## How can you learn more about receiving services?

SCDDO is here to help you make the best decisions based on your specific needs. We can explain the range of service options available through the many Community Service Providers in Sedgwick County.

**WE CAN HELP YOU:**

- Apply for services and determine your eligibility
- Understand the service options available in Sedgwick County
- Learn about funding sources for program services
- Explore case management services

**To apply for services, call 316-660-7630.**

## What is the SCDDO?

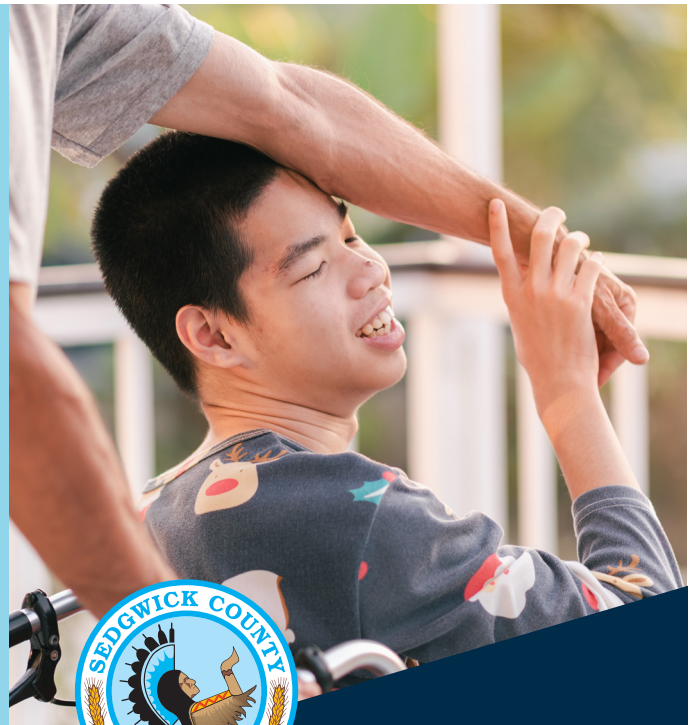
The Sedgwick County Developmental Disability Organization (SCDDO) is the community developmental disability organization for Sedgwick County. SCDDO is the agency that ensures services and supports are available for children and adults with intellectual and/or developmental disabilities (I/DD).

At the SCDDO, we are a one-stop resource and a point of entry for the services available to individuals and families in need of I/DD services.

**FOR MORE INFORMATION:**

**Sedgwick County Developmental Disability Organization**
*Phone*: 316-660-7630
*Fax*: 316-660-4911

271 W 3rd St N, Suite 500
Wichita, KS 67202
**sedgwickcounty.org**



# Sedgwick County Developmental Disability Organization (SCDDO)

Assisting people with developmental disabilities to receive quality services and achieve greater independence

*Phone*: 316-660-7630
*Fax*: 316-660-4911

271 W 3rd St N, Suite 500
Wichita, KS 67202
**sedgwickcounty.org**

## How does the SCDDO work?

Although SCDDO is not a service provider, we do contract with the State of Kansas to ensure services are available locally. We have affiliate relationships with Community Service Providers (CSP) in Sedgwick County to ensure a wide range of essential services are available to all eligible individuals.

Below is what SCDDO does for families in Sedgwick County.

Acts as a central point of application and information for families exploring services.

Determines eligibility for the Intellectual and Developmental Disability (I/DD) system and program funding.

Maintains a network of service providers.

Reviews requests for service funding.

Manages local and state funding.

Monitors services for quality assurance purposes.

Provides public awareness of developmental disability issue

## Funding Resources

- Funding Resources
- Family Support
- State Aid Allocations

These programs are designed to provide assistance with disability related needs not covered by other resources.

For more information, including a full list of the affiliate providers and their contact information, please view the provider directory found on the Developmental Disability Organization's webpage under Community Resources at sedgwickcounty.org.

## HCBS Waiver Services

- Personal Care Services
  *Self-Directed*
- Financial Management Services
- Children's Integrated Community Supports
- Enhanced Care Services
- Overnight Respite
- Wellness Monitoring
- Vehicle Modification
- Shared Living Residential Supports
- Specialized Medical Care
- Supportive Home Care
  *Agency Directed*
- Specialized Medical Equipment and Supplies (SMES)
- Residential Supports for Adults
- Medical Alert Rental
- Home Modification
- Adult Day Services
- Supported Employment
- **Targeted Case Management**
  *Not a waiver service - available to individuals on the wait list.*

DEPARTMENT OF AGING & DISABILITIES

DEVELOPMENTAL DISABILITY ORGANIZATION
271 W. 3rd St. N., Suite 500, Wichita, KS 67202 • (316) 660-7630 • Fax (316) 660-4911
STEPHEN SHAUGHNESSY, EXECUTIVE DIRECTOR • SEDGWICKCOUNTY.ORG

Dear Applicant,

The Sedgwick County Developmental Disability Organization (SCDDO) is your single point of access to long-term services and supports for individuals with intellectual and developmental disabilities (I/DD). SCDDO provides information, referrals, and quality oversight of I/DD services and support in Sedgwick County.

Enclosed with this letter is information about our intake process and the documentation we need to make an eligibility determination. The most important piece of information we need is documentation of an intellectual disability or a severe, chronic developmental disability from a qualified healthcare professional.

Once you have gathered all the required information noted on the attached checklist, please send it to us either through fax, mail, email, or by dropping it by our office. A Service Access Specialist will reach out to you to discuss your application, answer any questions you have, and determine eligibility. This person will be your main point of contact as you move through the intake and eligibility process. They can also answer questions you may have about local service options.

Our primary goal is to help you make informed choices, so please feel free to reach out to us with any questions you may have. We will be sharing a lot of information with you during the intake process, and this can easily become overwhelming.

In the meantime, please do not hesitate to call SCDDO at (316) 660-7630 and ask to speak with a Service Access Specialist if you would like to talk to someone.

# Facts & Details

**For More Information:**
**Service Access Specialist**
**316-660-7630**
**scddo@sedgwick.gov**

May 2025

I/DD ELIGIBILITY

# I/DD Eligibility

What is an Intellectual Disability (ID)? Intellectual disability refers to substantial limitations in present functioning that has manifested during the period from birth to age 18 years.

ID is characterized by significantly sub-average intellectual functioning that exists concurrently with deficits in adaptive behavior.

This includes related limitations in two or more of the following applicable adaptive skill areas:

| | |
|---|---|
| Communication | Self Direction |
| Self-Care | Health and Safety |
| Home living | Functional academics |
| Social Skills | Leisure |
| Community use | Work |

In order to be eligible for services an individual must have a diagnosis of Intellectual Disability. The level of disability (mild, moderate, sever, or profound) must also be given.

This diagnosis must come from a healthcare professional that is licensed to make a *DSM-V diagnosis. For more information on who can do this within the community please contact SCDDO at 316-660-7652.

