

Behavioral Healthcare Center

NOTICES OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions, please contact BHC-M Privacy Office 731-588-2830

This notice applies to all of the paper and electronic records of your care maintained by BHC-M, whether created by BHC-M personnel or a clinician outside BHC-M. Non-BHC-M physicians involved in your care may have different policies or notices regarding the use and disclosure of your information they maintained outside of BHC-M. This notice describes Behavioral Healthcare Center's (BHC-M) practices, those of our medical staff while practicing at BHC-M, and those of any BHC-M health care professional, staff member, volunteer, or trainee authorized to manage your information. This also includes all contracted services.

WAYS WE MAY USE AND SHARE INFORMATION ABOUT YOU

The following categories describe ways that we use and share your information. Not every use of disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

ROUTINE SITUATIONS

For Treatment: We may use information about you to provide you with medical treatment or services. We may disclose information about you to doctors, nurses, technicians, residents, students, or other staff who take care of you at BHC-M. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so we can arrange for appropriate meals.

For Payment: We may use and disclose information about you so that the treatment and services you receive at BHC-M may be billed and payment may be collected from you, an insurance company or third party – including a collection agency if necessary. We may also allow your health plan to review your records to make sure that they have paid the correct amount to BHC-M.

For Health Care Operations: We may use and share information about you for administrative functions necessary to run BHC-M and promote quality care. For example, we may use your information or combine it with other BHC-M patient information to review the effectiveness of our treatment and services, to evaluate the performance of our staff in caring for you, or to make decisions about additional services BHC-M should offer. We may also combine the information we have about you with information from other hospitals to compare how we are doing and see where we can make improvements in the care and services that we offer. Wherever it is practical, we may remove information that identifies you. We may also disclose information to doctors, nurses, technicians, medical students, and other trainees for education and training purposes.

We may share information with business associates who provide services necessary to run BHC-M, such as transcription companies or collection agencies. We will contractually bind these third parties to protect your information as we would. Also, we may permit your health plan or other providers to review records that contain information about you to assist them in improving the quality of service provided to you. Additionally, we may share information with physicians of the BHC-M medical staff for quality improvement, credentialing or other operational functions relating to the medical staff.

Communication with You and Others Involved in Your Care: We may use or share your information to recommend possible treatment options or health-related services or to provide information that may be of interest to you. We may also contact you to ask about the quality of the services we have provided you.

Research: Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may compare the health and recovery of patients who received one medication for a particular condition to those who received another medication for the same condition. Before we use or disclose information for research, the project will be approved through a special approval process that evaluates the project and its use of information and tries to balance the research needs with the patient's need for privacy. In most cases, if the research involves your care or the use and/or disclosure of your identifiable health information, we will gain your permission and fully explain how your information will be used.

SPECIAL SITUATIONS

As Required by Law: We will disclose information about you when required to do so by federal, state or local law. For example, we may release information about you in response to a valid subpoena or for communicable disease reporting.

To Avert a Serious threat to Health or Safety: We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would share this information only with someone able to help prevent the threat and/or action. These disclosures may be to law enforcement officials to respond to a violent crime, or to protect the target of a violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

Military and Veterans: If you are a member of the armed forces, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks: We may disclose information about you for public health activities

Health Oversight Activities: We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Coroners, Medical Examiners and Funeral Directors: We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the rights regarding information we maintain about you:

Right to Inspect and Obtain Copies: You have the right to review and obtain a copy of their PHI in electronic format if the provider maintains PHI in electronic format (information that may be used to make decisions about your care). Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by BHC-M will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Request Amendments: If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for BHC-M. To request an amendment, your request and a reason that supports your request must be made in writing and submitted to BHC-M.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment whereby we would consider the request;
- Is not part of the information kept by or for BHC-M;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures made electronically.” This is a list of certain disclosures made about you that were not related to the routine uses listed above. This list will not include disclosures prior to April 14, 2003, or those that you have specifically authorized. To request this list or account of disclosures, you must submit your request in writing to BHC-M. Your request must state a time period that may not be longer than six years and should indicate in

what form you want the list (for example, on paper versus in an electronic file). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the estimated cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions: You have the right to request a restriction or limitation on the use or sharing of information about you for treatment, payment, administrative functions, or with individuals involved in your care. The right to request a restriction on use of disclosure of PHI to a health plan for payment or health care operations purposes if the PHI pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell (1) what information you want to limit; (2) whether you want to limit use or disclosure, or both,; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a post office box. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will seek to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Paper Copy of this Notice: You have a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Cathy Neal, Privacy Officer, 731-588-2830

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or change notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice throughout BHC-M. The notice will contain the effective date on the first page, in the top right-hand corner. If our privacy practices change significantly before your next encounter with BHC-M, we will notify you at time of admission.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with BHC-M or with the Secretary of the Department of Health and Human Services. To file a complaint with BHC-M, contact the BHC-M Privacy Officer. All complaints must be submitted or verified in writing. You will not be penalized for filing a complaint.

OTHER USES OF INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us specific permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.