

## ¿Qué es el SCDDO?

La Organización del Condado de Sedgwick para la Discapacidad en el Desarrollo (SCDDO) es la organización comunitaria para la discapacidad en el desarrollo para el Condado de Sedgwick. SCDDO es la agencia que garantiza la disponibilidad de servicios y apoyos para niños y adultos con discapacidad intelectual y/o de desarrollo (I/DD). En el SCDDO somos un recurso integral y un punto de entrada para los servicios disponibles para personas y familias que necesitan servicios de I/DD.

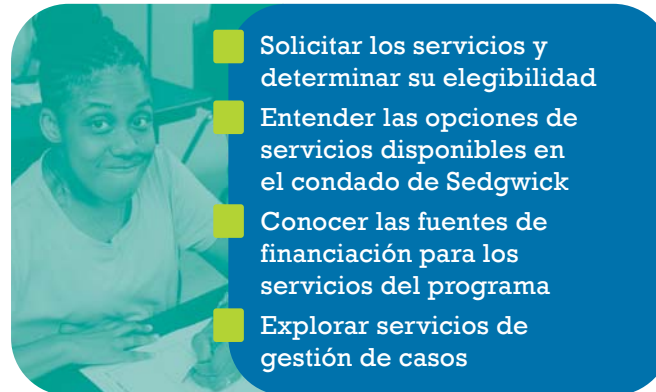


Las discapacidades no nos limitan

## ¿Cómo puede obtener más información sobre cómo beneficiarse de los servicios?

SCDDO está para ayudarle a tomar las mejores decisiones según sus necesidades específicas. Podemos explicar la gama de opciones de servicios disponibles mediante diversos Proveedores de Servicios Comunitarios en el Condado de Sedgwick.

### Podemos ayudarle a:



- Solicitar los servicios y determinar su elegibilidad
- Entender las opciones de servicios disponibles en el condado de Sedgwick
- Conocer las fuentes de financiación para los servicios del programa
- Explorar servicios de gestión de casos

Para solicitar servicios, llame al 855-200-2372.

#### Para mayor información:

Organización del Condado de Sedgwick para la Discapacidad en el Desarrollo  
271 W 3rd St N, Suite 500 - Wichita, KS 67202  
Teléfono - 855-200-2372 - fax - 316-660-4911



El Condado de Sedgwick...  
trabajando para usted

[www.sedgwickcounty.org](http://www.sedgwickcounty.org)

## Organización del Condado de Sedgwick para la Discapacidad en el Desarrollo (SCDDO)



Ayudando a personas con discapacidades en el desarrollo para que reciban servicios de calidad y logren una mayor independencia

Teléfono - 855-200-2372

Fax - 316-660-4911

271 W 3rd St N, Suite 500

Wichita, KS 67202



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## ¿Cómo funciona SCDDO?

Aunque **SCDDO** no es un proveedor de servicios, sí contratamos con el Estado de Kansas para garantizar que los servicios estén disponibles a nivel local. Tenemos relaciones de afiliación con Proveedores de Servicio Comunitario (CSP) en el Condado de Sedgwick para garantizar que haya disponibilidad de una amplia gama de servicios esenciales para todas las personas elegibles. **En la derecha está lo que SCDDO hace por las familias en el Condado de Sedgwick.**

- Actúa como punto central de aplicación e información para las familias que están en busca de servicios
- Determina la elegibilidad para el sistema y el programa de financiamiento de Discapacidad Intelectual y de Desarrollo (I/DD)
- Mantiene una red de proveedores de servicios (*consulte más abajo*)
- Revisa las solicitudes de financiación de servicio
- Administra fondos locales y estatales
- Supervisa los servicios para garantizar la calidad
- Proporciona sensibilización pública sobre los problemas de discapacidad en el desarrollo



Los números con los servicios anteriores representan el número total de afiliados que prestan ese servicio a los consumidores de SCDDO. Para mayor información, incluyendo una lista de contactos para los proveedores afiliados, por favor consulte el directorio de proveedores que se encuentra en la página web de la Organización para la Discapacidad en el Desarrollo, bajo Recursos Comunitarios en [www.sedgwickcounty.org](http://www.sedgwickcounty.org).



## Elegibilidad para I/DD

Agosto 2020

### ¿Qué es una discapacidad intelectual (ID)?

La discapacidad intelectual se refiere a limitaciones considerables en el funcionamiento actual que se han manifestado durante el período desde el nacimiento hasta los 18 años.