*The DSM-V is an acronym for the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. Each disorder or diagnosis is given a numerical code.

What is a Developmental Disability (DD)? Developmental disabilities refers to a condition such as autism, cerebral palsy, epilepsy, or another similar physical or mental impairment that is evidenced by a severe, chronic disability which:

1) Can be attributed to a mental or physical impairment or a combination of both, AND
2) Is manifested before the age of 22, AND
3) Is likely to continue indefinitely, AND
4) Results in substantial functional limitations in three or more of the following areas of life functioning:

   - Self-care,
   - Understanding and the use of language,
   - Learning and adapting
   - Mobility
   - Self-direction in setting goals and undertaking activities to accomplish those goals
   - Living independently
   - Economic self –sufficiency

To further clarify substantial functional limitations, the SCDDO may, but is not required to use the Eligibility Determination Instrument (EDI) or other professionally accepted, standardized methods of functional assessment.

**Children Under the Age of 6 with I/DD**

Children under 6 may be eligible if there is a severe, chronic disability which:

1) Are attributed to a mental/physical impairment AND Are likely to continue indefinitely, AND
2) Results in at least 3 developmental delays as measured by qualified professionals, AND
3) Reflects a need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services which are lifelong or extended in duration and are individually planned and coordinated, AND
4) Does not include individuals who are solely severely emotionally disturbed or seriously and persistently mentally ill.

# Facts & Details

**For More Information:**
**Service Access Specialist**
**316-660-7630**
**scddo@sedgwick.gov**

May 2025

# Initial Intakes

**Step 1: Getting Started**
Our intake packet is available on our website at www.sedgwickcounty.org/developmental-disabilities/ or you can contact a Services Access Specialist at 316-660-7630 or via email at scddo@sedgwick.gov.

**Step 2: Gathering Information**
The following is a list of the items you will need to provide before your initial intake appointment. The items can be mailed to the CDDO 271 W 3rd St N., Suite 500, Wichita, KS 67202, faxed in to Attn: SAO, 316-660-4911, or emailed to scddo@sedgwick.gov.

Required Documentation:

- ☐ Medical examination report (physical) completed within the last 2 years
- ☐ Psychological evaluation (Applicants age 7+)
- ☐ Copy of most recent individualized education plan (IEP) Note: IEP should be submitted for current students only
- ☐ Developmental Delay Checklist for children ages 6 and under
- ☐ Copy of Social Security card
- ☐ Copy of Medicaid card, if applicable
- ☐ Copy of government issued ID, if applicable (applicant/parent/guardian)
- ☐ Copy of birth certificate
- ☐ Copy of guardianship or durable power of attorney paperwork, if applicable
- ☐ Completed Application
- ☐ Signed HIPAA Acknowledgement

**Step 3: Intake and Eligibility Determination**
Service Access Specialist will be in touch with you to schedule an intake meeting after the required documentation is gathered. At this meeting they will give you more information about services available, and answer any remaining questions you may have. Following the meeting and the receipt of all required documentation, eligibility for IDD services will be determined.

**How long does it take to process my information?** Once all of the required information is received our goal is to have a decision to you in writing within five to 10 business days. Please be aware that in certain situations additional evaluation may be needed to determine eligibility.

**If I am determined eligible for I/DD Services, what will be expected of me?**
Individuals ages 5 and up will be required to complete a functional assessment within 30 days of notification of eligibility. This assessment will determine eligibility for the HCBS IDD waiver funding. You may choose to access Targeted Case Management (TCM) services if you have Title XIX Medicaid or if not Medicaid funded are willing to private pay for TCM services. If you chose to receive TCM services we will refer you to your chosen agency within 10 business days.

**Is there a waiting list for all services?**
There is not a waiting list for services. However, there is a waiting list for HCBS-IDD Program funding. You may be eligible for other funding through SCDDO programs such as Family Support, One Time Funds, Incidental Client Support, etc. You can also chose to private pay.

**What if I cannot find my Social Security card?**
We will accept any official communication from the Social Security Administration that shows the social security number in writing. This could include a benefit letter or acknowledgement of a replacement card request.

**For More Information**:
Sedgwick County Developmental
Disability Organization
271 W 3rd St N., Suite 500
Wichita, KS 67202
316-660-7630
E-mail: scddo@sedgwick.gov
www.sedgwickcounty.org

# Required Document Checklist

- ☐ Medical examination report (physical) completed within the last 2 years
- ☐ Psychological evaluation (Applicants age 7+)
- ☐ Copy of most recent individualized education plan (IEP)
  Note: IEP should be submitted for current students only
- ☐ Developmental Delay Checklist (enclosed) for children ages 6 and under
- ☐ Copy of Social Security card
- ☐ Copy of Medicaid card, if applicable
- ☐ Copy of government issued ID, if applicable (applicant/parent/guardian)
- ☐ Copy of birth certificate
- ☐ Copy of guardianship or durable power of attorney paperwork, if applicable
- ☐ Completed Application (enclosed)
- ☐ Signed HIPAA Acknowledgement (enclosed)

# Sedgwick County
# Developmental Disability Organization

Application for Intellectual/Developmental Disabilities (ID/DD) Services

## General Information

Name:

Birth: | Social Security Number: | Medicaid:

Address: | City: | State: | Zip Code:

County of Residence: | Home County: | Phone:

Gender: | Race: | Marital Status: | Primary Language: | Check if interpreter is needed: ☐

Email:

## Contacts/Family/Relationships(Guardian information should be included below)

Name: | Relationship:

Address: | City: | State: | Zip:

Phone: | Alternate Phone:

Email:

Name: | Relationship:

Address: | City: | State: | Zip:

Phone: | Alternate Phone:

Email:

## Additional Information

☐ Check if applicant or an immediate family member is active military personnel?

☐ Check if the above mentioned active military personnel is a Kansas resident?

☐ Check if applicant and or an immediate family member have been honorably discharged from Military within the last 30 days?

