washington, ensuring that individuals receive whole-person care at the right time. We also offer community support services for adults with severe and persistent mental illness (SPMI) and community based services for children with serious emotional disturbances (SED).

Our therapists hold licenses from the Kansas Behavioral Sciences Regulatory Board, ensuring their professional competence. Additionally, our substance use disorder treatment staff are Licensed Addiction Counselors. Our medical team comprises Advanced Practice Registered Nurses (APRNs), providing comprehensive care.

Pawnee provides services to everyone who needs them, regardless of age, race, color, gender, sexual orientation, national origin, disability, or ability to pay. We look forward to providing you with quality, respectful, caring, and effective mental health and substance use disorder treatment services to assist you in achieving your personal recovery and wellness goals.

Thank you for choosing Pawnee Mental Health for your care.

In a mental health emergency, call 1-800-609-2002 or call the National Crisis Lifeline at 988, both are available day or night.

"At Pawnee Mental Health we are committed to enhancing the well-being of individuals and families in our community through a holistic approach to behavioral health and recovery services. Our mission is to provide compassionate, person-centered care that fosters healing, empowerment, and resilience."



Scheduled Appointments

Our team is dedicated to supporting your journey towards treatment and recovery. At Pawnee, we prioritize personalized care by engaging in discussions about your diagnosis, treatment options, and collaboratively crafting your treatment plan. To ensure the effectiveness of your therapy and accommodate other clients, we kindly request your commitment to attending scheduled appointments.

If you need to reschedule or cancel an appointment, we appreciate 24 hours' notice to offer your slot to another client. Failure to attend without prior cancellation may result in difficulty securing recurring appointment times with your treatment provider.

Emergency Services

Licensed mental health professionals are on call 24 hours a day, seven days a week.

During office hours call:

- Manhattan: (785) 587-4300
- Junction City: (785) 762-5250
- Concordia: (785) 243-8900

After hours call:

- Manhattan: (785) 587-4342
- Outside of Manhattan: 1(800) 609-2002
- National Crisis Hotline: 9-8-8

For maps of our locations refer to our website at www.pawnee.org.

Follow us on:

 ***facebook.com/PawneeMentalHealth***

 ***instagram.com/pawneeMHS***

 ***youtube.com/@pawneementalhealth***



Payment Information

What will my insurance cover?

We are a contracted provider with most insurance companies. It is important that you understand your insurance benefits. We highly recommend contacting your insurance provider to verify your coverage and benefits prior to making an appointment with one of our providers.

What if I lose my insurance coverage?

Please report any changes to your insurance coverage to Pawnee's admission staff, billing department, or your treatment provider.

What if I don't have insurance?

Pawnee has a sliding fee scale for individuals who do not have insurance coverage. The amount you will pay is based on your gross family income and the number of people in your family. To qualify for a sliding fee you will need to provide one of the following documents:

- Three most recent paycheck stub
- Unemployment stubs
- Student loans or grants
- Letter from KDADS or SSI
- Copy of last income tax return (if household income status has not changed)
- Alimony and/or child support

Where do I make payments?

Payments are expected at the time of service and can be made in any of our Pawnee offices at the desk where you check in, or online by clicking 'Pay Bill Online' in the top right corner of our website (www.pawnee.org).

What if I have difficulty making payments or have questions about my bill?

If you have difficulty making monthly payments or have questions about your bill, please contact Pawnee's billing department at (785) 587-4344 or toll free at 1(800) 337-3353.



Pawnee Mental Health Notice of Privacy Practices Effective March 5, 2024

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review the following carefully and ask your Pawnee provider to answer any questions you may have.

Protected Health Information is the information we create and obtain in providing services to you. This information typically includes your symptoms, diagnoses, issues to be addressed in treatment, treatment plan, session notes, testing or evaluations and recommendations for treatment. Your protected health information also includes any billing documentation for the services provided to you.

Pawnee is 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 Pawnee. 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. Various health plans in which you may be a member, have different policies or notices concerning information they receive about you.

This notice will explain the ways in which Pawnee may use and disclose your health information, your rights and certain obligations we have regarding the use and disclosure of your information.

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

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The health information we maintain along with billing records are the physical property of Pawnee Mental Health Services. The information in it, however, belongs to you.

You have the right to review and receive a copy of your record:

To review your record, you may make a request with your current treatment provider to arrange for a time that you may inspect your record. If you do not currently have a Pawnee treatment provider, you may make your request verbally or in writing to the medical records representative for the region in which you are calling. Medical records staff will schedule a time for you to come to our office to review your records.