Se caracteriza por un funcionamiento intelectual significativamente por debajo del promedio que existe simultáneamente con déficits en el comportamiento adaptativo.

Esto incluye limitaciones relacionadas en dos o más de las siguientes áreas de habilidades de adaptación pertinentes:

- Comunicación
- Cuidados personales
- Vida en el hogar
- Habilidades sociales
- Uso comunitario
- Autonomía
- Salud y seguridad
- Materias académicas funcionales
- Tiempo libre
- Trabajo

**Para ser elegible para recibir los servicios, una persona debe tener un diagnóstico de Discapacidad Intelectual. También debe indicarse el nivel de discapacidad (leve, moderada, grave o profunda).**

Este diagnóstico debe provenir de un profesional de la salud que esté autorizado para realizar un diagnóstico \*DSM-V. Para obtener más información sobre quién puede hacer esto dentro de la comunidad, comuníquese con SCDDO al 855-200-2372.

\*\*DSM-V es el acrónimo de la cuarta edición del Manual diagnóstico y estadístico de trastornos mentales. A cada trastorno o diagnóstico se le asigna un código numérico.

### ¿Qué es una discapacidad del desarrollo (DD)?

Las discapacidades del desarrollo se refieren a afecciones como autismo, parálisis cerebral, epilepsia u otra deficiencia física o mental similar que se evidencia por una discapacidad crónica y grave que:

1. Puede atribuirse a una deficiencia física o mental o una combinación de ambas, Y
2. Se manifiesta antes de los 22 años, Y
3. Es probable que continúe indefinidamente Y
4. Da lugar a limitaciones funcionales considerables en tres o más de las siguientes áreas del funcionamiento de la vida:
5.
  - autocuidado,
  - comprensión y uso del lenguaje,
  - aprendizaje y adaptación
  - movilidad
  - autonomía para establecer metas y emprender actividades para lograr esas metas,
  - vivir de forma independiente
  - autosuficiencia económica, Y

Para aclarar aún más las limitaciones funcionales considerables, la SCDDO puede utilizar, aunque no se requiere que lo haga, el Instrumento de Determinación de Elegibilidad (EDI) u otros métodos estandarizados de evaluación aceptados profesionalmente.

### Niños menores de 6 años con DD:

Los niños menores de 6 años pueden ser elegibles si tienen una discapacidad crónica y grave que:

1. Se atribuye a una discapacidad mental/física Y
2. Es probable que continúe indefinidamente Y
3. Resulta por lo menos en 3 retrasos en el desarrollo según la medición de profesionales cualificados, Y
4. Refleja la necesidad de una combinación y secuencia de atención, tratamiento u otros servicios especiales, interdisciplinarios o genéricos que son de por vida o de duración prolongada y que se planifican y coordinan individualmente, Y
5. No incluye a las personas que están únicamente gravemente perturbadas emocionalmente o que padecen una enfermedad mental grave y crónica.



Sedgwick County...  
working for you

Sedgwick County Developmental  
Disability Organization (SCDDO)

# FACTS & details

about Sedgwick County Government

## Admisión

### ¿A quién llamo?

Para mayor información por favor contacte a Shawna McCanless en el 316-660-7640 o el correo electrónico smccanle@sedgwick.gov

### ¿Qué información necesito proporcionar?

La siguiente es una lista de lo que necesitamos tener antes de referir su información al proveedor de servicios:

#### Documentación Requerida

- Solicitud Llena
- Reporte de Examen Médico (Formulario azul)
- Evaluación Sicológica (Solicitantes mayores de 7 años) (Formulario verde)
- Lista de Verificación Sobre el Retraso en el Desarrollo (Si hay) para niños de 6 años de edad o mayores
- Número de Seguro Social (Documentación)
- Tarjeta de Medicaid, si aplica

#### Documentación Adicional Preferencial (Si está disponible):

- Identificación emitida por el gobierno, si aplica (del solicitante/padre o tutor)
- Certificado de Nacimiento
- Documentación sobre la guardia y custodia legal (Si aplica)
- Plan de Educación Individualizada mas reciente (IEP por sus siglas en Inglés) (para estudiantes actuales solamente)

### ¿Cuánto tiempo toma el procesamiento?

En general, el proceso de matriculación no debería tomar más de 30 días para ser completado. Sin embargo, si recibimos toda la información *requerida* nuestra meta es tomar una decisión para usted dentro de los siguientes 5 a 10 días hábiles, después de haber recibido la información. Por favor tome en cuenta que ciertas situaciones podrían necesitar pruebas adicionales para determinar su elegibilidad.

