

NOTICE OF PROVIDER PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Behavioral Treatment Services (BTS) must maintain the privacy of your personal health information and give you this notice which describes our legal duties and privacy practices concerning your personal health information. Commonly when your personal information is released, we must release only the information we need to achieve the purpose of the use or disclosure. Only designated personal health information will be available for release if you sign the release of information form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal obligation.

Protected Health Information Uses and Disclosures WITH your Consent

- We may use or disclose your protected health information if you have signed a consent or authorization form that meets requirements set forth in 42 C.F.R. Part 2 and HIPAA. You may revoke your information release authorization at any time, except to the extent that we have already taken action upon the authorization. If you are currently receiving care and wish to revoke your authorization, you will need to deliver a written statement to your counselor or clinical program manager. If you have been discharged, you will need to deliver a written statement to the attention of the clinical program manager.
- It is important to note that a court with appropriate jurisdiction (or other authorized third party) may request or compel you to sign an information release authorization.

Protected Health Information Uses and Disclosures WITHOUT your Consent

- We may use or disclose your protected health information (including information obtained when you are applying for or receiving services for drug or alcohol abuse) under the conditions indicated below, even if you have not signed a consent or authorization form.
- Program staff may use or disclose your protected health information to other staff within the program, or to an entity having direct administrative control over that program, if the recipient needs the information in connection with duties that arise out of the provision of alcohol or drug abuse diagnosis, treatment, referral or coordination of care. For example, program counselors may consult among themselves if their work facilitating your alcohol or drug treatment so requires.
- Program staff may use or disclose your protected health information for health care operations, such as internal administration and planning, that improve the quality and effectiveness of the care provided. We may disclose information to government agencies that regulate a program (state licensure or certification agencies), and peer review organizations that conduct program audits or evaluations).
- We may disclose your protected health information to an agent or agency which provides services to Behavioral Treatment Services facilities under a Qualified Service Organization Agreement. This agreement includes a statement in which the agent or agency agrees to abide by applicable federal law and related regulations (42 C.F.R. Part 2 and HIPAA).
- We may disclose your protected health information to private agencies that provide third party payments. A group health plan, or health insurance issuer or HMO may disclose protected health information to the plan holder.
- We may disclose your protected health information to medical personnel to the extent necessary to treat a condition which poses an immediate threat to your health and which requires immediate medical intervention.
- Your protected health information may be disclosed to a law enforcement agency if you commit a crime or threaten to commit a crime on program premises or against program personnel. The information disclose will be limited to information regarding the circumstances of the incident, the suspect's name, address, last known whereabouts, and status as a patient in the program.
- Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
- If the program learns that a patient has made a specific threat of serious physical harm to another individual or individuals, the program will take appropriate steps to protect the intended victim(s) against such danger. This will include carefully considering options supported by 42 C.F.R. that would permit a disclosure to the intended victim(s) or appropriate authorities.

Your Individual Rights

- You have the right to restrict uses or disclosures of your protected health information by refusing to sign an information release authorization, or by amending the description of information to be disclosed. At your request, we will not disclose health information to your health plan, if the disclosure is for payment of a health care service or item for which you have paid Behavioral Treatment Services (out of pocket). You also have the right to request additional restrictions on the use and disclosure of your protected health information for treatment, payment, and health care operations. While we will carefully consider your requests for these additional restrictions, we are not required to agree to them. If you are currently receiving alcohol or drug treatment services and wish to request additional restrictions, please contact your counselor. Once you are no longer receiving services, please contact the clinical program manager at the facility from which you received your services.
- You have the right to request access to your Behavioral Treatment Services patient record so that you may inspect and/or obtain copies of the record. Under limited circumstances we may deny you access to a portion of your records. You can make your request through your counselor or facility in which you received services. We may impose a fee for each page copied.

You will be informed of the proposed fee prior to any copies being made. If you disagree with a decision made about access to your records, please contact the clinical director.

- Right to Amend Your Record: You have the right to request an amendment to your health information kept in your patient record. Under certain circumstances, Behavioral Treatment Services may deny your request for amendment.

You have the right to communicate concerns or complaints if you feel your privacy and/or confidentiality rights have been violated, without fear of prejudice or penalty. For further information about your privacy and confidentiality rights, or if you are concerned that your privacy rights have been violated, or if you have concerns about our breach notification process, please contact the clinical director.