

## NOTICE OF PRIVACY PRACTICES

**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.**

This notice describes Southern Hills Counseling Center's practices regarding the use and disclosure of medical information. It covers: (1) any healthcare professional authorized to enter information into your Southern Hills record; (2) all employees, staff, and other personnel of Southern Hills; (3) all departments of Southern Hills. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. All of Southern Hills entities, sites and locations follow the terms of this notice. Southern Hills staff and contracted entities may only share medical information with each other for treatment, payment or operational purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION.**

We treat all medical information about you and your health as personal and confidential. We are committed to protecting medical information about you. We create a record of the care and services you receive at Southern Hills. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated or maintained by Southern Hills. We are required to:

- Make sure that medical information that identifies you is kept private and released only by your authorization or as required by law;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the privacy notice that is currently in effect.

### **HOW WE USE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may share medical information about you among Southern Hills' doctors, psychologists, nurses, social workers, therapists, technicians, approved practicum students, or Southern Hills' Business Associates who have been involved in taking care of you. Different departments of Southern Hills also may share medical information about you in order to coordinate the different services you need.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Southern Hills, or other Business Associate providers from whom you receive treatment, may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Southern Hills so your health plan will pay us or reimburse you for your treatment. We may also assist you to tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. If you owe Southern Hills for services and your account goes past due 30 days, you will be allowed the option to make a reasonable payment arrangement on the balance owed. However, once your account goes beyond 90 days past due, it may be turned over to a collection agency and at that time your personal information such as name, address, phone, and account information will be given to them.
- **For Health Care Operations.** We may use and disclose medical information about you for Southern Hills operations, to a contracted Business Associate, or to another provider in our organized health care arrangement (OHCA) or health plan -- if you have a relationship with that health care provider or health plan. These uses and disclosures are necessary to run Southern Hills and make sure that all of our Clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many clients to decide what additional services Southern Hills should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to Southern Hills' doctors, social workers, therapists, nurses, psychologists, technicians, medical students, other personnel, and contracted Business Associates for review and learning purposes. We may also combine the medical information we have with medical information from contracted Business Associate providers to compare how we are doing and see where we can make improvements in our care and services. We may remove information that identifies you from this set of medical information so other Business Associates may use it to study health care and health care delivery without learning who our specific clients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you, by phone or letter, as a reminder that you have an appointment for services at Southern Hills.

- **Individuals Involved in your Care or Payment for your Care.** Under certain limited circumstances, we may release limited information about you to a person or family member who is involved in your medical care.
- **Research.** Under certain circumstances, we may use and disclose medical information about you with Southern Hills staff or to a contracted Business Associate for Southern Hills research purposes. For example, a research project may involve comparing the health and recovery of clients who received one medication to those who received another, having the same condition. All research projects, however, are subject to a special Southern Hills approval process. If we provided information to a Business Associate, we may remove information that identifies you from this set of research information so the Business Associates may use it to study health care and health care delivery without learning whom our specific clients are.

**WHEN WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

We disclose medical information about you only by your authorization or when required to do so by federal, state or local law, including:

- **To Avert a Serious Threat to Health or Safety.** We will use and disclose medical information about you when we have a “Duty to Report” under state or federal law, if we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Public Health Risks.** We will disclose medical information related to you for public health reporting required by federal and state law, including, but not limited to:
  - To prevent or control disease, injury or disability;
  - To report abuse, neglect, or domestic violence;
  - To report reactions to medications or problems with products;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- **Health Oversight Activities** including, but not limited to audits, investigations, inspections, and licensure activities necessary for the government to monitor the health care system, government programs, and compliance with various laws.
- **Lawsuits and Legal Action.** If you are involved in a lawsuit or legal action, we will disclose medical information about you only with your authorization or by court order. Federal rules restrict substance abuse treatment information from being used to criminally investigate or prosecute any alcohol or drug abuse patient.
- **Law Enforcement.** We will release medical information by your authorization or as required /permitted by law:
  - In response to a court order;
  - About the victim of a crime in certain limited circumstances;
  - About criminal conduct at a Southern Hills facility; and
  - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime;
  - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information for the institution to provide you with health care or to protect your or other’s health and safety;
- **Other Circumstances.** We will disclose medical information about you:
  - If you are a member of the armed forces and we are required to do so by military command authorities;
  - To someone assisting in disaster relief so that your family can be notified about your status and location;
  - To federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  - To coroners, medical examiners, and funeral directors as necessary for them to carry out their duties.
  - To authorized federal officials for intelligence, counterintelligence, and other national security activities when authorized by law.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you. **To request these rights, you must submit your request in writing to your local Southern Hills Office Clinic Manager or Joe Kimmel, Deputy Director, PO Box 769, Jasper, IN 47547-0769 (Phone: 812-482-3020).**

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and/or receive copies of your medical chart, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, or mailing associated with your request.  
*We may deny your request to inspect and copy in certain limited circumstances.* If you are denied access to medical information, under some circumstances you may request that the denial be reviewed. The person conducting the review will not be the person who denied your initial request.
- **Right to Amend.** If you feel that medical 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 Southern Hills. To request an amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.

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: • Is already accurate and complete; • Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; • Is not part of the medical record kept by or for Southern Hills; • Is not part of the information which you would be permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request a list of information disclosures we have made for and about you. To request this list or “accounting of disclosures” you must submit your request in writing. Your request must state a time period, which may not be longer than six years. Your request should indicate where and how you want the list sent. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will attempt to notify you of the 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 medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. *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 emergency treatment. To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, 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 about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a paper copy of this notice at any time. To obtain a paper copy of this notice, request it from any Southern Hills Counseling Center outpatient office. You may also obtain a copy of this notice at our website: [www.southernhills.org](http://www.southernhills.org)

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 in each of our facilities’ waiting rooms. The notice will contain at the top of the first page, the effective date. In addition, each time you are admitted to Southern Hills for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Southern Hills or with the Secretary of the Department of Health and Human Services. To file a complaint with Southern Hills, contact **your local Southern Hills Office Clinic Manager or Joe Kimmel, Deputy Director, PO Box 769, Jasper, IN 47547-0769 (Phone: 812-482-3020).** All complaints must be submitted in writing. You will not be penalized for filing a complaint.

### **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical 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 permission to use or disclose medical 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 medical 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.