Las decisiones sobre elegibilidad le serán comunicadas al solicitante por escrito.

### ¿Qué información se necesita para el reporte del examen médico v/o la evaluación sicológica?

Su paquete de solicitud incluirá dos formularios. Un formulario es el examen médico (azul) y el otro enlista los lineamientos para el reporte de la evaluación sicológica (verde). Los niños de 6 años o mayores recibirán una lista de verificación sobre el retraso en el desarrollo en lugar del formulario verde.

Todos los requisitos e instrucciones serán incluidos dentro de estos formularios de tal manera que todos los solicitantes que necesitarán hacerlo puedan entregárselo al profesional de cuidados médicos responsable de la examinación.

### ¿Existe una lista de espera para todos los servicios?

No existe lista de espera para los servicios; sin embargo hay una lista de espera para recibir fondos para el pago de dichos servicios. La única excepción son los Servicios de Gestión de Casos Específicos, que está disponible inmediatamente para cualquiera que sea elegible para recibir servicios por discapacidades en el desarrollo.

### ¿Qué pasa si no puedo encontrar mi tarjeta de Seguro Social?

Aceptaremos cualquier forma de comunicación oficial por parte de la Administración del Seguro Social que muestre su número de seguro social por escrito. Esto incluye una carta como beneficiario o un acuse de recibo de la solicitud para reemplazar la tarjeta.

### Información adicional

Sedgwick County  
Developmental Disability Organization  
615 N. Main  
Wichita, KS 67203  
316-660-7630  
TTY 316-660-4893



# Sedgwick County Developmental Disability Organization

## Solicitud de Servicios para Discapacidades Intelectuales y del Desarrollo (I/DD)

### Información General

Nombre:		Dirección:	
Ciudad:		Estado:	Código Postal:
Condado:	Condado de Origen:		Teléfono:
Fecha de Nacimiento:	Nro Seguro Social:		Nro Medicaid:
Sexo:	<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Estado Civil:	<input type="checkbox"/> Casado <input type="checkbox"/> No Casado
Raza	<input type="checkbox"/> Americano Nativo <input type="checkbox"/> Asiático/de las Islas del Pacífico	<input type="checkbox"/> Afroamericano <input type="checkbox"/> Caucáseo	<input type="checkbox"/> Hispano <input type="checkbox"/> Otro

### Contactos/Familia/Relaciones

Nombre:		Relación:	<input type="checkbox"/> Tutor <input type="checkbox"/> Tutor Limitado <input type="checkbox"/> Protector/Beneficiario (Payee) <input type="checkbox"/> Contacto para Emergencias <input type="checkbox"/> Otro:
Dirección:			
Ciudad:	Estado:	Código Postal:	
Teléfono:	Nro Alternativo:		
Nombre:		Relación:	<input type="checkbox"/> Tutor <input type="checkbox"/> Tutor Limitado <input type="checkbox"/> Protector/Beneficiario (Payee) <input type="checkbox"/> Contacto para Emergencias <input type="checkbox"/> Otro:
Dirección:			
Ciudad:	Estado:	Código Postal:	
Teléfono:	Nro Alternativo:		

## Información Adicional

¿Con Padres Adoptivos Temporales? <input type="checkbox"/> Sí <input type="checkbox"/> No	¿Necesita tutor? <input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre de los padres adoptivos temporales:	Teléfono:
Nombre del Administrador de Casos (CM) de la SRS:	Teléfono:
CM de la Agencia Responsable de Colocación de Niños:	Teléfono:
Nro. de Caso en la Corte:	Lugar:

## Información Médica/de la Discapacidad

Discapacidad/Edad que comenzó:	¿Historia de Ataques?
Médico de Familia:	Tipo/Frecuencia:
	Fecha del Último Ataque:
<i>Ha vivido alguna vez en cualquiera de los siguientes lugares:</i>	
¿Hospital Estatal de Retraso Mental (KNI, Parsons, Norton, Winfield)?	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Hospital Estatal de Salud Mental (Rainbow, Topeka, Larned, Osawatomie)?	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Privado ICF/MR?	<input type="checkbox"/> Sí <input type="checkbox"/> No
<b><i>Si contestó que sí, ¿dónde?</i></b>	