☐ Check if the applicant is currently in Foster

Care Foster Parent Name:

Foster Parent Phone:

SRS Caseworker:

Caseworker Phone:

Child Placement Agency CM:

Child Placement Agency phone:

Court Case Number:

Court Case Location:

## Disability/Medical Information

Disability/Age of onset:

Check if history of seizures: ☐

Type of seizures experienced:

Seizure Frequency:

Date of last seizure:

Family doctor:

## Have you ever resided in any of the following:

State MR Hospital:

State MH hospital:

Private ICF/MR facility:

Please list all programs and/or professionals you have worked with:

What services or equipment do you need?:

Comments:

## Private Insurance

Insured's Name:

Insured's SSN:

Insured's DOB:

Insured's Relationship:

Insurance Company Name:

Insurance Company Address:

City:

State:

Zip code:

Insurance Company Phone:

Employee Number:

Group Number:

☐ Check if applicant receive TriCare Echo benefits

## Needs and Supports

Check if natural supports are in place: ☐

What types: Guardian ☐
Friend(s) ☐
Other ☐
Other type:

*Check supports/services applicant needs assistance with. (Prioritize)*

Employment:
Child Care:
Mental Health:
Food/Housing/Supplies:
Transportation:
In Home Supports:
Social/Recreational:
Case Management:
Behavioral:
Transistion:
Other Supports Needed:

Comments:

## Employment

Check if applicant is interested in learning about employment opportunities within the community: ☐

If yes, what type of employment would you be interested in pursuing? (Prioritize)

Food Service:
Clerical:
Manufacturing/Manual Labor:
Animals:
Social Service:
Child Care:
Retail:
Other Employment Interest:
Other Employment Interest:

## Work History

Check if Work History: ☐

If you have a Work History, check all that apply:

Sheltered Workshop/Day Program: ☐
Competive Employment: ☐
Volunteer Work: ☐
Work History-Other: ☐
Other type:

Signature

Date

By signing above, I agree that the information contained in this application is correct to the best of my knowledge. I understand that falsification of information on this form may be cause for denial or rejection from programs and/or services. I undertand this is a preliminary application. I authorize inquiries to be made to verify any and all inforamtion on this form.

# SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION

**PHONE 316-660-7630 FAX 316-660-4911**

# MEDICAL EXAMINATION REPORT FOR ID/DD SERVICES

**COMPLETED BY APPLICANT: (DOCTOR: PLEASE VERIFY)**

**NAME:** _____ **BIRTH DATE:** _____

**HAVE YOU EXPERIENCED ANY OF THE FOLLOWING? (PLEASE CHECK):**

- ☐ FREQUENT HEADACHES
- ☐ DIFFICULTY WITH VISION
- ☐ DIFFICULTY WITH HEARING
- ☐ CONVULSIONS OR SEIZURES FREQUENCY _____
- ☐ UNUSUAL IRRITABILITY
- ☐ DIFFICULTY WITH MEMORY
- ☐ CHOKING ON FOOD/FLUID
- ☐ FAINTING
- ☐ UNUSUAL WEIGHT GAIN/LOSS
- ☐ DIARRHEA OR CONSTIPATION
- ☐ LOSS OF APPETITE
- ☐ HEMORRHOIDS
- ☐ FREQUENT INDIGESTION
- ☐ HERNIA OR "RUPTURES"
- ☐ VARICOSE VEINS OR LEG ULCERS
- ☐ FEVER OR NIGHT SWEATS
- ☐ COUGH PRODUCING BLOOD
- ☐ PERSISTENT COUGHING
- ☐ TUBERCULOSIS
- ☐ EXCESSIVE FATIGUE
- ☐ PAIN IN CHEST
- ☐ SHORTNESS OF BREATH
- ☐ ASTHMA OR HAY FEVER
- ☐ SWOLLEN ANKLES
- ☐ ARTHRITIS/SWOLLEN JOINTS
- ☐ PERSISTENT/ RECURRING SKIN RASHES/LESIONS
- ☐ BURN UPON URINATION
- ☐ BLOOD IN URINE
- ☐ NERVOUS BREAKDOWN
- ☐ HEART ATTACK
- ☐ STROKE
- ☐ SEXUALLY TRANSMITTED DISEASES
- ☐ DIABETES
- ☐ HYPOGLYCEMIA
- ☐ HEPATITIS
- ☐ BED WETTING
- ☐ PMS
- ☐ FRACTURES (DESCRIBE/DATES)

_____

- ☐ OPERATIONS (DESCRIBE/DATES)

_____

- ☐ OTHER HOSPITALIZATIONS (DESCRIBE/DATE)

_____

- ☐ SERIOUS INJURIES (DESCRIBE/DATE)

_____

- ☐ FOOD ALLERGIES (SPECIFY)

_____

- ☐ DRUG ALLERGIES (SPECIFY)

_____

## PHYSICAL EXAMINATION (DEVIATIONS FROM NORM SHOULD BE DESCRIBED):

HEIGHT: ____ ft. ____ in. WEIGHT: _____lbs. TEMPERATURE: _____ f

BLOOD PRESSURE: _____ PULSE: _____

VISION: _____ right _____ left OTHER FINDINGS: _____

HEARING: _____ right _____ left OTHER FINDINGS: _____

NOSE: _____ THROAT: _____

MOUTH: _____ NECK: _____

LYMPHATIC SYSTEMS: _____ BREASTS: _____

LUNGS: _____ right _____ left CARDIOVASCULAR SYSTEM: _____

ABDOMEN: _____ HERNIA: _____

GENITO-URINARY: _____ ANO-RECTAL: _____

NERVOUS SYSTEM: _____ SKIN: _____

FEET: _____ VARICOSE VEINS: _____

| DIAGNOSIS | ICD-10 CODE |
|---|---|
| | |

DO YOU HAVE KNOWLEDGE OF SUBSTANCE ABUSE BY THIS INDIVIDUAL? ☐ YES ☐ NO

PROGNOSIS: _____

IS THE PATIENT'S CONDITION EXPECTED TO EXHIBIT DETERIORATION OR IMPROVEMENT? EXPLAIN:

_____

ACTIVITIES TO BE AVOIDED: _____ WEIGHT RESTRICTIONS: _____

ADAPTIVE DEVICES: WHAT DEVICES ARE USED AND WHEN ARE THEY NEEDED?

_____

**LIST ALL MEDICATIONS, NON-PRESCRIPTION AND PRESCRIPTION, CURRENTLY BEING TAKEN BY THIS PERSON**

| MEDICATION | PRESCRIBING DR. | PURPOSE | DOSAGE | FREQUENCY |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

RECOMMENDATIONS/COMMENTS:

SIGNED (LICENSED PHYSICIAN): _____ DATE: _____

PHYSICIAN'S PRINTED NAME: _____

PHYSICIAN'S ADDRESS AND PHONE NUMBER: _____

**Healthcare Clinics Providing Physical Examinations**

The following providers are available for uninsured, low-income, Medicaid, and Medicare clients. Most services are available on a sliding scale. Call to make an appointment or ask about their sliding fees. Please note that this list is not exhaustive.
**Hours and services subject to change.**

