



NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2017

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.

1. Below is a description, including at least one (1) example, of the types of uses and disclosures that the above organization is permitted to make for each of the following purposes: treatment, payment and health care operations.

Disclosures to other health care providers, including, for example, to patients' attending physicians. Submission of claims and supporting documentation including, for example, to organizations responsible to pay for services provided by the organization. Disclosures to conduct the operations of the organization, including, for example, sharing information to supervisors of staff members who provide care to patients.

2. Below is a description of each of the other purposes for which the organization is permitted or required to use or disclose protected health information without an individual's written consent or authorization.

To patients, incident to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health or safety, for specific government functions, to business associates of the organization, to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.
4. The organization may contact the individual to schedule visits and for other coordination of care activities.
5. The confidentiality of Substance Use Disorder patient records maintained by this organization is protected by Federal law and regulations. Generally, the organization may not say to a person outside the organization that a patient attends an organizational Substance Use Disorder program, or disclose any information identifying a patient as having or having had a Substance Use Disorder patient unless:
 - (1) The patient consents in writing;
 - (2) The disclosure is allowed by a court order; or
 - (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by an organization is a crime. The report of any violation of the regulations in this part by an opioid treatment program may be directed to the United States Attorney for the judicial district in which the violation occurs as well as to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight.

Federal law and regulations do not protect any information about a crime committed by a patient either at the organization or against any person who works for the organization or about any threat to commit such a crime.

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.

(See 42 U.S.C. 290dd-2 and 42 CFR part 2 §2.22 for Federal regulations.)

6. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but the organization is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization in full.
7. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information and the right to obtain a paper copy of this Notice from the organization upon request.
8. The organization is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.
9. The organization is required to abide by the terms of this Notice currently in effect.
10. The organization reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.
11. Individuals may complain to the organization and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to the HIPAA Privacy Officer at the organization at the following telephone number: 937-225-6462. Individuals will not be retaliated against for filing a complaint.
12. For further information, individuals should contact the HIPAA Privacy Officer at the organization at the following telephone number: 937-225-6462.
13. My signature below is an acknowledgement that I have received a copy of this Notice.

Please Print Patient/Client Name

Patient/Client Date of Birth

Signature of Patient/Client/Legal Representative

Date

Please Print name of Legal Representative if different from Patient/Client

FOR OFFICE USE ONLY:

Documentation of good faith efforts to obtain the patient's signature if unable to obtain: