

Effective Date: September 1, 2013

Region II Human Services

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW CLINICAL, PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT FURTHER DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (Notice) describes the privacy practices of Region II Human Services (Region II). Region II is required by law to protect the privacy of your health information. This Notice is provided to comply with the federal privacy regulations known as HIPAA. It describes how Region II may use and disclose your health information. It also describes your rights and our responsibilities about uses or disclosures of your health information.

Our Responsibilities. We are required by law to maintain the privacy of your health information and to provide you with a notice about our legal duties and privacy practices concerning your health information. We are required to follow our Notice of Privacy Practices that is currently in effect. However, we reserve the right to change our Notice and to make a new Notice effective for all health information we maintain. If we make changes to our Notice, we will post information about the change at all program locations, and you may pick-up a copy of the revised Notice from any staff member.

Client records or information for those persons in our alcohol and drug abuse treatment programs receive additional protection under federal law and regulations. Generally, we cannot disclose to outside persons that a client attends our alcohol and drug abuse treatment program. We also cannot disclose any information identifying a client as an alcohol or drug abuser. We intend to not disclose information about clients served by this program unless:

- The client consents to the disclosure 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.

Improper disclosures about a client served in an alcohol and drug abuse treatment program is a

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crime. Suspected violations may be reported to appropriate authorities. Please note that federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. The federal laws and regulations also 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 C.F.R. pt. 2 for Federal regulations.)

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Unless otherwise restricted by state law, Region II may use or disclose your health information with your consent for the following purposes:

For Treatment Purposes. “*Treatment*” refers to when we provide, coordinate, or manage your health care and other services related to your health care. An example of treatment is when we confer internally about your care with our health care providers or when we consult with another health care provider, such as your family physician or another mental health or substance abuse professional about your care.

For Payment Activities. “*Payment Activities*” refers to when we seek payment for the health care services we provide. An example of our payment activities is when we disclose your health information to your health insurer so we can be paid for our services. Another example is when we disclose information to your health insurer so we can determine whether the services we furnish to you are covered.

For Health Care Operations. Our “*health care operations*” are activities that relate to our business. Examples of health care operations are quality assessment and improvement activities, including case management and care coordination, and business planning and development activities. Among our other business activities, we may contact you to remind you about your appointments with us. We may also contact you to give you information about treatment options or other health-related benefits and services we provide that may be of interest to you.

Uses and Disclosures Requiring Your Authorization

We may use or disclose your health information for purposes other than treatment, payment, or health care operations if we obtain your authorization. An “*authorization*” is written permission that is different from the consent you sign when you first obtain services from us. An authorization permits the specific disclosures that are listed on the authorization form you sign. If we need to use or disclose your health information for purposes other than treatment, payment, health care operations, as required by law, or for a reason not described in this notice, we will need to obtain an authorization from you. Specific examples where we would need your authorization include if your health information includes psychotherapy notes or if we would receive payment for the information because of its sale or because of a third party’s marketing purposes. However, Region II does not sell health information or provide it to third parties in exchange for payment where it may be used for their own marketing. Region II also does not

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create separate psychotherapy notes.

You may revoke an authorization that you provide to us at any time if you do so in writing. You may not revoke an authorization to the extent (1) we have taken action in reliance on the authorization; or (2) if the authorization was obtained as a condition of your obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Uses and Disclosures of Your Information that Do Not Require Your Consent or Authorization

In some situations, Region II may use or disclose your health information without an additional consent or an authorization. We may use or disclose your health information as required by law as long as the use or disclosure complies with and is limited by the particular law's requirements. For example, in situations involving

- **Public Health Activities.** We may disclose your health information to a public health authority for public health activities where it is authorized by law to collect or receive health information to prevent or control disease, injury or disability. For example, in cases of **child abuse or neglect**, if we believe that a child has been subjected to abuse or neglect, or if we observe a child being subjected to conditions which would result in abuse or neglect, we must report this to the proper law enforcement agency or to the Nebraska Department of Health and Human Services.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law, including, for example, health care system audits, investigations, and inspections and health care licensure matters.
- **Judicial & Administrative Proceedings.** Region II may disclose your health information in responding to subpoenas, court orders, or other lawful requests related to legal proceedings in a court or before a government agency.
- **Law Enforcement.** We may disclose your health information if asked to do so by a law enforcement official in the following situations:
 - To respond to a court order, subpoena, warrant, summons or similar types of requests from a law enforcement official.
 - In limited situations, to report abuse or domestic violence. We report the suspected abuse of a vulnerable adult when we believe that a vulnerable adult has been subjected to abuse or if we observe such an adult being subjected to conditions which would result in abuse. We must report such situations to the appropriate law enforcement agency or to the Nebraska Department of Health and Human Services. A “*vulnerable adult*” means any person over eighteen years of age with a substantial mental or functional impairment, including such persons who have a guardian.

