

Notice of Privacy and Confidentiality

This document describes how medical information about you may be used for disclosure and how to obtain access to this information. **PLEASE REVIEW CAREFULLY.**

YOUR RIGHTS: You have certain rights to your health information. This section will explain your rights and some of our responsibilities to help you. You have the right to:

Obtain electronic or paper copy of your medical record.

- You can ask to see or get an electronic or paper copy of your medical record and other health information obtained by HAHTC, LLC. A request for information must be given in person Monday thru Friday during business hours to ensure confidentiality is not compromised.
 - A copy or summary of your health information will be provided within at least 30 days of the request. You are entitled to receive one free copy of your medical records and any additional copies will be charged a reasonable cost-based fee to obtain duplicate copies of your medical records.
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Ask to have your medical record revised for corrections.

- You can request to have medical information about you corrected if you feel an error has been made in the collection of information or the information is incomplete. Updated information can be provided during sessions and/or by contacting HAHTC, LLC and providing the updated information. Information will be updated with 24 to 72 hours.
 - Your request can be “denied”. If your request is “denied” you will receive a written notice in the mail within at least 60 days of your request.
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Request confidential communications

- You have the option of how you would like HAHTC, LLC to contact you (ex. by home, office) or to send mail to another address other than your home address.
 - All reasonable request will be “approved”.
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Ask to have limits on the information used or shared

- You can request to **NOT** use or share specific health information for treatment, payment, or other operations by HAHTC, LLC; however, HAHTC, LLC is **NOT REQUIRED** to agree to your request, and your request may be “**DENIED**” if your overall care will be impacted by the request.

YOUR RIGHTS continued

- If you pay out-of-pocket for services or health care items in full, you can request HAHTC, LLC to not share that information for the purposes of payment or HAHTC, LLC operations with your health insurance provider. Your request will be **“approved” unless** it is **required by law** for HAHTC, LLC to share that information.
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Obtain a list of parties with whom HAHTC, LLC shared information

- You may request a list (accounting) of the times your health information was shared by HAHTC, LLC for six years prior to the date you request, who we shared the information with, and why.
 - HAHTC, LLC will include all the disclosures **EXCEPT** for those pertaining to treatment, payment, and health care operations, and other specific disclosures (such as any you requested us to make). We will provide **one accounting a year for free and charge** a reasonable, **cost-based fee for all other future request made within 12 months.**
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Receive a copy of the privacy notice

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. HAHTC, LLC will provide you with a paper or electronic copy promptly upon the request.
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Choose someone to have the authority to act on your behalf

- If you have granted someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your medical information.
 - HAHTC, LLC will obtain documentation that verifies the person has the authority and can act for you before any action is taken.
 - However, HAHTC, LLC will share information with your family, close friends, or others involved with your care after obtaining a signed release of information (ROI) form for them.
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File a complaint if you feel your rights have been violated

- You can file a complaint if you feel HAHTC, LLC has violated your rights by contacting the office and/or responsible parties listed on this page.
 - You can file a complaint with the **U.S. Department of Health and Human Services Office for Civil Rights** by sending a letter to **200 Independence Ave, S.W. Washington, D.C. 20201, calling 1-877-696-6775**, or visiting www.hhs.gov/orc/privacy/hipaa/complaints/.
 - HAHTC, LLC will not retaliate against you for filing a complaint.
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YOUR RIGHTS continued

HAHTC, LLC USES and DISCLOSURES

How your information will be used or shared? HAHTC, LLC will typically use or share your health information in the following ways: ***HAHTC, LLC is not required to obtain your authorization to use your health information in these ways:**

Treatment

- HAHTC, LLC can use your health information and share it with other professionals who are treating you, such as: doctors, nurses, therapists, and others who are involved in your care.
- HAHTC, LLC can use and disclose your health information about you to provide, coordinate, or manage your care and related treatment services.

Examples: Your health information will be shared among professionals providing therapeutic services. Information will be shared with outside agencies performing services relating to your treatment such as primary care physician offices and other health care providers providing care for you. Your information will be used to provide reminders that you have an appointment for therapeutic services with HAHTC, LLC.

HAHTC, LLC Operations

- HAHTC, LLC can use your health information to run our practice, improve your care, and contact you when necessary.