<b>Favor de indicar todos los programas y/o profesionales con quien haya trabajado:</b>
<b>¿Qué servicios o equipo necesita Ud.?</b>
<b>Notas/Comentarios:</b>

Al firmar abajo, estoy de acuerdo que la información contenida en esta solicitud es correcta según mi entender. Entiendo que la falsificación de información en este documento puede resultar en la denegación o rechazo de programas/servicios. Entiendo que esta es una solicitud preliminar. Les autorizo a investigar y verificar cualquier y toda información en este documento.	
<b>Cliente/Su Representante:</b> _____	<b>Fecha:</b> _____
<b>SCDDO/SPE Representante:</b> _____	<b>Fecha:</b> _____

**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION**

**PHONE 855-200-2372 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):

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> FREQUENT HEADACHES</li><li><input type="checkbox"/> DIFFICULTY WITH VISION</li><li><input type="checkbox"/> DIFFICULTY WITH HEARING</li><li><input type="checkbox"/> CONVULSIONS OR SEIZURES (FREQUENCY _____)</li><li><input type="checkbox"/> UNUSUAL IRRITABILITY</li><li><input type="checkbox"/> DIFFICULTY WITH MEMORY</li><li><input type="checkbox"/> CHOKING ON FOOD/FLUID</li><li><input type="checkbox"/> FAINTING</li><li><input type="checkbox"/> UNUSUAL WEIGHT GAIN/LOSS</li><li><input type="checkbox"/> DIARRHEA OR CONSTIPATION</li><li><input type="checkbox"/> LOSS OF APPETITE</li><li><input type="checkbox"/> HEMORRHOIDS</li><li><input type="checkbox"/> FREQUENT INDIGESTION</li><li><input type="checkbox"/> HERNIA OR "RUPTURES"</li><li><input type="checkbox"/> VARICOSE VEINS OR LEG ULCERS</li><li><input type="checkbox"/> FEVER OR NIGHT SWEATS</li><li><input type="checkbox"/> COUGH PRODUCING BLOOD</li><li><input type="checkbox"/> PERSISTENT COUGHING</li><li><input type="checkbox"/> TUBERCULOSIS</li><li><input type="checkbox"/> EXCESSIVE FATIGUE</li><li><input type="checkbox"/> PAIN IN CHEST</li><li><input type="checkbox"/> SHORTNESS OF BREATH</li><li><input type="checkbox"/> ASTHMA OR HAY FEVER</li><li><input type="checkbox"/> SWOLLEN ANKLES</li><li><input type="checkbox"/> ARTHRITIS/SWOLLEN JOINTS</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> PERSISTENT/ RECURRING SKIN RASHES/LESIONS</li><li><input type="checkbox"/> BURN UPON URINATION</li><li><input type="checkbox"/> BLOOD IN URINE</li><li><input type="checkbox"/> NERVOUS BREAKDOWN</li><li><input type="checkbox"/> HEART ATTACK</li><li><input type="checkbox"/> STROKE</li><li><input type="checkbox"/> SEXUALLY TRANSMITTED DISEASES</li><li><input type="checkbox"/> DIABETES</li><li><input type="checkbox"/> HYPOGLYCEMIA</li><li><input type="checkbox"/> HEPATITIS</li><li><input type="checkbox"/> BED WETTING</li><li><input type="checkbox"/> PMS</li><li><input type="checkbox"/> FRACTURES (DESCRIBE/DATES)<br/>_____</li><li><input type="checkbox"/> OPERATIONS (DESCRIBE/DATES)<br/>_____</li><li><input type="checkbox"/> OTHER HOSPITALIZATIONS (DESCRIBE/DATE)<br/>_____</li><li><input type="checkbox"/> SERIOUS INJURIES (DESCRIBE/DATE)<br/>_____</li><li><input type="checkbox"/> FOOD ALLERGIES (SPECIFY)<br/>_____</li><li><input type="checkbox"/> DRUG ALLERGIES (SPECIFY)<br/>_____</li></ul> |
|--|---|

**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
1 _____	_____
2 _____	_____
3 _____	_____

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:
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (LICENSED PHYSICIAN)  
 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. This list **should not** be considered all inclusive.