To request a copy of your record, a **"Request to Access Protected Health Information form"** must be completed and submitted to the Pawnee Medical Records office that you are requesting records from. You will be charged a fee that includes the costs of copying, mailing, staff time and/or any additional services that are included in your request. We may require that you pay this fee prior to receiving the requested copies. Medical records staff will be able to inform you what the current rate per page is for this copying and handling fee and will be able to provide you with an estimate of the total cost involved as per your request.

Pawnee reserves the right to deny your request to inspect and/or copy your record in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by our Chief Clinical Officer who will decide upon further review of your request.

You have the right to request an amendment:

If you believe that our records contain information about you that is incorrect or incomplete, a **"Request for Amendment"** must be completed in its entirety for Pawnee staff to process your request. To obtain this form or for more information regarding this process, please contact the Medical Records Representative for the Pawnee office you are requesting the records from.

Pawnee may deny your request for an amendment if you fail to complete the required form in its entirety. Pawnee may also deny your request if:

- You request us to amend information that was not created by us;
- Your request is not part of the health information kept by or for Pawnee;
- Your request includes information that Pawnee determined not to disclose (as above);
- The information is determined to be accurate and complete.

If your request for amendment 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.

You have the right to an Accounting of Disclosures:

An "Accounting of Disclosures" is a list of non-routine disclosures we make of health information about you as defined by law. To request this list, you must complete and submit a **"Request for Accounting of Disclosures"** to your Pawnee regional medical records department. To obtain this form or to obtain more information regarding this process, please contact your Pawnee regional medical records department. Your request must state the specific time period, which may not be longer than six years and may not include dates prior to April 14th, 2003. The first list you request within a 12- month period will be at no cost to you. For additional lists, Pawnee will charge you for the costs of providing the lists. We will notify you of the cost involved and allow you to choose to withdraw or modify your request *at that time* prior to any costs being incurred. **Please note that if there are no non-routine disclosures made for the period you specify, the accounting may result in no additional information to report.*

You have the 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 have the right to limit the health information that is disclosed about you to someone who is involved in your care or payment for your care, like a family member or friend. You have the right to request that information not be shared with your insurer if services are paid for in full, and out-of-pocket.

Please note that Pawnee will automatically protect your health information until you authorize in writing specifically what information you wish to be disclosed-unless the information is necessary to provide you with emergency treatment or we are legally obligated to do so.

You have the right to request alternative methods of communications:

You have the right to request that we communicate with you about your services or treatment at Pawnee Mental Health Services in a certain manner or at a certain location. For example, you may request that we only contact you at work or by mail.

To request an alternative method of communication, you must complete an **"Alternate Communication form"** that provides specifically what information we need to meet your request. To obtain this form or to obtain more information about this process, please contact the HIPAA privacy officer or medical records staff. We will accommodate all reasonable requests and do not need to know the reason for your request. Your request must specify how or where you wish to be contacted.

If your request includes the use of e-mail, you must read and sign Pawnee's **e-mail informed consent form** which explains the risks and responsibilities involved in using this means of technology. Please note that Pawnee cannot guarantee the confidentiality of e-mail or that the intended recipient will respond to it. Only the e-mail address you authorize on the Alternative Communication form will be used or acknowledged. Pawnee staff will need your further authorization to make any changes to your e-mail address or how and when we may contact you.

You have the right to receive an electronic copy of your records. You have the right to designate if you wish to receive these records encrypted or non encrypted.

Your Rights Regarding Kansas Health Information Network Electronic Records (KHIN)

Pawnee Mental Health Services 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 uses 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 of 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.

You have the right to receive 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 received this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy at our website, www.pawnee.org, or you may request a paper copy from the Pawnee Regional office nearest you.

You have the right to file a complaint with respect to the implementation of this notice or if you believe your rights as a client have been violated by Pawnee Mental Health Services. A verbal or written complaint may be filed directly with Pawnee Mental Health, Attn: HIPAA privacy officer, PO Box 747 Manhattan, KS 66505, 785-587-4300. A written complaint may be filed with the Secretary of the Department of Health and Human Services.

You will not be penalized for filing a complaint.

DISCLOSURE OF HEALTH INFORMATION WITHOUT SPECIFIC AUTHORIZATION

The following exceptions describe the various ways 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 will need to submit a request for restrictions in the manner described above.

