NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PATIENTS' PROTECTED HEALTH INFORMATION AND SUBSTANCE USE DISORDER (SUD) RECORDS MAY BE USED AND DISCLOSED AND HOW PATIENTS CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

Family Health Services of Darke County (Family Health Services) is required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy and security of your Protected Health Information (PHI). In addition, when patients receive substance use disorder (SUD) treatment, then their SUD records are protected by another federal law, 42 CFR Part 2 (Part 2). Part 2 provides heightened privacy protections for SUD records, which limit how SUD records may be used, disclosed, and re-disclosed by Family Health Services.

YOUR RIGHTS

When it comes to your PHI, you have certain rights. This section explains your rights and our responsibilities.
You have the right to:

- Get an electronic or paper copy of your medical record
- Ask us to correct your medical record
- Request confidential communications
- Ask us to limit what we use or share
- Get a list ("accounting") of certain disclosures
- Get a copy of this Notice of Privacy Practices
- Choose someone to act for you
- Keep your presence at Family Health Services confidential
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

For certain information, you can tell us your choices about what we share.

You have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care
- Share information in a disaster relief situation

We will **never** share the following without your **written authorization**:

- SUD treatment records, except as permitted by Part 2
- Your information for marketing purposes
- Most psychotherapy and SUD counseling notes

We will never sell your information.
We may contact you for fundraising efforts, but you may opt out at any time.

HOW WE USE AND DISCLOSE HEALTH INFORMATION

Routine Uses

We may use or disclose your health information to:

- **Treatment** – To provide, coordinate, or manage your care. Example: Your provider may share information with a specialist or lab to assist with your treatment. In addition, we may contact you to remind you about appointments, give you instructions prior to tests or surgery, or inform you about treatment alternatives or other health-related benefits or services.
- **Payment** – To bill and receive payment for services rendered to you. Example: We may send your diagnosis and procedure codes to your insurance company.
- **Health Care Operations** – To run our business or improve the quality of our services, which include evaluating treatment effectiveness, evaluating the quality of our services, and investigating complaints related to services. Example: Your record may be reviewed during an audit or a quality improvement project.

We are permitted, but not required, to use and disclose PHI without your authorization, for Treatment, Payment, and Healthcare Operations (TPO) purposes. If you are receiving SUD treatment, we will obtain your separate written consent for TPO disclosures.

Other Permitted Uses

We may use or share your information for other reasons as allowed by applicable laws, including to:

- Help with public health and safety activities
- Conduct research (with required approvals)
- Comply with applicable laws
- Respond to organ and tissue donation requests
- Work with medical examiners or funeral directors
- Address workers' compensation and certain government requests
- Respond to lawsuits and legal actions

SPECIAL PRIVACY PROTECTIONS FOR SUD RECORDS

Subject to limited exceptions under Part 2, we will *not* acknowledge your presence as a Family Health Services patient or disclose your SUD records without your written consent.

We *may* use or share your SUD records as permitted by Part 2, including:

- To comply with a Part 2-compliant court order
- To qualified service organizations providing services on our behalf
- To qualified personnel for audit or program evaluations
- To report crimes on our premises or against our personnel

SUD records may not be used, disclosed, or introduced as evidence in civil, criminal, administrative, or legislative proceedings against you, or to investigate you, without your written consent or a court order that meets the strict requirements of Part 2. You may revoke your written consent at any time unless we have already relied on it. Revocation must be made in writing.

Any SUD records and treatment information disclosed with your consent to other providers, health plans, and healthcare clearinghouses and their business associates may only be redisclosed in accordance with HIPAA.

OUR RESPONSIBILITIES

We are required by law to:

- Maintain the privacy and security of your health information and SUD records
- Follow the terms of this Notice
- Provide you with a copy of this Notice
- Notify you promptly if a breach occurs

We will not use or disclose your information other than as required or permitted by federal and state laws and as described in this Notice unless you authorize us to do so in writing.

CHANGES TO THIS NOTICE

We may change the terms of this Notice. Changes will apply to all information we maintain and will be available upon request, in our office, and on our website.

CONTACT INFORMATION

If you have questions or wish to file a complaint, please contact:
HIPAA Compliance Officer Phone: (937) 547-2319

You may also file a complaint with:
U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
Phone: 1-877-696-6775
Website: www.hhs.gov/ocr/privacy/hipaa/complaints
You will not be retaliated against for filing a complaint.

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