| Clinic Name and Phone Number | Address | Provide Primary Care | Hours | Accepts Medicare Medicaid | Accepts Private Insurance | Specialty Services | Other Info |
|---|---|---|---|---|---|---|---|
| **HealthCore Clinic 691-0249** | 2707 E 21st St. (67214) | ✓ | Medical: Mon-Fri 8 a.m.—6 p.m. Saturday 9 a.m.—3 p.m. Substance Abuse: Mon-Fri 8 a.m.—9 p.m. Mental Health: Mon-Fri 8 a.m.—6 p.m. Saturday 9 a.m. - 3 p.m. | ✓ | ✓ | OB/Prenatal Care; Pediatrics; Sub-stance Abuse; Mental Health; Chronic Disease Management; Early Detection Works; HIV Testing; Lab Services; Prevention and Wellness | DCF Outstation site; Medication Assistance Program; 340B Program; Project Access; Anger Management Program; Smart Start Program; Healthy Steps; Strengthening Families Program |
| **E.C. Tyree Health Clinic 681-2545** | 1525 N. Lorraine (67214) | ✓ | Mon-Thurs 9 a.m. to 8 p.m. Fri 9 a.m. to 1 p.m. Sat 9 a.m. to 1 p.m. | ✓ | ✓ | Hypertension & Diabetes Mgmt.; Pediatric through Adult services; Free/low-cost in-house medications; free HIV Testing | Evening and Saturday Hours; Migrant Farm Worker program; Project Access; Early Detection Works; Prescription Assistance |
| **GraceMed Good Samaritan Clinic 866-2000** | 3701 E 13th St. (67208) | ✓ | Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Primary Medical Care, Prenatal Care, Pediatrics | KanCare Enrollment; SRS Outstation Site |
| **GraceMed Health Main Clinic 866-2000** | 1122 N. Topeka (67214) | ✓ | Medical and Dental: Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Optometry, pediatrics, podiatry, primary medical services, and preventive and restorative dental care | Project Access; KanCare Enrollment; Rx Assistance; Early Detection Works; Migrant Farmworker Program; SRS Outstation Site |
| **GraceMed Dodge Family Clinic 866-2000** | 4910 W. 1st St (67212) | ✓ | Medical and Dental: Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Primary medical care, pediatrics. preventive dental care | Project Access; KanCare Enrollment; Rx Assistance; Early Detection Works; Migrant Farmworker Program; SRS Outstation Site |
| **GraceMed Healthy Family Clinic 866-2000** | 1905 S. Laura (67211) | ✓ | Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Pediatrics, primary medical care and preventive dental care | KanCare Enrollment |
| **GraceMed Evergreen Family Clinic 866-2000** | 1125 W. 26th St. N.(67204) | ✓ | Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Pediatrics, primary medical care and preventive dental care | KanCare Enrollment |
| **GraceMed Downing Family Clinic 866-2000** | 2201 E. 25th St. N., Bldg. 200 (67219) | ✓ | Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Pediatrics, primary medical care and preventive dental care | KanCare Enrollment |

| Clinic Name and Phone Number | Address | Provide Primary Care | Hours | Accepts Medicare Medicaid | Accepts Private Insurance | Specialty Services | Other Info |
|---|---|---|---|---|---|---|---|
| **GraceMed Jardine Clinic** | 3610 E. Ross Parkway (67210) | ✓ | Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Pediatrics, primary medical care and preventive dental care | KanCare Enrollment |
| **GraceMed Meyer Family Clinic (at West High, opening mid-August)** | 755 W. Lincoln (67213) | ✓ | Mon-Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Pediatrics, primary medical care and preventive dental care | KanCare Enrollment |
| **GraceMed Mother Mary Anne Clinic 866-2000** | 1131 South Clifton (67218) | ✓ | Mon-Fri 8 a.m. to 7 p.m. | ✓ | ✓ | Immediate care, pediatric & adult medical care, and immediate dental care | Non-emergency primary care as an alternative to emergency room use in the evening hours |
| **GraceMed Oaklawn Family Clinic** | 5000 S. Clifton Ave., Suite 200 (67216) | ✓ | Mon. - Fri 8 a.m. to 5 p.m. | ✓ | ✓ | Pediatrics, primary medical care, preventive dental care | |
| **Guadalupe Clinic– Central 264-8974** | 940 S St. Francis (67211) | ✓ | Mon 8:30 a.m. to noon, 1 to 6:30 p.m. Tues, Thurs, Fri 8:30 a.m. to noon, 1 to 4:30 p.m. Wed 1 to 6:30 p.m. Sat 9 a.m. to noon | | | Wellness and Prevention Services: Treadmill testing for heart evaluation, health screenings, smoking cessation, pregnancy tests, lab testing/X-rays Specialty Care: Allergy, cardiology/pulmonary care, disease and chronic illness management, Project Access Women's Health and Wellness Clinic: Early detection clinic, screenings for breast and cervical cancer, mammograms, pap smears, pelvic exams Diabetic Clinic: Education and Services | $5 donation requested, but no one is turned away |
| **Guadalupe Clinic—South 201-1986** | 2825 S. Hillside (67216) | ✓ | Mon, Fri 8:30 a.m. to noon Mon-Fri 1 to 4:30 p.m. | | | Primary Medical Care | $5 donation requested, but no one is turned away |
| **Guadalupe Clinic—North 264-8974** | 532 N Broadway (67214) | ✓ | Thursdays 5:30-8:30 p.m. | | | Primary Medical Care | $5 donation requested, but no one is turned away |
| **Hunter Health Main Clinic 262-3611 Admin** | 2318 E Central (67214) | ✓ | Mon-Fri 8:30 a.m. to 10 p.m. | ✓ | ✓ | OB/Prenatal Care; Minor Surgery; Pediatrics; Diabetes Care; High Complexity Lab; HIV, Hep A, B and C Testing Site; Dental | Community Health Center, Homeless Health Care; Urban Indian Health Clinic; Healthwave Enrollment; DCF Outstation Site |
| **Hunter Health— Brookside Satellite 652-0152** | 2750 S. Roosevelt (67210) | ✓ | Mon-Fri 8:30 a.m. to 5 p.m. | ✓ | ✓ | | Same as Hunter Health Main Clinic |

The following individual is applying for services through Sedgwick County Developmental Disability Organization. Please complete the following information and mail, fax or email to:

SCDDO
Attn: Service Access Specialist
271 W 3rd St N, Suite 500
Wichita, KS 67202

Phone: 316-660-7630
Fax: 316-660-4911
Email: scddo@sedgwick.gov

## Developmental Delays for

_____

Please check the following delays that pertain to the individual named above:

1. Cognitive ☐
2. Adaptive behavior ☐
3. Communication ☐
4. Motor ☐
5. Socio-emotional ☐

Please list what assessments have been used to determine these delays and the date the assessments were completed. In addition, please attach a copy of the assessments to this form.

Assessment and Date

| |
|---|
| |

Please describe any therapy services the child is receiving.

| |
|---|
| |

Thank you for your time.

_____ _____ _____

Signature Title Date

**Sedgwick County, Kansas**

# ACKNOWLEDGEMENT OF "NOTICE" OF PRIVACY PRACTICES

I acknowledge that a copy of Sedgwick County's "Notice" of Privacy Practices has been made available to me with the effective date of 11/07/2018 .

Date

Signature of Client

Social Security #

Signature of Client Representative

Relationship to Client

Client Name (Print)

Medical Record #

Original to client's file.