Treatment: We may use information about you to provide you with comprehensive mental health services. We may disclose health information about you to our staff who are involved in your treatment. For example, if you are referred to services provided by another program or office of Pawnee Mental Health services, health information that is necessary to facilitate the transfer will be shared between these programs. In an emergency we may also disclose health information about you to people outside of Pawnee who may be involved in your care. For example, if a medical emergency were to occur on the premises of Pawnee, necessary health information will be shared with emergency medical staff to assure you appropriate treatment (i.e. drug allergies, current medications, known medical history). In psychiatric emergencies, health information will be shared with outside providers only to the extent that is necessary to access additional services or to facilitate admission to services.

Payment: We may use and disclose health information about you so that the treatment and services you receive at Pawnee may be billed to you, an insurance company or other third party for payment. For example, we may tell your health plan about what services have been recommended for your treatment at Pawnee so as to receive prior approval or to determine whether your plan will cover the service.

For Health Care Operations: We may use and disclose health information about you for our own internal operations. These uses and disclosure are necessary to run Pawnee and make sure that all of our clients receive quality care. For example, we may use your health information to review the treatment we provide and to evaluate the performance of our staff in providing these services to you. We may also remove information that identifies you from a set of health information so that others may use it to study mental health care service delivery without learning who specific clients are.

Appointment reminders: We may use and disclose health information to contact you as a reminder that you have an appointment for treatment or medical care at Pawnee. **Unless you direct us to do otherwise (please see alternative methods of communication on page 2),** we may leave messages on your telephone answering machine identifying ourselves and asking for you to return our call. We do not disclose any personal health information to any person other than you who answers your phone.

Pharmacies/Patient Assistance Program: If you receive medications from our mental health center, we may need to contact your local pharmacy or drug company to disclose or verify health information about you to facilitate the dispensing of appropriate medications.

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

Business Associates: There are some services provided in our organization through contracts or arrangements with business associates. For example, we contract with an independent auditor as required by law to conduct annual audits within our mental health center. When these services are contracted, we may disclose your health information to our business associate to the extent that 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 clients who receive one particular medication for their symptoms against another medication. All research projects are subject to an internal review process prior to their implementation and your consent is required for participation in any research project.

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

To avert a serious threat to health or safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Employers: We may release health information about you to your employer or their agent if we provide health care services to you upon your request or at the request of your employer as a condition of payment for these services. In addition, services that are provided to conduct an evaluation that is a condition of your ongoing employment or to evaluate whether you have a work-related illness or injury is one such example. In these circumstances we will give you written notice as to what we will disclose to your employer. Any additional disclosures to your employer will be made only if you execute a specific authorization for the release of that information to your employer.

Workers' Compensation: We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

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

- To prevent or control 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 medications they may be using
- 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
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence as authorized by law.

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, investigation, 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 dispute we may disclose health information about you in response to a court or administrative order. We may also disclose 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 and order protecting the information requested.

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

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person,
- About the victim of a crime, if under certain limited circumstances we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at Pawnee Mental Health
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners and Medical Examiners: We may release health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death.

National Security and Protective Services for the President and others: If required by law or due to a threat, we may release or disclose health information about you to authorized federal officials for purposes of national security.

Inmates/Persons in Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or to law enforcement. This disclosure would be necessary for the institution to provide you with appropriate care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

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, verbally, or in writing, at any time. If you choose to revoke your authorization we will no longer use or disclose health information about you for the reasons originally specified and/or to the entity you had specified. Of course, we are unable to take back any disclosure we have already made with your permission.

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 in our offices. Any revised updates will indicate their effective date.

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



Comments and Complaints

Pawnee Mental Health Services is committed to continuous quality care. Information provided to us through suggestions, compliments, complaints or surveys assists us in assessing and evaluating the needs of our clients and community.

Comment Form:

You may request a comment form at any Pawnee's reception desks to give us feedback about how you feel our staff are doing, as well as feedback about our programs or facilities.

Suggestion Box:

Your comments and suggestions may be placed in Pawnee's suggestion boxes that are located in each of our offices. These suggestions are reviewed on a regular basis by our management team.

Satisfaction Survey:

Your feedback is important to us! You may be asked to complete a survey during your visit at Pawnee. Please take a moment to give us feedback about your experiences at Pawnee.

Contact Pawnee's Quality Director:

You may contact Pawnee's Quality Director with suggestions, compliments, complaints or grievances by phone at (785) 587-4300 or by mail at:

Pawnee Mental Health Services
Attn: Quality Director
P.O. Box 747
Manhattan, KS 66505-0747

Complaints and Grievances:

All complaints and grievances are tracked and reviewed by Pawnee's Quality Director.

If a complaint or grievance is not resolved to your satisfaction, you have the right to request an appeal. At any time in the process you have the right to be represented by an attorney or individual of your choice. No one will be denied services for making a complaint or grievance.