



## NOTICE OF PRIVACY PRACTICES

### CLIENT CONSENT TO USE OR DISCLOSE PERSONAL HEALTH INFORMATION

Effective Date: May 8, 2017  
Revision Date: 7/1/17, 10/20/20

#### **THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION IS USED AND DISCLOSED AND YOUR RIGHTS TO ACCESS YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Your health information is protected by two federal laws:

- The Health Insurance Portability and Accountability Act of 1996 45.C.F.R (HIPAA)
- Confidentiality Law 42 C.F.R. Part 2.

This notice describes the privacy practices of Community Health Alliance and all subsidiaries including Sojourner Recovery Services and Transitional Living Services (The Agency). The practices identified in this notice will be followed by all employees of the named agencies who have access to your health information.

#### **WHAT IS PROTECTED HEALTH INFORMATION?**

- "Protected health information" (PHI) is the information we create and obtain in the course of providing our services to you.
- PHI is any information including your demographics (name, address, phone number, etc.) and all health information including mental health, substance use and medical information that is collected from you or received by your other healthcare providers or health insurer.
- PHI relates to your past, present, or future physical, mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual and identifies the individual or there is reasonable basis to believe the information can be used to identify the individual.
- PHI can be spoken, written or electronically recorded or transmitted.

#### **OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION**

The Agency understands the importance of protecting your personal health information. We are committed to protecting your health information in accordance with the laws that govern confidentiality and patient privacy for all information received or created by this Agency. The Agency provides health care services to you in partnership with other health care providers, organizations and professionals who may have different policies or notices regarding the use and disclosure of your health information.

We are required by law to:

- Ensure health and other information that identifies you (protected health information) is kept private;
- Give you this notice of our legal responsibilities and privacy practices regarding protected health information about you;
- Follow the terms of this notice.

#### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

By consenting to services with the Agency, you are giving consent for the Agency to use your protected health information for the purpose of **treatment, payment and other health care operations**. The Agency may use and

disclose your protected health information about you, so that the service providers are able to treat you or provide a service to you. We may disclose information about your symptoms, examination, test results or diagnosis to consult with other health care professionals outside the Agency in order for that entity to perform a function on your behalf. In these situations, we have agreements in place to protect your health information that will ensure the same level of protection the Agency provides. We also may use your health information so we can receive payment for services provided to you. We also may use and disclose your health information for the Agency's health care operations including, but not limited to quality improvement efforts, evaluation of services and employee training.

## **PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The Agency may use and disclose your protected health information without any additional authorization from you for the following:

- 1. Appointment Reminders**

The Agency may use and disclose information to contact you for an appointment. You can request to have these communications be made confidentially. We will accommodate all reasonable requests.

- 2. Others Involved in Your Health Care**

The Agency may disclose to a member of your family, relative, friend or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to this disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement. We may also use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person that is responsible for your health care of your location, general condition or death. We may use or disclose protected health information to authorized public or private entities to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

- 3. Emergency Situations**

The Agency may use or disclose your protected health information in an emergency treatment situation.

- 4. Abuse and Neglect**

The Agency may disclose your protected health information to report child abuse or neglect. The Agency may also disclose your protected health information if we believe you are a victim of abuse, neglect or domestic violence. These disclosures would be made to a public authority authorized by law to receive this information. Any disclosure would be made in accordance with Ohio Law.

- 5. Health-Related Benefits or Services**

The Agency may use or disclose your protected health information to tell you about health-related benefits, services or treatment alternatives that may be available and of interest to you.

- 6. Criminal Activity**

The Agency may disclose your protected health information as federal and Ohio law permits if the use or disclosure is necessary to prevent or decrease the threat of harm to the health and safety of others or it is necessary for law enforcement to identify and apprehend an individual.

- 7. Law Enforcement**

The Agency may disclose your protected health information if asked to do so by a law enforcement officer, in response to a court order, subpoena, warrant, summons or similar process. Other related disclosures may include Armed Forces personnel, national security and intelligence agencies or federal officials for the protection of the President of the United States or other authorized persons or foreign heads of state.

- 8. Coroners, Funeral Directors, and Organ Donation**

The Agency may disclose your protected health information to authorized personnel in the event of your death for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties required by law; certain organ donations to which you may have agreed or to permit a funeral director to carry out legal duties.

**9. Required by Law**

The Agency may use or disclose your protected health information when required to do so by federal state or local laws. The disclosure would be made in compliance with the law and will be limited to the relevant requirements of the law. If the law requires us to do this, you will be notified.

**10. Public Health & Health Oversight Activities**

The Agency may use or disclose your protected health information for public health activities and disclosure for such purposes will be to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purposes such as disease control, injury or disability. The Agency may disclose your protected health information to a health oversight Agency for activities authorized by law. These activities may include- audits, inspections and investigations. These activities are related to government monitoring of health care systems, delivery of health care, government benefit programs and other government or regulatory programs or laws.

**11. Communicable Diseases**

The Agency may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**12. Food and Drug Administration**

The Agency may disclose your protected health information to report adverse events, product defects, or other problems, biologic product deviations, product tracking; to enable product recalls; to make repairs or replacements; or to conduct post-market inspection, as required. These disclosures would be made to a person or company as required by the Food and Drug Administration (FDA).

**13. Lawsuits and Disputes**

The Agency may disclose your protected health information in response to a court order or administrative order if you are involved in a lawsuit or dispute. The Agency may also disclose protected health information in response to a subpoena, discovery request or other lawful process. In the event of a legal request, efforts to notify you of the request will be made. Efforts to obtain an order protecting the information requested will be made.

**14. Research**

The Agency may disclose your protected health information to researchers, if the research has been approved and protocols established to protect the privacy of your information. Limited disclosures are allowable under the law for research purposes.

**15. Workers' Compensation**

The Agency may disclose your protected health information for worker's compensation or other programs when applicable to a work-related injury or illness.

**PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION REGARDING ALCOHOL AND OTHER DRUG RECORDS**

The Agency may use or disclose your protected health information related to alcohol and other drugs without consent or authorization in the following situations:

**1. When Required by Law**

When a law requires that we report information on suspected child abuse or neglect, or when a crime has been committed on the Agency premises or against Agency personnel, or in response to a court order.

**2. To Ensure Health and Safety**

To avoid a serious threat to the health and safety of others, the Agency may disclose protected health information to law enforcement when a threat is made to commit a crime on the Agency premises or against Agency personnel.

**3. Death**

The Agency may disclose protected health information relating to an individual's death if state or federal law requires the information for inquiry into the cause of death or the collection of vital statistics.

**4. Audit, Evaluation and Research**

The Agency may disclose protected health information for the purposes of audit, evaluation or research.

**All other uses and disclosures of protected health information regarding alcohol and other drug records requires your written authorization.**

**YOUR RIGHTS**

**1. Notification of Breach of Privacy** – You have the right to be notified in the event there has been a disclosure of your protected health information to persons not authorized to receive your protected health information or if your protected health information was not encrypted or otherwise made unreadable to unauthorized recipients of the information.

**2. Paper Copy of Notice** – You have the right to a paper copy of this notice. You may ask for a paper copy of this notice at any time at any of the Agency's locations.

**3. Right to Accounting of Disclosures** – You have the right to get a list of disclosures made of your protected health information. The list will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. A request for a listing of disclosures made should be done in writing to the Agency's Privacy Officer located at 1020 Symmes Rd. Fairfield, Ohio 45014. You will receive a written response within 60 days. There will be no charge for one list per year. There may be a charge for frequent requests. Your request must state the time period for the disclosures and cannot be more than six years prior to the date you are requesting. Your request must include where to send the response.

**4. Inspect and Copy Records** – You have the right to see your health information upon your request unless your access is restricted for clear and documented treatment reasons. The Agency will respond to your request within 30 days. If your access to your health information is denied, you will be provided with a written reason for the denial. You may request copies of your health information. There may be a charge for copying of the records depending upon the circumstances.

**5. Restrict Access to Records** - You have the right to request the Agency restrict access to your protected health information for treatment, payment and health care operations. The Agency is not required to grant such a request. If restricted access is granted, some disclosures still apply in emergency situations and when required by law. To request restrictions, you must make a written request to the Agency's Privacy Officer, located at 1020 Symmes Rd. Fairfield, Ohio 45014. The request must contain the following information- What

information you want to limit, whether you want to limit our use, disclosure, or both and to whom you want the limits to apply.

6. **Right to Confidential Communications** - You have the right to request to receive private communication for such things as appointment reminders, test results, etc. by alternate means or at alternate locations. To make a request, you must put your request in writing to our Agency Privacy Officer, located at 1020 Symmes Rd. Fairfield, Ohio 45014. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
7. **Right to Amend Record** – You may request an amendment to your record in the event you believe there is a mistake or missing information. Your request must be done in writing to the Agency's Privacy Officer located at 1020 Symmes Rd. Fairfield, Ohio 45014. You will receive a response to your request within 60 days. The request may be denied if the Agency determines that your protected health information is correct and complete; if the information is not created by the Agency or not part of the record; or if it is not permitted to be disclosed. Any denial will state the reason for the denial.
8. **Right to Choose Someone to Act for You** – You may give someone medical power of attorney to act on your behalf or if you have a legal guardian, that person can exercise your rights and make decisions about your health information. The Agency must receive legal paperwork in order to allow the identified person to act on your behalf.

#### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of your protected health information not covered under this notice or applicable laws will be made only with your written authorization. You have the right to revoke authorizations at any time in writing, unless you are receiving treatment as a condition of probation or rehabilitation. Any revocation of authorizations will only be applicable to future disclosures, it will not be applicable to disclosures previously made under your prior authorization.

#### **CHANGES TO THIS NOTICE**

The Agency reserves the right to make changes to the terms of the notice of privacy practices. Any changes to the notice is applicable to any previous protected health information and any information created or received in the future. The current notice will always be available at our locations.

#### **COMPLAINTS**

If you think the Agency may have violated your privacy rights, or you disagree with a decision made regarding your protected health information, you may file a complaint with the Agency's Privacy Officer located at 1020 Symmes Rd. Fairfield, Ohio 45014 or contact the Department of Health and Human Services at 1-877-696-6775. You will not be penalized for filing a complaint.

#### **QUESTIONS**

Please contact our Agency Privacy Officer if you have questions regarding this notice.

Community Health Alliance  
1020 Symmes Rd.  
Fairfield, Ohio 45014

**Acknowledgement**

By signing this form, you acknowledge,

- You have been informed of the uses and disclosures of protected health information about you for all the purposes outlined in this notice.
- A copy of our Notice of Privacy Practices has been offered or provided to you.
- You understand the contents of our notice and how it applies to you
- All of your questions regarding contents of our notice have been answered.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_