- To report evidence of a crime occurring on the premises of Region II's locations.
- In emergencies, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Serious Threat to Health or Safety.** If you communicate to us a serious threat of physical violence against a reasonably identifiable victim or victims, we must communicate that threat to the victim or victims and to a law enforcement agency. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.
- **Emergency.** If you have a medical emergency, we will share information with medical professionals to assist them in providing necessary health care.
- **Specialized Government Functions.** We may use and disclose your health information for national security and intelligence activities authorized by law. If you are a military member, we may disclose your health information to military authorities under certain circumstances.
- **Correctional Institution and Other Law Enforcement Custodial Situations.** If you are an inmate or in the custody of law enforcement, we may share your health information with a correctional institution as necessary for your health, the health and safety of others, for law enforcement within the correctional institution, and for the institution's administration, maintenance, safety, security, and good order.
- **Worker's Compensation.** If you file a worker's compensation claim, we must, on demand, make available records relevant to that claim to your employer, the insurance carrier, the worker's compensation court, and to you.

Your Health Information Rights

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request limits on certain uses and disclosures of your health information as provided by law. However, Region II is not required to agree to a restriction you request unless: (1) your request is to restrict disclosures to health plans; (2) the requested restriction only limits disclosures made for the purpose of carrying out payment or health care operations; and (3) the requested restriction only limits disclosures relating to health care items or services for which you have paid Region II out of pocket in full. We will follow such "mandatory restrictions" unless disclosure of the restricted information is required by law.
- **Right to Request Amendments.** You have the right to request a change to your health information if you believe the information is inaccurate or incomplete. However, under certain circumstances, Region II may deny your requested amendment. On your request, we

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will discuss with you the details of the amendment process.

- **Right to Receive Confidential Communications.** You have the right to ask that Region II communicate with you confidentially about your health information in certain ways or at certain locations, *and* we will accommodate all reasonable requests to do so. For example, you may not want a family member to know that you are seeing us, so you may want your bills to a different address.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of your health information in our mental health, substance abuse and billing records used to make decisions about you for as long as the information is maintained in the record. You may receive a copy of your information in the form and format you request, including in an electronic format if the information is stored electronically, if the information is readily producible in that form and format. If the PHI is not readily producible as requested, we may provide a readable hard copy form or another form and format as you and we agree. You have the right to have your information sent to an entity or individual you have designated if you clearly and specifically provide us that person's contact information in writing. We may deny your access to your information under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial review process.
- **Right to an Accounting.** You have the right to ask for an accounting (or list) of certain disclosures Region II or their business associates have made of your health information. On your request, we will discuss with you the details of the accounting process.
- **Right to a Paper Copy.** You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive the notice electronically.
- **Right to Receive Notification of Certain Breaches.** You have the right to receive a breach notification from Region II in certain situations. Generally, you will receive this notification if (1) your personal health information is not secured by encryption, or other means, in accordance with federal standards, (2) such information is accessed, disclosed, or used in violation of federal laws, and (3) such access, disclosure, or use would compromise the security or privacy of the information. This notification will contain important information about the breach and where you can obtain further information.

All requests to exercise these rights must be in writing. We follow written procedures to handle requests and notify you of our actions and your rights. You may receive request forms or exercise your rights by contacting the Privacy Officer at 308-534-0440 or by contacting an office coordinator at any of our locations. You do not need to take any affirmative action to maintain your right to notification of certain breaches.

Complaints

If you believe that your privacy rights have been violated or not adequately addressed, please

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send your written complaint to Region II at the following address:

Privacy Officer
Region II Human Services
110 North Bailey
PO Box 1208
North Platte, NE 69103

Phone: 308-289-0927

Fax: 308-534-6961

If faxing your complaint, please address the fax to Privacy Officer, Region II Human Services.

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer can provide you the appropriate address for the Secretary upon request. Each of our locations has an office coordinator who can help you contact the Privacy Officer at the Regional Office. You can ask any staff member to direct you to the office coordinator, and they will help you make contact with the Privacy Officer. You may also contact the Regional Administrator or the Program Director at the Regional Office for assistance. You will not be retaliated against in any way for filing a complaint.

For More Information

If you have a question about this Notice or would like additional information about the privacy practices of Region II, please contact Privacy Officer, Region II Human Services at the address and phone number listed above.

