

PRIVACY PRACTICE NOTICE Policy 404

Your Information Your Rights Our Responsibility

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

Your Rights

When it comes to your health information, you have certain rights. *This section explains your rights and some of our responsibilities to help you.*

Get an electronic or paper copy of your medical records

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address
- We will say “yes” to all reasonable requests

When we need your consent

- We must get your consent for any disclosure:
 - Of psychotherapy notes (under limited circumstances).
 - Of information for most marketing communications.
 - In all circumstances not described in this notice, uses and disclosures of your data will only be made with your written consent. You may revoke your consent at anytime.

Ask us to limit what we share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable fee if you ask for another one within 12 months.

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you desire further information about your privacy and confidentiality rights, are concerned that we have violated these rights, or disagree with a decision that we made about access to your protected health information, you may contact the Privacy Officer at 952.926.2526.
- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 952.926.2526, or
- You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, calling 877.696.6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Contact you for fundraising efforts.

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? *We typically use or share your health information in the following ways:*

Treat you

- We can use your health information and share it with other professionals who are treating you.
Example: *A doctor treating you for an injury asks another doctor about your overall health condition.*

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary
Example: *We use health information about you to manage your treatment and services.*

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.
Example: *We give information about you to your health insurance plan so it will pay for your services.*

How else can we share your health information?

- *We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/oct/privacy/hipaa/understanding/consumers/index/html.*

Appointment Reminders

- We may contact you to remind you of future appointments for your treatment

Medical Emergencies

- We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2).

Minors

- We may disclose facts relevant to reducing a threat of life or physical well being of the applicant or any other individual to a parent, guardian, or other person authorized under state law to act in the minor's behalf if the program director judges that minor applicant lacks capacity to make a rational decision and the applicant's situation poses a substantial threat to the life or physical well being of the applicant or any other individual, which may be reduced by communicating relevant facts to such person.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety.

Do research

- We can use or share your information for health research.

Comply with the law

- We share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Incompetent and Deceased Clients

- In such cases, authorization of a personal representative, guardian, or other substituted decision maker may be given in accordance with 42 CFR Part 2.

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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual die.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official for the purpose of seeking assistance of law enforcement agencies if you commit a crime on the premises or against program personnel, or threaten to commit such a crime
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services.

Duty to Warn

- Where the program learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, the program will carefully consider appropriate options which would permit disclosure subject to 45 CFR 164.512(i).

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
 - *We may disclose your protected information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2 concerning the Confidentiality of Alcohol and Drug Abuse Patient Records. Note also that if your records are not actually client records with the meaning of 42 CFR Part 2 (e.g., if your records are created as a result of your participation in a family program or another non-treatment setting), your records may not be subject to the protections of 42 CFR Part 2.*

Our Responsibilities

- We understand that health information about you and your health care is personal. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements.
- We are required by law to maintain the privacy and security of your protected health information.
 - *Our disclosures of information about you are protected by federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records, by federal law and standards protecting the privacy of individually identifiable information under the health Insurance Portability and Accountability Act (HIPAA) and by our own privacy policies and procedures, which may extend to programs and information not covered by either of these laws.*
- We will let you know promptly if a breach occurs that may compromise the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp/html.

Effective Date and Duration of This Notice:

- This notice is effective on September 23, 2013

Changes to the Terms of This Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Privacy Office:

- You may contact the Privacy Officer:
 - Matthew Atkins
 - Clinical Director
 - 952.926.2526
 - matkins@clubrecoveryllc.com
 - www.clubrecoveryllc.com