

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 review it carefully.

Behavioral Treatment Services (BTS) is required by law to maintain the privacy of your personal health information. The law also requires us to give you this notice which describes our legal duties and privacy practices concerning your personal health information. When necessary, we may share information about your treatment under the provisions of this notice, though BTS will make every attempt to share the minimum amount of information necessary to achieve the purpose of the use or disclosure. Except where otherwise specified, we will only share your information if you have signed a release of information form, if you request the information for yourself, if we are coordinating treatment with your providers or coordinating billing with your payer source(s), or if we have a legal obligation to share the information.

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 wish to revoke your authorization, you will need to deliver a written statement to your counselor or the clinical supervisor at the site from which you receive treatment. If you have been discharged, you will need to deliver a written statement to the attention of the clinical supervisor at the site from which you received treatment.
- It is important to note that a court with appropriate jurisdiction (or other authorized third party) may request or compel you to sign an authorization for the release of information. For example, this may be necessary when treatment is a requirement for placement in a facility or as a condition of legal supervision.

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 for health care operations, such as communication with other staff within the program to properly diagnose, treat, or coordinate care; for internal administration and planning; and to improve the quality and effectiveness of the care provided.
- We may disclose information to an entity having direct administrative or regulatory control over a program (for example, state certification agencies or managed care organizations) or over staff (for example, state licensure agencies or professional boards). Information may be shared with state auditors or peer review organizations conducting program 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 or Business Associate 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 (for example, an insurance company) or to government agencies providing payments (for example, probation, parole, or human services administrations; Medicaid; or Medicare). It is important to note that if you are a dependent or spouse of the primary insured person, your insurer may share protected health information with the plan holder. Contact your insurer for additional information regarding their privacy practices.
- We may disclose your protected health information to medical personnel in emergency situations (for example, an immediate threat to your physical health requiring hospitalization).
- 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 disclosed 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.
- We may disclose your protected health information for specialized government functions relating to national security, federal protective services, public health, or to maintain safety and security in a correctional institution. For example, violations of the Prison Rape Elimination Act (PREA) must be reported and investigated.
- We may be required to disclose your protected health information in response to an order of a court, a subpoena, or an authorized investigative demand from law enforcement. In such an event, BTS will only release the minimum amount of information necessary to fulfill the requirement.
- Colorado laws mandate the reporting of suspected or observed abuse, neglect, or other mistreatment of: a child (age 0-17), an elder (age 70+), or an at-risk adult (age 18+) with an intellectual or developmental disability. Federal confidentiality laws and regulations do not protect such information from disclosure to appropriate state or local authorities.
- If a person 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 may require a disclosure to the intended victim(s) or to law enforcement.

Your Individual Rights

- You have the right to restrict uses or disclosures of your protected health information by refusing to sign an authorization for the release of information, 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 and the disclosure is not otherwise required by law. Under Colorado law, Medicaid members may not pay out of pocket for covered services.
- You 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 (for example, if those disclosures are necessary for treatment or required by law). If you would like to request additional restrictions, please contact your counselor. If you have been discharged, please contact the clinical supervisor at the facility from which you received your services.
- You have the right to receive confidential communications of protected health information by alternative method or in an alternative place. For example, you can request that your provider call you at your office instead of your home, or to send mail to a post office box instead of to your home address.
- You have the right to receive an accounting of disclosures of your protected health information, except as provided in federal regulations. You have the right to be informed if the privacy of your protected health information has been breached.
- 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.
- 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 receive a paper copy of this notice upon your request, even if you have already received one electronically.
- 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.

if you have questions about this notice, please talk with your counselor. If you are concerned that your privacy rights have been violated, if you disagree with a decision made about access to your records or amendment thereof, or if you have concerns about our breach notification process, please follow the grievance procedure in the Client Handbook or call the BTS main line at (303) 962-4304 and ask to speak with the clinical supervisor at the facility from which you receive your services. If you have additional concerns, you may contact the Colorado Behavioral Health Ombudsman at 303-866-2789 or by email at ombuds@bhoco.org. Complaints may also be filed with the Office of Behavioral Health, the Department of Regulatory Agencies, or the Health and Human Services secretary.

This notice is available in electronic format at the BTS website (www.btxs.org) or in paper format upon request. BTS reserves the right to change the terms of this privacy notice and make the new provisions effective for all protected health information maintained in our records. If revised, your counselor will notify you and provide you an updated copy at your request.

The effective date of this privacy notice is 1/6/2022.