

NOTICE OF HIPAA PRIVACY PRACTICES/RIGHTS

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

San Luis Valley Behavioral Health Group (SLVBHG) is committed to protecting health and personal information about you. The Agency and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by the Center and its providers, including the following people and organizations:

- Any health care professional that is authorized to enter information in your record.
- Any student or volunteer that we allow to help you while you are receiving services.
- This notice tells you about the ways in which we may use and disclose health and treatment information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health and treatment information.
- SLVBHG is required by law to:
 - Make sure that health and treatment information that identifies you is kept private.
 - Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment information about you.
 - Make sure the Agency, its staff, and its contracted providers follow the terms of the notice currently in effect.

How We May Use or Disclose Health and Treatment Information About You

The following information describes different ways we use and disclose health and treatment information:

For Treatment: To provide good care, we may share information with people who are helping with your care. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral health professionals involved in your care. Your primary care physician may need to know what psychiatric medications you are using to coordinate care, or we may need to speak to the pharmacist about your prescriptions. Different departments or groups within our Agency may also share information in order to coordinate the services you need, such as medications, individual therapy, group therapy, and case management.

For Payment: We share information about you so we may bill for the services you receive and collect from appropriate payers, such as Colorado Mental Health Services (CMHS), Medicaid, an insurance company, or other third parties. We may also need to request prior approval or authorization to determine whether your insurance or the responsible payer will cover services.

For Health Care Operations: We may use and disclose health and treatment information about you for our business activities and its providers to ensure our clients receive quality care. We may call you or send you a survey to ask about your satisfaction with services provided by our agency.

Individuals Involved in Your Care: We may release health or treatment information about you to a family member who is actively involved in your care or treatment as allowed by Colorado law (CRS 27-10-120 and 27-65-120.5). This information is limited and may only be released when it is determined to be in your best interest.

Research: Under certain limited circumstances, we may use and disclose health or treatment information about you for research purposes. Special approval and specific permission is sought if the researcher will have access to your name, address or other information that reveals who you are. You may choose whether you participate in research without jeopardizing your care.

Contacting Clients: We may use and disclose information to contact you as a reminder that you have an appointment for treatment or services or to let you know about other resources or treatment information that may be of interest to you, and benefit you. SLVBHG may contact you as part of its fund-raising activities. If a consumer does not want us to contact them for fundraising efforts, they have the right to opt-out of receiving such communications.

HIV Information: We provide extra privacy for people who have HIV or AIDS. We cannot tell anyone about that without consent in writing.

Rights of Minors/Young People: A person aged 12 or older may consent to mental health treatment and authorize disclosure of information as if s/he were an adult. A person must be 15 years of age to consent to psychiatric care. Parents or legal guardians, however, are legally entitled to request and receive information about a minor's mental health treatment without the minor's permission. All other provisions of the privacy notice apply equally to adults and to minors. You may get treatment for drug or alcohol abuse at 12 years of age. If child is in need of medication assisted treatment, parental consent is needed. Under circumstances, parents could be notified in the case of emergencies (i.e. inpatient hospitalization, child abuse reports, or suicidal or homicidal behavior etc.)

Special Circumstances: Federal and state laws allow or require the Agency and its providers to disclose health or treatment information about you, other than HIV information, without your written authorization in certain special circumstances, if they occur.

Public Health Risks (Health and Safety for You and/or Others). We may disclose health information about you for public health activities, when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the general public. These activities generally include the following:

- To prevent or control disease, injury, or disability; To notify a person who may have been exposed to a disease or who may be at risk for contracting a disease, or to avert a serious threat to the health or safety of a person or the public. To report reactions to medications, and notify people of recalls of medications they may be using.
- To report births or deaths
- To report child abuse or neglect, report abuse of the elderly or at-risk adults. When required by law, to inform the appropriate authorities if we believe a client has been the victim of abuse, neglect, or domestic violence

I understand that no records or information about me will be released without my permission, except for the following certain circumstances:

- If I present a serious danger to myself or another person.
- If I was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused me.
- If I am under 18 years of age and disclose abuse or neglect to my counselor.
- If SLVBHG learns that an elderly person or a dependent adult is being abused or neglected.
- If I have physically or sexually abused a minor child and that child or other minor children are at risk of continued abuse.
- If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Health Oversight Activities: We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government-funded programs, and compliance with civil rights and other laws. We may share information about you to help investigate fraud or abuse. **Workers' Compensation:** We may share information about you with programs that help people who were injured at work.

Lawsuits and Disputes: If you are involved in a lawsuit or legal action, we may disclose health information about you in response to a court or administrative order from a judge. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. If you have filed a complaint or lawsuit against your therapist or the Center, health information about you may be disclosed to resolve the matter.

Law Enforcement: We may disclose health information about you if asked to do so by law enforcement for one of the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar lawful process
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization
- About a death we believe may have been the result of criminal conduct
- About criminal conduct at any Center office, in any Center program, or against a staff member, visitor, or another client
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime

Coroners, Health Examiners, and Funeral Directors: We may disclose information to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors when necessary to carry out their duties. Decedents health information is protected for 50 years to the same extent the health information of living individuals but does include a number of special disclosure provisions relevant to deceased individuals § 160.103

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Genetic information is health information protected by the Privacy Rule. Like other health information, to be protected it must meet the definition of protected health information: it must be individually identifiable and maintained by a covered health care provider, health plan, or health care clearinghouse. See 45 C.F.R 160.103 and 164.501

National Security and Intelligence Activities: We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state.

Breach of health information: We will inform you if there is a breach of your unsecured health information.

As Required By Law: We will disclose health information about you when required to do so by federal, state, or local law.

Your Rights Regarding Health Information About You

Right to Inspect and Copy: You have the right to inspect and request a copy of your health information that may be used to make decisions about your care. This may include evaluations/assessments, treatment plan, progress notes, and billing information. To inspect or copy your health information, you must submit a request to medical records at medicalrecords@slvbhg.org or submit a written records request. Forms are available at the front desk. You may be charged a reasonable fee for the costs of copying your records.

Your request to inspect and copy your information may be denied in certain very limited circumstances. In those circumstances, the Center retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your health information, you may request that the denial be reviewed. Instructions on how to initiate that review process will be provided in writing at the time on any denial of your access to information.

Right to Amend: If you feel any health 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 your health information is kept by the Center. To request an amendment, submit the request in writing to the Privacy Officer. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Is accurate and correct, is not part of the health information kept by the Center or its providers
- Is not part of the health information which you would be permitted to inspect or copy
- Was not created by us, unless the person/entity that created the information is no longer available to make the amendment

Right to an Accounting of Disclosures: You have the right to request an accounting or list of disclosures of health information made about you. The list does not include information disclosed for the purposes of treatment, payment or health care operations, and it does not include information disclosed on the basis of a written authorization for release of information signed by you or someone authorized to act for you. To request this accounting, you must make your request in writing to the Privacy Officer. Your request must state a period of time for the accounting that may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information disclosed about you. The Center is not required to agree to your request. If we do agree, we

will comply with your request unless the information is needed to provide emergency treatment for you. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information to limit, and to whom you want the limit 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. You may ask that we only contact you at a certain telephone number or address. To request confidential communications, you must submit your request in writing to the Privacy Officer. We will accommodate all reasonable requests. Your request must indicate when or where you wish to be contacted.

Right to A Paper Copy of this Notice: You have the right to receive a paper copy of this Notice. You may ask for a copy at any time. **Changes to This Notice:** SLVBHG reserves the right to change this notice. We reserve the right to make the updated Notice of Privacy Practices effective for all health information we already have about you, as well as for any information we receive in the future. We will post a copy of the current notice in each office location. The Center will make you aware of any revisions by posting a revised notice in the above locations.

Complaints and Assistance: If you need assistance to understand this notice or your rights, and if you need assistance in filing requests, you may contact the consumer advocate. If you believe your privacy rights have been violated, contact the Privacy Officer for SLVBHG by mail at 8745 County Road 9 South, Alamosa, CO 81101, or by calling 719-589-3671. If we cannot resolve your concern, you have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services.

Mental health professionals are required to maintain records of the people they serve, 18 years of age and older, for a period of ten (10) years from the date of termination of services under Colorado law (C.R.S. § 12-43-224). Client records may not be maintained after the 7 year period for purposes of filing a complaint. (C.R.S. § 12-43-214).

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

A. The confidentiality of alcohol and drug abuse patient records maintained by this company is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- The patient consents in writing;
- The disclosure is allowed by a court order; or
- 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 a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations at US Attorney for Colorado, 1801 California Street, Suite 1600 Denver, CO 80202 1-303-454-0100.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program 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-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations).
(Approved by the Office of Management and Budget under Control No. 0930-0099).

EFFECTIVE DATE: This Notice is effective 1.01.17