**NOTICE OF PRIVACY PRACTICES**
**SEDGWICK COUNTY, KANSAS**
EFFECTIVE FEBRUARY 16, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY. You have the right to a paper copy of this Notice which you may request at any time.

Certain laws require that you be provided notice of our privacy practices that relate to your medical information. Our privacy practices are contained with this "Notice of Privacy Practices" ("Notice"). This Notice of Privacy Practices ("Notice") applies to Sedgwick County, Kansas, a municipality, which operates the following: Sedgwick County Health Department; Sedgwick County Developmental Disabilities Organization; Sedgwick County Aging Department; COMCARE of Sedgwick County, Kansas; Sedgwick County Emergency Medical Services; Sedgwick County Office of the Medical Director and the Sedgwick County Human Resources Department. This Notice tells you about your rights concerning your health information and how we may use and disclose (share) your health information. This notice also applies to substance use treatment-related records under 42 C.F.R. Part 2 ("Part 2") that we may generate, receive or maintain (Part 2 Records).

**A. Summary - This Notice contains information in the following general categories:**

- What is your health record/information?
- What are the responsibilities of Sedgwick County when it comes to your health information?
- What are your health information rights?
- How will Sedgwick County use and disclose your medical records/information?
- What rights, protections, and restrictions are placed on my substance use disorder records?
- Applicability of other laws
- Other uses and disclosures.
- What should you do if you have a complaint concerning your medical records?
- Obtaining a revised copy of this Notice if changes are made.

**B. What is your health record/information?**

Each time you receive health-related treatment or care from a health department or another healthcare provider, a record of your visit is made. Typically, this record contains a history of your illnesses or injuries, symptoms, exam and laboratory results, treatment plans and treatments provided, and notes on future care. Depending on your health care situation, your record with each healthcare provider may contain more or different information.

**C. What are the responsibilities of Sedgwick County when it comes to your health information?**

Sedgwick County will not use or disclose your health information, including your Part 2 Records, without your authorization, except as explained in this Notice or as required by law. Certain laws may require Sedgwick County to disclose your health information without your authorization. Sedgwick County is required by law to:

- Keep your health information private and only disclose it when required to do so by law;
- Explain Sedgwick County's legal duties and privacy practices in connection with your health records;
- Obey the rules found in this Notice;
- Inform you when Sedgwick County is unable to agree to a requested restriction that you have given us; and
- Accommodate your reasonable request for an alternative means of delivery, regarding destination, when sending your health information.

**D. What are your health information rights?**

**You have the right to:**

**Inspect and Obtain a Copy of Your Records.** You have the right to inspect and obtain a copy of certain health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of, or use in, civil, criminal, or administrative actions or proceedings, information that is subject to special laws or other information not contained in the medical or billing records.

To inspect and obtain a copy of your protected health information maintained in the designated record set by Sedgwick County, you must submit your request in writing to the relevant Privacy Officer listed below, preferably using the form found at this link: https://www.sedgwickcounty.org/media/62625/request-by-client-for-access-to-protected-health-information.pdf.
This request should include name, address, a description of records and a phone number. Information should include personal identification for requester and that of the client whose protected health information is being requested. Personal identifiers include Social Security number and date of birth. We may charge a reasonable fee for copying, including labor, supplies, and the cost of postage.

*Sedgwick County may deny your request to inspect and copy in certain very limited circumstances.* If you are denied access to health information, you will be told in writing. In certain circumstances, however, you may request that the denial be reviewed. If the original denial of access to the medical records was made by a licensed health care provider as allowed by law, another licensed healthcare professional chosen by Sedgwick County will review your request and the denial. The person conducting the review will not be the person who denied your request. Sedgwick County will comply with the outcome of the review. You will be advised in writing of this reviewing official's decision.

**Request an Amendment of Your Records.** If you feel that health information Sedgwick County has about you is incorrect or incomplete, you may ask us to correct or supplement the information. You have the right to request an amendment for as long as the information is kept by or for Sedgwick County. To request an amendment, your request must be made in writing and submitted to the relevant Privacy Officer listed below. In addition, you must provide a reason that supports your request.

*Sedgwick County may deny your request for an amendment if it is not in writing or does not include a reason to support the request*. If your request for an amendment is denied, you have the right to file a statement of disagreement that will be included with any future disclosures of your health information. Sedgwick County may deny your request if you ask us to amend information that:

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

**Request an Accounting of Disclosures.** You have the right to request, in certain circumstances, an "accounting of disclosures." An "accounting" is a list of the disclosures Sedgwick County has regarding your health information. An "accounting" will not include:

- Internal uses of information for treatment, payment, or operations;
- Disclosures made to you or made at your request; or
- Disclosures made to family members or friends in the course of providing care.

To request this list or "accounting" of disclosures, you must submit your request in writing to the relevant Sedgwick County Privacy Officer listed below. Your request must state a time period which may not be longer than past six years from the date of your request. Your request should indicate in what form you want the list (e.g., on paper or electronically.) Sedgwick County may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Request Restrictions**. You have the right to request a restriction on the health information that Sedgwick County uses or discloses about you for treatment, payment or healthcare operations. You also have the right to request a limit on the health information Sedgwick County discloses about you to someone who is involved in your care or the payment for your care (i.e., a family member or friend). For example, you could ask that:

- Sedgwick County not use or disclose information about a procedure you had done; or
- Sedgwick County not share specific information with certain people.

*Sedgwick County is not required to agree to your request.* Only the Privacy Officer can agree to your request. If the Privacy Officer does agree, Sedgwick County will notify you in writing and comply with your request. If Sedgwick County agrees to a restriction we may:

- Terminate any restriction with or without your agreement; or
- Inform you that Sedgwick County is terminating our agreement to the restriction.

To request restrictions, you must make your request in writing to the relevant Privacy Officer listed below. In your request, you must state:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and

- To whom you want the limits to apply (e.g., disclosures to your spouse).

You may terminate restrictions in writing directed to the relevant Privacy Officer listed below by stating the specific restriction(s) that you wish to be terminated.

**Request Confidential Communications.** You have the right to request that Sedgwick County communicates with you about medical matters in a certain way or at a certain location. For example, you can ask that Sedgwick County only contact you at work or by mail. To request confidential communications, you must make your request in writing to the relevant Privacy Officer listed below. Sedgwick County will not ask you the reason for your request. Sedgwick County may ask you for clarification so we can understand your request. You are not required to give an explanation. Sedgwick County will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Receive Notice of Any Breach of Your Health Information.** If your health information is acquired, accessed, used, or disclosed in a manner not permitted under the HIPAA Rules which compromises the security or privacy of the protected health information, you have a right to receive notice from Sedgwick County of the breach. The term "breach" does not include:

- Any unintentional acquisition, access, or use of your health information by a member of Sedgwick County's workforce or a person acting under the authority of Sedgwick County or its business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the HIPAA Rules.
- Any inadvertent disclosure by a person who is authorized to access your health information at Sedgwick County or its business associate to another person authorized to access protected health information at Sedgwick County or its business associate, or organized health care arrangement in which Sedgwick County participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the HIPAA Rules.
- A disclosure of protected health information where Sedgwick County or its business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

**Regarding an Electronic Health Information Exchange.** Sedgwick County may participate 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** of 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.