\*\*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
<b>HealthCore Clinic 691-0249</b>	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
<b>E.C. Tyree Health Clinic 681-2545</b>	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
<b>GraceMed Good Samaritan Clinic 866-2000</b>	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
<b>GraceMed Health Main Clinic 866-2000</b>	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
<b>GraceMed Dodge Family Clinic 866-2000</b>	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
<b>GraceMed Healthy Family Clinic 866-2000</b>	1905 S. Laura (67211)	✓	Mon-Fri 8 a.m. to 5 p.m.	✓	✓	Pediatrics, primary medical care and preventive dental care	KanCare Enrollment
<b>GraceMed Evergreen Family Clinic 866-2000</b>	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
<b>GraceMed Downing Family Clinic 866-2000</b>	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
<b>GraceMed Jardine Clinic</b>	3610 E. Ross Parkway (67210)	✓	Mon-Fri 8 a.m. to 5 p.m.	✓	✓	Pediatrics, primary medical care and preventive dental care	KanCare Enrollment
<b>GraceMed Meyer Family Clinic (at West High, opening mid-August)</b>	755 W. Lincoln (67213)	✓	Mon-Fri 8 a.m. to 5 p.m.	✓	✓	Pediatrics, primary medical care and preventive dental care	KanCare Enrollment
<b>GraceMed Mother Mary Anne Clinic 866-2000</b>	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
<b>GraceMed Oaklawn Family Clinic</b>	5000 S. Clifton Ave., Suite 200 (67216)	✓	Mon. - Fri 8 a.m. to 5 p.m.	✓	✓	Pediatrics, primary medical care, preventive dental care	
<b>Guadalupe Clinic—Central 264-8974</b>	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
<b>Guadalupe Clinic—South 201-1986</b>	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
<b>Guadalupe Clinic—North 264-8974</b>	532 N Broadway (67214)	✓	Thursdays 5:30-8:30 p.m.			Primary Medical Care	\$5 donation requested, but no one is turned away
<b>Hunter Health Main Clinic 262-3611 Admin</b>	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
<b>Hunter Health—Brookside Satellite 652-0152</b>	2750 S. Roosevelt (67210)	✓	Mon-Fri 8:30 a.m. to 5 p.m.	✓	✓		Same as Hunter Health Main Clinic



# Developmental Disability Organization

*Sedgwick County...  
working for you*

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## SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION PSYCHOLOGICAL EVALUATION GUIDELINES FOR ID/DD SERVICES

*While a new psychological evaluation will require a DSM-V diagnosis, a past psychological evaluation with a DSM-IV diagnosis may be acceptable Contact SCDDO Service Access Specialist if you have any questions.*

**A psychological evaluation completed by any professional who can make an independent DSM-V diagnosis is required as a part of the application process through Sedgwick County Developmental Disability Organization.** Please submit a copy of your formal report, which includes the information listed below, to SCDDO. Please be sure to be as specific as possible when addressing the following questions. Your consideration of and attention to these questions is appreciated.

**Important Note to Providers: Please be advised that a prior authorization may be required.**

**Please complete a comprehensive psychological evaluation and include the following information:**

1. What is this individual's level of intellectual functioning? (Please include assessment(s) used, the detailed results of the assessment (s) including Subscales and Full Scale IQ score, etc.)
2. Describe any deficits in adaptive functioning in the following areas and the assessment (s) used to determine these limitations:
  - a. Self-Care
  - b. Communication
  - c. Learning and Adapting
  - d. Mobility
  - e. Self-Direction
  - f. Living Independently
  - g. Economic Self-Sufficiency
  - h. Social Skills
  - i. Health and Safety
  - j. Leisure
  - k. Work
3. List diagnoses including all neurodevelopmental disorders with specifiers indicating current severity level in reference to adaptive functioning. Also address any additional co-occurring disorders in you diagnosis.
4. If the individual is age 22 or above, in your professional opinion, did a diagnosis of a developmental disorder other than ID exist prior to age 22? If so, why and what diagnosis?

Please send report to:

Sedgwick County Developmental Disability Organization

Attn: Service Access Specialist

271 W, 3rd St. N., Suite 500 Wichita, KS 67202 Phone:

855-200-2372

Fax: 316-660-4911

Revision Date: 5/20/2016

### Organizations Providing Psychological Evaluations

The following professionals are willing to complete psychological evaluations for individuals applying for I/DD services through Sedgwick County Developmental Disability Organization.

This list **should not** be considered all inclusive.

