

NOTICE OF PRIVATE HEALTH INFORMATION PRACTICES

Effective Date: April 14,2003

THIS NOTICE DESCRIBES HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Most of us feel that our health and medical information is private and should be protected, and we want to know who has this information. Now, Federal law

- Gives you rights over your health information.
- Sets rules and limits on who can look at and receive your health information.

Indian Rivers Mental Health Center, in compliance with Federal regulations, will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

HOW WILL MY HEALTH INFORMATION BE USED?

1. Your health information will be used for **TREATMENT**. Information will be recorded in your clinical record to diagnose your condition, determine a plan of treatment, and to provide care for you.
2. Your health information will be used for **PAYMENT** purposes. For example, we may send a bill to you or to a third-party payer, such as Medicare, Medicaid, an insurance company, and / or the Alabama Department of Mental Health / Mental Retardation that may include information that identifies you and shows your diagnosis and treatment received.
3. Your health information will be used of **HEALTH CARE OPERATIONS**. Members of the staff will use information in your health record to assess the quality of care that you receive and determine how to continually improve the quality and effectiveness of the services we provide.
4. Your health information will be provided to other Health Care Providers at your request with a signed authorization. This is applicable to not just adults, but those younger than 18 years old and, by law, you are able to consent for your own health

care, then your health care information will be kept private unless you sign an authorization form.

5. Your health information will be protected if you are receiving alcohol or drug abuse services from the agency. Any information that would identify you as a person seeking help for a substance abuse problem is protected under a separate set of federal regulations known as "Confidentiality of Alcohol and Drug Abuse Patient Records," 42 C.F.R. Part 2 (additional privacy protections beyond those that have already been described).

In those instances where you did authorize us to release your substance abuse related health information, the authorization will always be accompanied by a notice prohibiting the individual or agency / organization receiving your health information from re-releasing it unless permitted under the regulations 42 C.F.R., Confidentiality of Alcohol and Drug Abuse Patient Records.

6. Your health information will not be shared without your consent unless there is a court order to release your health information, the provision of your health information to medical personnel is needed in an emergency, or information is needed by qualified personnel for audits or program evaluations.
7. Your health information may be shared with others who participate in your care for certain diagnostic tests, second opinions, a copy service to make copies of clinical records, a transcription service to transcribe clinical information dictated by health care professionals, and the like. Other examples of disclosures include, but are not limited to the following:
 - Emergencies;
 - Pursuant to a court order;

- To public health authorities;
- Disclosure to child protection agencies;
- To law enforcement officials in some circumstances;
- Disclosure to health oversight agencies;
- To correctional institutions regarding inmates;
- To coroners, medical examiners, and funeral directors;
- To researchers involved in approved research projects.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health records are the physical property of the Center, you have the following rights concerning the information contained therein:

1. You have the right to request restrictions on our use of your protected health information. We do not however, have to agree to the restriction.
2. You may request communication to you outside the Center, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate reasonable requests.
3. Although we have posted a copy of these rights in prominent locations throughout the Center, you have a right to a hard copy upon request.
4. You may inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.
5. If you believe your record contains an error, you may ask in writing that correct or new information be added. If there is a mistake, a note will be entered into your record to correct the error.

6. We do not have to grant the request if the following conditions exist:
 - We did not create the record;
 - The record is accurate and complete;
 - The records are not available to you as discussed immediately above.

If we deny your request for amendment / correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain. If we grant the request, we will make the correction and distribute the correction to those who need it and those whom you identify to us that you want to receive the corrected information.

7. You may request an accounting of non-routine uses and disclosures, those other than for treatment, payment, and health care operations.
8. You may revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.

HOW TO GET MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions or believe your privacy rights have been violated, you can contact the Privacy Officer at the Center. The name of this individual is prominently displayed in the admissions area and on bulletin boards throughout the Center.

You may also file a complaint with the Secretary of the Department of Health and Human Services.

Secretary of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

You may also file a complaint by calling the Office of Civil Rights at 866-627-7748.

YOUR HEALTH CARE SERVICE WILL NOT BE AFFECTED BY ANY COMPLAINT MADE TO THE CENTER'S PRIVACY OFFICER, TO THE SECRETARY OF HEALTH AND HUMAN SERVICES, OR THE U.S. OFFICE OF CIVIL RIGHTS.