

ADULT & CHILD MENTAL HEALTH CENTER, Inc.
NOTICE OF PRIVACY PRACTICES

Effective Date: September 12th, 2013

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

If you have any questions about this notice, please contact our Privacy Officer at 882-5122.

ADULT & CHILD MENTAL HEALTH CENTER, INC. CARES ABOUT YOUR RIGHT TO PRIVACY.

We are committed to protecting health information about you. We create a record of the care and services you receive at Adult & Child. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Adult & Child. Other Health Care Providers may have different policies or notices regarding use and disclosure of your protected health information.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- maintain the privacy of your protected health information;
- give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

- **As Required By Law:** We will disclose protected health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We will use and disclose protected health information about you when we have a "Duty to Warn" under state or federal law, because we believe that it is 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, would only be to someone able to help prevent the threat.
- **Public Health Risks:** We will disclose protected health information about you for public health reporting required by federal or state law. These activities generally include the following:
 - to prevent or control disease, injury, or disability;
 - to report child abuse, neglect, or abandonment;
 - to notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a communicable disease or condition;
 - to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence;
 - to notify people of recalls of products they may be using;
 - to report reactions to medications or problems with products;
 - to report births and deaths.
- **Health Oversight Activities:** We will disclose protected health information as required by law 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, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we will disclose protected health information about you when properly ordered to do so by a court.
- **Law Enforcement:** We will release protected health information if asked to do so by a law enforcement official:
 - In response to a court order;
 - If required by state or federal law;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at an Adult & Child facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Protective Services for the President and Others:** We will disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use protected health information about you to provide you with the course of treatment or services that will work best for you. We may disclose protected health information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other Adult & Child personnel who are involved in taking care of you. Different departments of Adult & Child also may share protected health information about you in order to coordinate the different things you need. We also may disclose protected health information about you to people outside Adult & Child who may be involved in your care, such as family members.
- **For Payment:** We may use and disclose protected health information about you so that the treatment and services you receive at Adult & Child may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Adult & Child so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations:** We may use and disclose protected health information about you for Adult & Child operations. These uses and disclosures are necessary to run Adult & Child and make sure that all of our clients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many clients to decide what additional services Adult & Child should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students, and other personnel for review and learning purposes. We may also combine the protected health information we have with information from other Health Care Providers to compare how we are doing and see where we can make improvements in the care and services we offer. We will remove information that identifies you from this set of information so others may use it to study health care and health care delivery without learning who the specific clients are.
- **Appointment Reminders:** We may use and disclose protected health information to contact you as a reminder that you have an appointment at Adult & Child.
- **Treatment Alternatives:** We may use and disclose protected 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:** We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care:** We may release certain limited information about you to a family member who is involved in your care.
- **Research:** We may use and disclose protected health information about you for research conducted in accordance with the rules of the division of mental health and the rules of the division of disability, aging, and rehabilitative services.
- **Coroners and Medical Examiners:** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

- **National Security and Intelligence Activities:** We may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU:

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy protected 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.
To inspect and copy protected health information that may be used to make decisions about you, you must complete an authorization to release information form and submit the form to the Health Information Department. If you request a copy of the information, we may charge you ten cents per page for the cost of copying plus the cost of postage for mailing the information. We must act on a request for access no later than 30 days after receipt of the request but may extend this timeframe by no more than 30 days if a written statement of the reasons for the delay is provided.
We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Adult & Child will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Adult & Child.
To request an amendment, you must complete a Request for Amendment of Protected Health Information form and submit it to the Privacy Officer. You can request this form from the receptionist.
We may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the protected health information kept by or for Adult & Child;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of protected health information about you. Adult & Child is not required to include the following in the accounting of disclosures:
 - Information released to the client;
 - Information released with a valid authorization signed by the client;
 - Information released for legitimate business purposes, including submission of claims for payment, collection of accounts, litigation defense, quality assurance, peer review, and educational purposes;
 - Information released to persons involved in the client's care;
 - Information released for national security or intelligence purposes or to correctional institutions or law enforcement officials;
 - Information released prior to April 14th, 2003.
 To request an accounting of disclosures, you must complete a Request for Accounting of Disclosures form and submit it to the Health Information Department. You can request this form from any staff member. Your request must state a time period which may not be longer than six years and may not include dates before April 14th, 2003. The first list you request within a 12-month period will be free. Additional requests within a 12-month period are \$10.00 per request.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care, like a family member. For example, you could ask that we not use or disclose information about a specific treatment session you had.
We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
You also have the right to request restriction on disclosure of PHI to a health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.
To request restrictions, you must fill out a Restriction on Uses and Disclosures form and submit it to the Privacy Officer. You can request this form from the receptionist.
- **Right to Request Confidential Communications by Alternative Means:** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
To request confidential communications, you must complete a Confidential Communications form and submit it to the Customer Accounts Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
You may obtain a copy of this notice at our website, www.adultchild.org. To obtain a paper copy of this notice, contact the receptionist at your clinic site.
- **Right to Receive Breach Notification:** You have the right to receive notification in a timely manner if a breach of your unsecured protected health information occurs.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will display the current notice, as well as have copies available, in each of our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint concerning our privacy policies and procedures, our compliance with those policies or procedures, or our compliance with legal requirements. You may file a complaint with Adult & Child or with the Office for Civil Rights.(Region V – Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Illinois. 60601) To file a complaint with Adult & Child, contact the Director of Quality Improvement at (317) 882-5122. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION: Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization including most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information. If you provide us with an authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected 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. Individuals may be contacted for fundraising purposes, but have the right to opt out of such communications.