Providers who accept Medicaid as reimbursement are as follows:

Name	Phone #	Fax #	Address	Other info.
FirstStarr Rehabilitation & Behavioral Health, LLC	316-201-1273	316-260-9389	209 E. William St., Ste. 506 Wichita Ks 67202	Dr. Abiola Dipeolu Dr. Joseph Donaldson Accepts all three MCOs
MKC Services	(316) 371-7226		654 N. Woodchuck, Suite F Wichita, KS 67212	Marcia Kennedy Cordes Insurance Accepted: Medicaid (all of them), BCBS, ProviDRsCare, Aetna, Tricare A full evaluation is \$750 without insurance and no slide fee scale. <a href="http://mkc-services.com/">http://mkc-services.com/</a>
Mosaic Mental Wellness	316-688-8390	316-315-5701	801 E. Douglas, 2nd floor Wichita, Ks 67202	Dr. Jenny Harshbarger Accepts Medicaid Spanish translator available
The Therapy Center	316-636-1188	316-636-1190	7807 E. Funston Wichita, Ks 67207	Accepts Medicaid Does not provide interpreter
Prairie View Mental Health Center	800-992-6292	316-284-6498	1902 E. 1 <sup>st</sup> Newton, KS 67114	Offices in Wichita Call for information Wichita offices do not accept Medicaid Provides interpreter if needed

Providers who do not accept Medicaid – Includes sliding fee scales or private insurance

Name	Phone #	Fax #	Address	Other info.
Wichita State University Psychology Clinic	316-978-3212	316-978-3086	Jabara Hall 4 <sup>th</sup> Floor 1845 Fairmount Wichita, KS 67260	Sliding Fee Scale Available: Call and leave a message and staff will contact you to set appointment.



## 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.



**SEDGWICK COUNTY**

**CHAPTER:** HIPAA

**SUBJECT:** Notice of Privacy Practices

**POLICY NUMBER:** 1

**PAGES:** 9

**REFERENCE:**

**REVISION DATE(S):** 4/7/03; 09/2004;  
06/17/09; 07/01/13; 08/10/18; 08/14/18,  
11/7/18; 12/4/18

**REVIEWED DATE(S):** 06/11/2013

**SPECIAL NOTES:** Sedgwick County reserves the right to amend this manual at any time subject only to approval by the Sedgwick County Privacy Officer.

[This notice of Privacy Practices is effective as of 11/7/18](#)

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Privacy Officer		Privacy Officer
<b>Sedgwick County</b>		<b>Sedgwick County Division of Health</b>
525 N. Main, Suite 359		2716 W. Central Ave.
Wichita, KS 67203		Wichita, KS 67203
Tel. #: (316) 660-9340		Tel. #: (316) 660-7427
Fax #: (316) 383-7007		Fax #: (316) 660-4917
Privacy Officer		Privacy Officer
<b>CDDO (Sedgwick County Developmental Disability Organization)</b>		<b>COMCARE of Sedgwick County</b>
615 N. Main		271 W. 3 <sup>rd</sup> St. N., Suite 600
Wichita, KS 67203		Wichita, KS 67202
Tel. #: (316) 660-7634		Tel. #: (316) 660-7600
Fax #: (316) 660-4894		Fax #: (316) 660-7510
TTY#: (316) 660-4893		
Privacy Officer		Privacy Officer
<b>Sedgwick County Emergency Medical Service (EMS)</b>		<b>Sedgwick County Department on Aging</b>
1015 Stillwell		271 W. 3 <sup>rd</sup> St. N., Suite 500
Wichita, KS 67213		Wichita, KS 67202
Tel. #: (316) 660-7994		Tel. #: (316) 660-7298
Fax #: (316) 383-7338		Fax #: (316) 660-1936
Privacy Officer		
<b>Sedgwick County Human Resources</b>		
510 N. Main, Suite 306		
Wichita, KS 67203		
Tel. #: (316) 660-7050		
Fax #: (316) 383-7288		

## **Understanding your medical information—its uses and disclosures:**

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.” This “Notice” applies to the protected health records of your care provided by Sedgwick County and its employees, staff and volunteers. Your primary care physician, other health care or treatment providers, or your health insurance plan may have different privacy policies or “Notices” regarding use and disclosure of your health information that is created outside of Sedgwick County.

**This “Notice” contains information in the following general categories:**

- **What is your health record/information?**
- **What are your health information rights?**
- **What are the responsibilities of Sedgwick County when it comes to your health information?**
- **How will Sedgwick County use and disclose your medical information?**
- **Other Uses and Disclosures — revoking previous permission to use or disclose your health information.**
- **What should you do if you have a complaint concerning your medical records?**
- **If changes are made to this “Notice”— how to obtain a revised copy.**

## **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. How your health information is used, is described on the following pages.

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

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.

Sedgwick County will not use or disclose your health information 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 obligated to follow those laws.

## **What are your health information rights?**

Although your health record is the physical property of Sedgwick County, the information belongs to you. You have the right to:

**Inspect and Copy 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. This request should include name, address, description of records to be copied, and phone number, if necessary for contact or follow up. 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. A written request must be completed prior to Sedgwick County providing the requested information. You must submit your request in writing to a Sedgwick County Privacy Officer listed on page one. If you request a copy of the information, 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. Certain reasons for the denial are not reviewable and some are reviewable. 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 a Sedgwick County Privacy Officer listed on page one. 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.

**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 a Sedgwick County Privacy Officer listed on page one. Your request must state a time period, (which may not be longer than six years, and may not include dates before April 14, 2003.) 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.

**Right to 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.

You may also terminate any restriction.

## **How to make a request.**

To request restrictions, you must make your request in writing to a Sedgwick County Privacy Officer listed on page one. In your request, you must 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 (e.g., disclosures to your spouse).

**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 a Sedgwick County Privacy Officer listed on page one. 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 an electronic health information exchange, or HIE. New 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 HIE 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 HIE. 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 access by properly authorized individuals as needed to report specific information as required by law). If you want to restrict access to your records through the exchange, you must submit a request for restriction through Kansas Health Information Technology (“KanHIT”), an office within the Kansas Department of Health and Environment. Contact the KanHIT Support Center at 785-296-8627 or visit [www.kanhit.org](http://www.kanhit.org) for more information. You cannot restrict access to certain information only; your choice is to permit or restrict access to all of your information. Please be aware that the inability to access restricted information may result in a health care provider not having access to information necessary to provide appropriate care.

Even if you restrict access through an HIO, providers and health plans may share your information directly through other means (e.g., facsimile or secure e-mail) without your specific written authorization. Your information will also be available through the exchange by a properly authorized individual as necessary to report specific information to a government agency as required by law (for example, reporting of certain communicable diseases or suspected incidents of abuse).

For your protection, each request for restrictions is subject to verification procedures. Please allow sufficient time for your request to be processed. Your failure to provide all information required for verification may result in additional delay or denial of your request.

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.

If you have questions regarding HIE or HIOs, please visit [www.kanhit.org](http://www.kanhit.org) for additional information.

**Restrict Disclosure of Your Health Information to Health Plans.** You have the right to request Sedgwick County 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.

**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 on page one. You may also obtain a copy of this “Notice” at our website, [www.sedgwickcounty.org](http://www.sedgwickcounty.org)

### ***Types of Uses and Disclosures that Require Authorization under 45 CFR § 164.508(a)(2)–(a)(4)***

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.

- Sale – Sedgwick County will not sell your health information; however, you have a right that no sale can occur without your written authorization, and the authorization must state whether Sedgwick County would receive any remuneration.

### **Other uses and disclosures—revoking previous permission to use or to disclose your health information:**

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. 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 on page one. 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.

### **How will Sedgwick County use and disclose your health 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 release health information about you to a friend or family member who is involved in your health-related treatment or care. 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 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.

**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.

**Special situations: *(Sharing of information without your permission)***

**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
- To notify the appropriate government authority 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.

**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.

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

If you believe your privacy rights have been violated, 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 a Sedgwick County Privacy Officer listed on page one. 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.**

## **If changes are made to this “Notice”:**

Sedgwick County reserves the right to change this “Notice.” Sedgwick County reserves the right to make the revised or changed “Notice” applicable to health information we already have about you, as well as, any information we receive in the future. Sedgwick County will post a current copy of the “Notice” in all identified locations. You will find the date the “Notice” became effective at the top of the first page below the title. If a material change is made to the “Notice” you will be presented with a new version of the Notice of Privacy Practices. You will be asked to sign a new Notice of Privacy Practices Acknowledgement form. In addition, each time you register for services with Sedgwick County, a copy of the current “Notice” in effect will be given to you if you request it.

# 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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-316-660-7630.

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

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.

شما یبرایگان یرا بصورت یزبان لاتیتسه، دیکن یم گفتگو یفارس زبان به اگر: توجه  
1-316-660-7630 با دباش یم فراهم

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



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