

HIPAA NOTICE OF PRIVACY PRACTICES

This document is intended to fulfill the notice required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

We understand that health and medical information is extremely personal. We have a duty, and are committed to protecting health and medical information. When a person is admitted to our facilities, we create a chart and record of the care and services received. We need this record to provide quality care and services, and to comply with certain licensing regulations and other legal requirements. This notice applies to all of the records generated by our facilities when a person is in care with us. Individually identifiable information about our clients' past, present or future health or condition, the provision of health care, or payment for health care is considered "Protected Health Information." We are required to extend certain protections to this information and to give notice about our privacy practices that explains how, when and why we may use or disclose this information. Except in specified circumstances, we must use or disclose only the minimum necessary medical information to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices as defined in this notice, although **we reserve the right to change our privacy practices and the terms of this notice at any time.**

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION We use and disclose personal health information for a variety of reasons. We have a limited right to use and/or disclose such information for purposes of treatment, payment, and to perform our health care operations. For uses beyond that, we must have written authorization unless the law permits or requires us to make the use or disclosure without authorization.

Generally, we may use or disclose personal health information as follows:

FOR TREATMENT

We may disclose personal health information to doctors, nurses and other health care personnel who are involved in providing health care to a person in our facilities. Health information will be shared among members of the treatment team, medical, psychiatric, psychological and pharmacy personnel. Personal health information may also be shared with outside entities providing ancillary services related to treatment, such as lab work, X-rays, other medical services, outside medical providers, or for consultation purposes. Personal health information may also be shared with family members and community referral agencies involved in the provision, payment, or coordination of care.

FOR PAYMENT

We may use and disclose medical information for payment purposes such as billing a person or an insurance company for services rendered, to obtain prior approval from an insurance company, or for benefit determination.

FOR HEALTH CARE OPERATIONS

We may use and disclose medical information for health care operations and in the course of operating our facilities and rendering the services we provide. These disclosures are necessary to run our treatment programs and to ensure that our clients receive the highest quality care. We may remove individual identifying information so that others may use information to study health care and health care delivery without having access to specific personal information. Medical information may also be used for protocol development, case management and care coordination.

FOR APPOINTMENT REMINDERS

We may use and disclose medical information to contact you or others involved in the identified person's care as a reminder for appointments or reviews of treatment or medical care.

FOR MARKETING

We will not release personally identifiable information for marketing purposes without prior written authorization.

FOR RESEARCH

Under certain circumstances, we may use and disclose medical information for research purposes. Before we use or disclose medical information for research, such a project will have been approved by the agency Director. We will not release personally identifiable medical information without prior written authorization.

AS REQUIRED BY LAW

We will disclose medical information when required to do so by Federal, State, or Local law, such as by court order, when related to

public health issues, when required to do so related to suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity. We must also disclose information to authorities that monitor compliance with these privacy requirements.

WHEN THERE ARE RISKS TO PUBLIC HEALTH

We may disclose information to prevent or control disease, injury or disability, report disease, injury vital events such as birth or death and the conduct of public health surveillance, investigations and interventions. We may disclose information to report adverse events or product defects. We may disclose information to notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

We may use and disclose medical information when necessary to prevent a serious threat to the client's health and safety or the health and safety of the public or another person. Any such disclosure will only be made to parties who can reasonably prevent or lessen the threat of harm or danger.

AUTHORIZATIONS TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, we will not disclose your health information other than with your written authorization. If you or your representative authorizes us to use or disclose your health information, you may revoke that authorization in writing at any time.

RIGHTS REGARDING CLIENT HEALTH INFORMATION

A client served by our facilities has the following rights to their protected health information:

TO REQUEST RESTRICTIONS ON USES AND DISCLOSURES

A client has a right to ask that we limit how we use or disclose their protected health information. Such requests should be submitted in writing, and will be responded to within 60 days. We will consider a client's request, but are not legally bound to agree to the restriction. To the extent that we agree to any restrictions, we will document such agreement in writing and abide by it except in emergency situations. We will not and cannot agree to limit uses or disclosures that are required by law.

TO REQUEST CONFIDENTIAL COMMUNICATION

A client has a right to request that we contact them by means other than phone or mail. We will comply if it is reasonably possible to do so.

TO REQUEST AND INSPECT A COPY OF PROTECTED HEALTH INFORMATION

Health and medical information generated by our programs is the property of our facilities. However, unless access to records is restricted for clear and documented treatment reasons, a client has a right to see their protected health information upon submission of a written request. Such a request will be responded to within 60 days. If access to records is denied, the client will receive a written statement detailing the reasons for denial and explain any right to have the denial reviewed. If a client wants copies of personal health information, a charge for copying may be imposed, depending on the circumstances. A client has a right to choose what portions of information may be copied, and to have prior notification of charges for copying.

TO REQUEST AMENDMENT OF PROTECTED HEALTH INFORMATION

If a client believes that there is an error or missing information in our records of personal health information, the client may request, in writing, that we add to or correct the record. The request must include a reason supporting the request to amend information. We will respond within 30 days of receiving the request. The request may be denied if: it is determined that the health information is complete and correct, if the information was not created by us and/or not part of our records, or, not permitted to be disclosed. Any denial will state the reasons for denial and explain the right to have the request and denial, along with any statement in response provided by the client, added to the record. If the request for amendment is approved, we will change the information, inform the client, and inform others needing to know this information. **TO A LIST OF DISCLOSURES**

A client may ask for a list of disclosures we made other than for treatment, payment, or health care operations, as outlined above. This list will include when, to whom, for what purpose, and what content of protected health information has been released. Such requests should be made in writing and will be responded to within 60 days of the request. The request should specify the time period, and may not be made for periods of time in excess of seven (7) years. We will provide the first accounting requested. Subsequent accounting requests may be subject to a reasonable cost-based fee.

TO RECEIVE THIS NOTICE

A client has a right to receive a paper copy of this notice. **DUTIES OF PROVIDER** We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all health information that we maintain. If we make a material change to this Notice, we will provide a copy of the revised Notice to you or your appointed representative. You or your representative have the right to express complaints as outlined below.