**Restrict Disclosure of Your Health Information to Health Plans.** You have the right to request Sedgwick County and Sedgwick County will agree to the request to not disclose your health information to a health plan if:

- The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and
- The health information pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of you, has paid Sedgwick County in full.

**Receive your Health Information in Electronic Form.** If Sedgwick County maintains your health information in one or more designated record sets electronically and if you request an electronic copy of such information, Sedgwick County must provide you with access to your health information in the electronic form and format requested by the you, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed to by the Sedgwick County and you.

**Receive A Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask Sedgwick County 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. To obtain a paper copy of this Notice you may contact a Sedgwick County Privacy Officer listed below. You may also obtain a copy of this Notice at our website, www.sedgwickcounty.org.

**E. How will Sedgwick County use and disclose your health-related treatment or care information?**

**For Treatment.** Sedgwick County may use health information about you to provide you with health-related treatment or care. Sedgwick County may disclose health information about you to other treatment providers who are involved in your care. The following are several examples.

- A nurse caring for you during your pregnancy will need to know if you have diabetes because diabetes affects the growth of the baby during the pregnancy. The nurse may need to tell the dietitian that you have diabetes so that your nutritional needs during pregnancy are considered in your care.
- CDDO staff may disclose treatment information to a Business Associate or Affiliate to request services on your behalf.
- Department on Aging staff may disclose treatment information to a Business Associate or Affiliate to request services on your behalf.

Different departments of Sedgwick County may share health information about you in order to coordinate the different services you need (i.e., medications, lab work, x-rays, etc.). Sedgwick County also may disclose health information about you to people outside Sedgwick County who may be involved in your medical care while you are a client of Sedgwick County (e.g., other doctors, nurses, advanced registered nurse practitioners, family members, clergy, etc.).

**For Payment.** Sedgwick County may use and disclose health information about you for billing purposes so Sedgwick County can collect payment from you, an insurance company or a third party. For example, Sedgwick County may need to give your health insurance company information about a procedure you received at Sedgwick County so we can be paid or you can be reimbursed for the procedure. Sedgwick County may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** Sedgwick County may use and disclose health information about you for operations. These uses and disclosures are necessary to run Sedgwick County and make sure all of our clients receive quality care. For example, Sedgwick County may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. Sedgwick County may disclose information to doctors, nurses, medical students, and other personnel for review and learning purposes. Additional uses and disclosures for "health care operations" include:

- Activities related to improving health or reducing health care costs;
- Protocol development;
- Care management;
- Training, certification, licensing, credentialing or other related activities;
- Insurance-related functions;
- Medical review and auditing functions, including fraud and abuse detection and compliance programs;
- Conducting or arranging for legal services for Sedgwick County, or its personnel; and
- Business planning and development, business management and general administrative activities
- Internal grievance resolution.

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

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

**Individuals Involved in Your Care or Payment for Your Care.** Sedgwick County may discuss health information about you to a friend or family member who you identify as being involved in your health-related treatment or care. In situations where you are incapacitated or unable to make this decision, we will use our professional judgment in making such disclosures. Sedgwick County may also give information to someone who helps pay for your care. Sedgwick County may disclose health information about you to an entity assisting in disaster relief effort so that your family can

be notified about your condition, status and location. The amount of information disclosed in these situations will depend on that person's particular involvement in your care. If you want this information restricted, you must tell us by using the required procedure listed on page 5 of this Notice.

**Research.** Under certain circumstances, Sedgwick County may use and disclose health information about you for research purposes. For example, a research project may study the effects of early access to health care during pregnancy. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, while balancing research needs with the client's need for privacy of their health information. Before we use disclosure of health information for research, the project must be approved through the research approval process.

**As Required by Law.** Sedgwick County will disclose health information about you when required to do so by federal, state or local law. This may include reporting of communicable diseases, wounds, abuse, disease registries, health oversight matters and other public policy requirements. We may be required to report this information without your permission.

**To Avert a Serious Threat to Health or Safety.** Sedgwick County 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, however, is limited to person(s) who can help prevent the threat.

**Military and Veterans.** If you are a member of the armed forces, Sedgwick County may release health information about you as required by military command authorities.

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

**Public Health Activities.** Sedgwick County may disclose health information about you without your permission for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report adverse events, reactions to medications or problems with foods or products;
- To notify people of recalls of products 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; and

**Victims of Abuse, Neglect or Domestic Violence.** Sedgwick County may disclose health information without your permission if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** Sedgwick County may disclose health information without your permission to a health oversight agency for activities authorized by law. These oversight activities

include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, licensing functions, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or in a dispute, Sedgwick County 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 court or administrative order even if you are not involved in the lawsuit or dispute. Health information about you may be disclosed 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. For records covered by 42 C.F.R. Part 2 please see "Substance Use Disorder" section of this Notice.

**Law Enforcement.** ***Unless state or federal law is more restrictive than HIPAA with regard to disclosure of certain records,*** Sedgwick County may release health information if asked to do so by law enforcement officials:

- 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; and
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** Sedgwick County may release health information to a Coroner or Medical Examiner (e.g., to determine the cause of death).

**National Security and Intelligence Activities.** Sedgwick County may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Sedgwick County may release health information about you to the correctional institution. This release would be necessary:

- For the institution to provide you with health care;
- To protect your health and safety or the health and safety of others; or
- For the safety and security of the correctional institution.

**F. Sedgwick County will not use or disclose your health information without your written authorization in the following circumstances:**

- Psychotherapy notes; except to carry out the following treatment, payment, or health care operations:
  - Use by the originator of the psychotherapy notes for treatment;

- Use or disclosure by Sedgwick County for its own training programs in which students, trainees, or practitioners in mental health learn under the supervision to practice or improve their skills in group, joint, family, or individual therapy; or
- Use or disclosure by Sedgwick County to defend itself in a legal action or other proceeding brought by the individual.

- Marketing; except if the communication is in the form of:
  - A face-to-face communication made by Sedgwick County to the individual;
  - A promotional gift of nominal value provided by Sedgwick County.

If the marketing involves direct or indirect remuneration to Sedgwick County from a third party, the authorization must state that such remuneration is involved.

- Sedgwick County will not sell your health information.