Examples: Your health information will be used to manage your treatment and services. Your information can be shared with agencies for accreditation, certification or licensing activities. HAHTC, LLC may disclose information to our business associates that perform functions on our behalf.

Bill for your services

- HAHTC, LLC can use and share your health information to bill and obtain payment from health plans or other entities.

Examples: HAHTC, LLC will give information to about you to your health insurance plan to obtain payment for your services. Health information will be shared about a treatment you are going to receive in order to gain prior approval from your health plan for such services.

Other ways HAHTC, LLC can use or share your health information? The following describes other ways HAHTC, LLC is allowed or required to use and disclose your health information that identifies you.

YOUR RIGHTS continued

Help with safety and public health issues

HAHTC, LLC may share your health information for certain situations such as:

- Preventing disease
 - Helping with product recall
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
 - Assist with a disaster relief situation when relief organizations seek your protected health information to coordinate services for your care or notify family and friends of your location or condition in a disaster.
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Do research

HAHTC, LLC may use or share your information for health research purposes; however, before information is used or disclosed for research, the project will go through an approval process.

Compliance with the law

HAHTC, LLC may disclose health information when **required** to do so by **international, federal, state, or local law**. Those individuals **mandated** to receive **therapeutic services**, HAHTC, LLC is **required to release relevant information** requested by the **courts** and **required by law to release the information "without" your consent if subpoena by the courts**.

Health Oversight Activities

HAHTC, LLC may disclose health information to health oversight agencies for activities authorized by law, including audits, investigations, inspections, and licensure.

Work with a funeral director or medical examiner

HAHTC, LLC may share information with a funeral director, medical examiner, or coroner when an individual expires (dies).

Respond to organ and tissue donation requests

HAHTC, LLC may disclose information about you to organ procurement organizations.

Address workers' compensation, law enforcement and other government agencies request

HAHTC, LLC may use or share your health information:

- For workers' compensation claims

YOUR RIGHTS continued

- For specific law enforcement purposes or to a correctional institution if you are an inmate
 - With health oversight agencies for activities authorized by law
 - For special government functions such as the military, national security, and to avert a serious threat to health and safety
 - For protective services for the President and other authorized persons
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Respond to lawsuits and legal actions

HAHTC, LLC will share health information about you in response to a court order

Fundraising and marketing

HAHTC, LLC may use certain information to contact you for the purpose of raising money for the limited liability corporation; however, you have the right to **OPT-OUT** of receiving such communications with each solicitation service. The money raised will be used to expand and improve the services and programs the facility provides to the community. Your decision to **OPT-OUT** will not impact your services or payment of services.

Marketing services will be done face-to-face with you and might include receiving promotional gifts of nominal value.

Your signed authorization will be received before the disclosure of your protected health information for fundraising and marketing purposes.

CONFIDENTIALITY OF SUBSTANCE ABUSE RECORDS

Your confidential drug or alcohol treatment records are protected by federal law. HAHTC, LLC will not disclose to persons outside the programs your attendance with any of these programs, or disclose any information that could identify you as an alcohol or drug abuser, **unless**:

- You authorize the disclosure in writing
- The disclosure is permitted by a court order
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes
- The disclosure is made to report suspected child abuse or neglect under state law to appropriate state or local authorities
- You threaten to commit a crime either at the program or against any person who works for or attends HAHTC, LLC programs

YOUR RIGHTS continued

Suspected violations may be reported to the United States Attorney in the district where the violation occurs. See Title 42 of the Code of Federal Regulations (C.F.R.), Part 2 – regulations governing confidentiality of alcohol and drug abuse patient records for more information.

HAHTC, LLC RESPONSIBILITIES

- By law, HAHTC, LLC is required to maintain the privacy and security of your protected health information
- HAHTC, LLC will notify you promptly if a breach occurs that may compromise the privacy or security of your health information
- HAHTC, LLC must follow the duties and privacy practices described in this notice and give you a copy of it
- HAHTC, LLC will not use or share your health information except for the purposes described in this notice without your written consent. You may revoke such permission at any time in writing to our office

Changes to the Terms of This Notice

HAHTC, LLC can make changes to the terms of this notice, and any changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website **TBA**.