**G. What additional rights, protections and restrictions are placed on my substance use disorder records?**

**Substance Use Disorder Records.** In addition to the privacy protections of the HIPAA Rules and the rights described in this Notice, the confidentiality of substance use disorder records are protected by another, more stringent federal law known as 42 C.F.R. Part 2 (Part 2). Part 2 provides heightened confidentiality of substance use disorder patient records (Part 2 Records). Sedgwick County's COMCARE operates a Part 2 program. This section provides patients of said program with additional information on their rights pertaining to and protections of their Part 2 Records.

Your Rights Related to your Part 2 Records:

- Right to request restrictions: You have a right to request a restriction or limitation on how we use or disclose your Part 2 Records for purposes of treatment, payment, and health care operations, including when you have signed a consent for such disclosures. Only the Privacy Officer can agree to your request. If the Privacy Officer does agree, Sedgwick County will notify you in writing and comply with your request. To request a restriction, submit your request in writing to relevant Privacy Officer listed below and tell us:

  - what information you want to limit;
  - whether you want to limit our use, disclosure, or both; and
  - to whom you want the limits to apply.

Once we receive your request, the relevant Privacy Officer will review your request. If we agree to your request, we may still share your information where needed for emergency care or where required by law. Additionally, If Sedgwick County agrees to a restriction, we may later terminate such restriction if:

- You agree to or you request such termination in writing;
- You orally agree to the termination and the oral agreement is documented; or
- We inform you that we are terminating our agreement to the restriction, in which case such termination shall only be effective with respect to Part 2

Records created or received by us after the time we have informed you of such termination.

- Right to Request Restrictions on Disclosure of Your Part 2 Records to Health Plans. You have the right to request and obtain restrictions of disclosures of Part 2 Records to your health plan for those services which you, or someone other than the health plan on behalf of you, has paid Sedgwick County in full. To request a restriction, submit your written request to the relevant Privacy Officer listed below. Once we receive your request, we will agree to your request, unless a law requires us to share the information with your health plan.
- Right to an accounting of disclosures. You have a right to ask for an accounting (list) of the times we have shared your Part 2-protected records, who we shared it with, and why for up to the three 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. To request an accounting of disclosures, submit your request in writing to the relevant Privacy Officer listed below and provide the time period for the accounting. If permitted by applicable federal laws, Sedgwick County may charge you for the costs of providing the list, at which point we will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
  If you consented to share your Part 2 Records records through an intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years from the date of your request to the intermediary. To request a list of disclosures by an intermediary, submit your request to the intermediary.
- Right to a copy of this notice. You have the right to a paper or electronic copy of this Notice. You may ask Sedgwick County to give you a copy of this Notice at any time. To obtain a paper copy of this Notice you may contact a Sedgwick County Privacy Officer listed below. You may also obtain a copy of this Notice at our website, www.sedgwickcounty.org.
- Right to discuss this notice. You have the right to discuss this notice with the relevant Privacy Officer listed below.
- Right to opt-out of fundraising communications. If you do not want to receive fundraising communication from us, please submit your request to the relevant Privacy Officer listed below.

**The following categories describe the ways that Sedgwick County may use and disclose your Part 2 Records records with your written consent under Part 2:**

- Single Consent for Treatment, Payment or Healthcare Operations; Effect. Sedgwick County may ask you to sign a single consent for all future uses and disclosures of your Part 2 Records for treatment, payment, and healthcare operations, as permitted by the HIPAA regulations, until such time you revoke such consent in writing. If we share your Part 2 Records with your consent, the information may be further shared by the recipient without your permission to the extent allowed by HIPAA regulations.
- Designated person or entities. Sedgwick County may use and disclose your Part 2 Records in accordance with your consent to any person or category of persons identified or generally designated in your consent, such as your spouse or another family member, or your healthcare provider. Sedgwick County will share your health information with them as outlined in your consent.

- Central Registry or Withdrawal Management Program. Subject to obtaining your written consent, Sedgwick County may use and disclose your Part 2 Records to a central registry or to any withdrawal management or treatment program for the purposes of preventing multiple enrollments. For example, if you consented to participating in a drug treatment program, such as a program administered by COMCARE's Addiction Treatment Services, we can disclose your Part 2 Records to a related program to coordinate care and avoid duplicate enrollment.
- Criminal Justice System. Subject to obtaining your written consent, Sedgwick County may disclose information from your Part 2 Records to those persons within the criminal justice system who have made your participation in the Part 2 program a condition of the disposition of any criminal proceeding against you. Your written consent must state the period during which it remains in effect consistent with provisions of Part 2.
- Prescription Drug Monitoring Programs. We may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program if required by applicable state law. We will first obtain your consent to a disclosure of such information to a prescription drug monitoring program prior to reporting such information.
- Fundraising. We may not use or disclose your Part 2 Records for fundraising purposes, unless we first provide you with a clear and conspicuous opportunity to elect not to receive any such fundraising communications.
- Other Non-Exempt Uses and Disclosures. Sedgwick County will make uses and disclosures of your Part 2 Records not described in this Notice only with your consent.

**The following categories describe the ways that we may use and disclose your Part 2 Records without your written consent under Part 2.**

- Communication between Sedgwick County's Part 2 program staff. Sedgwick County's staff members within Sedgwick County Part 2 programs may use and disclose your Part 2 Records in connection with their duties to provide diagnosis, treatment, or referral for treatment if such communications are within the Sedgwick County's Part 2 program or with an entity that has direct administrative control over the such Part 2 program.
- Communication with Qualified Service Organizations. Sedgwick County may use or disclose your Part 2 Records to qualified service organizations if needed by the qualified service organizations to provide services to or on behalf of Sedgwick County.
- Medical Emergencies. We may disclose your Part 2 Records to medical personnel to the extent necessary to meet a bona fide medical emergency in which your prior written consent cannot be obtained or in which we are closed and unable to provide services or obtain your prior written consent during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until such time as we resume operations. We will obtain your authorization prior to disclosing your information for non-emergency treatment. We may also disclose your Part 2 Records to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that your health may be threatened by an error in the manufacturer, labeling, or sale of a product under the FDA jurisdiction, and that your Part 2 records will be used for the exclusive purpose of notifying you or your physicians of potential danger.
- Research. Generally, Sedgwick County would first obtain your written consent for disclosures of your Part 2 Records for purposes of scientific research. Under certain circumstances, we may use and disclose your Part 2 Records without your consent for scientific research purposes to the

extent permitted by HIPAA, FDA and HHS regulations related to human subject research where a waiver of consent has been granted. As with other protected health information, before we use disclosure of Part 2 Records for research, the project must be approved through the research approval process as described earlier in this Notice.

- Management Audits, Financial Audits, and Program Evaluation. Under certain circumstances, Sedgwick County may use or disclose your Part 2 Records for purposes of the performance of certain program financial and management audits and evaluations. As an example, Sedgwick County may disclose your identifying information to any federal, state, or local government agency that provides financial assistance to the Part 2 program or is authorized by law to regulate the activities of Part 2 program or lawful holder of Part 2 records. We may also use or disclose your identifying information to qualified personnel performing audit or evaluation functions on behalf of any person that provides financial assistance to the Part 2 program, which is a third-party payer or health plan covering you in your treatment, or which is a quality improvement organization (QIO), performing QIO review, the contractors, subcontractors, or legal representatives of such person or QIO, or an entity with direct administrative control over our program.
- Public Health. Sedgwick County may disclose to a public health authority your Part 2 Records for public health purposes. However, the contents of the information from the Part 2 Records disclosed will be de-identified in accordance with the requirements of the HIPAA regulations, such that there will be no reasonable basis to believe that the information can be used to identify you.
- Communication with Qualified Service Organizations. Sedgwick County may use or disclose your Part 2 Records to qualified service organizations if needed by the qualified service organizations to provide services to or on behalf of Sedgwick County.
- To report suspected child abuse and neglect. Sedgwick County may disclose certain Part 2 Records to report suspected child abuse and neglect under applicable state law to the appropriate state or local authorities.
- To report crimes committed on Sedgwick County's Part 2 program premises or against Sedgwick County's Part 2 program personnel. Sedgwick County may disclose certain Part 2 Records to law enforcement agencies or officials if you commit, or threaten to commit, a crime in Sedgwick County's facilities or against our personnel.

**Uses and Disclosures of Part 2 Records in Lawsuits and Legal Actions.**

- Sedgwick County shall not use or disclose any Part 2 Records, or testimony relaying the content of such Part 2 Records in a civil, administrative, criminal, or legislative proceeding against you unless you provide specific written consent (separate from any other consent), or a court issues an appropriate order.
- Your Part 2 Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you and/or Sedgwick County, where required by 42 USC § 290dd-2 and 42 CFR Part 2. A court order authorizing use or disclosure of your Part 2 Records must be accompanied by a subpoena or other similar legal mandate compelling disclosure before your Part 2 Records may be used or disclosed.

**H. Applicability of other laws:**

Depending on the services you receive from Sedgwick County, your sensitive information may also be protected by other federal and state laws. Where the more stringent law imposes additional restrictions and limitations on use or disclosure of such sensitive information that supersede that of HIPAA, Sedgwick County shall follow the more stringent laws as may be required by law. For example:

- Unlike HIPAA, 42 C.F.R. Part 2 requires written permission to share substance use disorder records protected by 42 CFR Part 2 for purposes of treatment, payment, and health care operations, except in limited situations. If you participate in Sedgwick County's COMCARE's Part 2 program, you must sign a consent form to share your records from Part 2 program for such operations.
- Another example would be where your health information includes Part 2 Records, we may not use or disclose them in civil, criminal, administrative or legislative proceeds against you, unless you provide written consent or we receive a court order and subpoena described in more detail in Section G of this Notice.

**I. Other uses and disclosures; revoking previous permission to use or to disclose your health information; limitations imposed by more stringent laws; notice about redisclosures:**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to Sedgwick County will be made only with your written permission. For certain disclosures of your information, you must complete an "Authorization for Uses and Disclosure of Protected Health Information" form and submit it to Sedgwick County. The form may be located at this link: https://www.sedgwickcounty.org/media/62626/authorization-for-use-or-disclosure-of-phi.pdf.

If you provide Sedgwick County permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. To revoke any permission already given to Sedgwick County or permission given to us in the future, you must revoke that permission in writing by sending it to a Sedgwick County Privacy Officer listed below. If you revoke your permission, Sedgwick County will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Please be aware that if your health information has been shared legally, either at your request or in a manner described above pursuant to federal and state law, it may be subject to redisclosure and no longer protected under federal and state law.

**What should you do if you have a complaint concerning your medical records?**

If you believe your privacy rights have been violated, including the privacy of your Part 2 Records, you may file a complaint with Sedgwick County or with the Secretary of the Department of Health and Human Services (DHHS.) To file a complaint with Sedgwick County or to receive additional information about how to file a complaint with the DHHS, contact the relevant Sedgwick County Privacy Officer listed below. All complaints must be submitted in writing. We cannot, and will not, require you to waive the right to file a complaint as a condition of receiving treatment from Sedgwick County. **You will not be penalized for filing a complaint.**

**Obtaining a revised copy of this notice if changes are made:**

Sedgwick County reserves the right to revise this Notice and make the revised Notice applicable to health information we already have about you, as well as to any information we receive in the future. When Sedgwick County makes a material change to the uses or disclosures, individual rights, Sedgwick County's legal duties or other privacy practices stated in this Notice, we will post the revised Notice in prominent locations throughout the County's facilities as well as on the Sedgwick County website at: https://www.sedgwickcounty.org/policies-and-disclaimers/hippa-privacy/. In addition, you may request a copy of the current Notice at any time.

**PRIVACY OFFICERS/CONTACT PERSONS:**

Sedgwick County Privacy Officer
100 N. Broadway, Suite 650
Wichita, KS 67202
Tel. #: (316) 660-9340
Fax #: (316) 660-9351

Department Privacy Officer
SCDDO (Sedgwick County Developmental Disability Organization)
271 W. 3rd St. N., Suite 500
Wichita, KS 67202
Tel. #: (316) 660-7630
Fax #: (316) 660-4894
TTY#: (316) 660-4893

Department Privacy Officer
Sedgwick County Emergency Medical Service (EMS)
1015 Stillwell
Wichita, KS 67213
Tel. #: (316) 660-7994
Fax #: (316) 383-7338

Department Privacy Officer
Sedgwick County Human Resources
510 N. Main, Suite 306
Wichita, KS 67203
Tel. #: (316) 660-7050
Fax #: (316) 383-7288

Department Privacy Officer
Sedgwick County Department of Health
2716 W. Central Ave.
Wichita, KS 67203
Tel. #: (316) 660-7300
Fax #: (316) 660-4917

Department Privacy Officer
COMCARE of Sedgwick County
271 W. 3rd St. N., Suite 600
Wichita, KS 67202
Tel. #: (316) 660-7600
Fax #: (316) 660-7510

Department Privacy Officer
Sedgwick County Department on Aging
271 W. 3rd St. N., Suite 500
Wichita, KS  67202
Tel. #: (316) 660-1990
Fax #: (316) 660-1936

Department Privacy Officer
Sedgwick County Office of the Medical Director
200 W. Murdock
Wichita, KS 67203
Tel. #: (316) 660-9043
Fax #: (316) 660-9048

# Notice of those with Limited English Proficiency

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-316-660-7630.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-316-660-7630.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-316-660-7630.

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1-316-660-7630。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-316-660-7630.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 번으로 전화해 주십시오. 1-316-660-7630.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-316-660-7630.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-316-660-7630.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-316-660-7630.

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-316-660-7630.

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。まで、お電話にてご連絡ください。1-316-660-7630

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-316-660-7630.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-316-660-7630.

توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با 1-316-660-7630

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-316-660-7630.