



New Destiny Treatment Center

"Our only treatment is abstinence, and our only cure is Christ."

A ministry of Barberton Rescue Mission

NEW DESTINY TREATMENT CENTER

NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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.

If you have questions about this notice, please contact the NDTC Privacy Officer.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our office except when the release is required or authorized by law or regulation.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgement, we will continue to provide your treatment, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

"Protected health information" is individually identifiable health information. This information includes demographics, for example, name, age, address, social security number, and relates to your past, present, or future physical or mental health or condition and related health care services. The NDTC is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already

have about you as well as any information we receive in the future. This notice is yours. You may obtain a Notice of Privacy Practices by contacting the NDTC Privacy Officer or Office Manager and requesting a copy.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Without Your Consent

Without your consent, we may use or disclose your personal health information in order to provide you with services and the treatment you require or request, or to collect payment for those services, and to conduct other related health care operations otherwise permitted or required by law. Also, we are permitted to disclose your personal health information within and among our workforce in order to accomplish these same purposes. For uses beyond that, we must have your written authorization. We also must have your written consent for any disclosure of your drug and alcohol records (42 C.F.R.). However, even with your permission, we are still required to limit such uses or disclosures to the minimal amount of personal health information that is reasonably required to provide those services or complete those activities.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to another physician or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. Examples of payment activities include billing and collection activities to the Ohio Medicaid Program, and related data processing, utilization review activities (reviewing health care information and bills to make sure that you get quality care and that all laws providing and paying for your health care are being followed), and reviewing services provided to you for medical necessity. This may include certain activities the NDTC might undertake in determining eligibility or coverage for benefits.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of health care professionals such as medical/nursing students and counselors, communications about a product or service, development of clinical guidelines, contacting patients/clients with information about treatment alternatives or communications in connection with case management or care coordination, legal services, auditing functions. We may call you by name in the waiting room when your physician or other health care professional is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment.

We will share your protected health information with third-party "business associates" who perform various activities (for example, clearinghouses who transmit electronic data for billing purposes). The business associates will also be required to protect your health information.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure. Examples of instances in which we are required to disclose your personal health information include the following.

Public Health

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a patient/client has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases

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

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding in response to a court order or administrative tribunal, warrant, subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings.
- Information requests for identification and location of a suspect, fugitive, material witness, or missing person.
- Circumstances pertaining to victims of a crime.
- Deaths suspected from criminal conduct.
- Crimes occurring at the NDTC site.
- Medical emergencies (not on the NDTC premises) believed to result from criminal conduct.

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donations.

Research

We may disclose your protected health information to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military and Veterans Activities

When the appropriate conditions apply, we may use or disclose protected health information of individuals in determining fitness for duty, for determination by the Department of Veterans Affairs (VA) of your eligibility for benefits, or to a foreign military authority if you are a member of that foreign military service. We may also disclose protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

Workers' Compensation

We may disclose your protected health information to comply with workers' compensation laws and other similar legally established programs.

Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility, and the NDTC created or received your protected health information while providing care to you. This disclosure would be necessary for the institution to provide you with health care, and for your health and safety or the health and safety of others.

Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where treatment is provided and will make disclosures following such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use of disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Patient/Client Directories

Unless you object, we will use and disclose in our NDTC directory, your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people who ask for you by name. Only members of the clergy will be told your religious affiliation.

Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also give information to someone who helps pay for your care. Additionally we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care.

USES AND DISCLOSURES OF PERSONAL HEALTH INFORMATION FROM ALCOHOL AND OTHER DRUG RECORDS NOT REQUIRING {CONSENT OR} AUTHORIZATION:

Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, without consent or authorization, except for the following circumstances:

When required by law: We may disclose personal health information when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

Relating to decedents: We may disclose personal health information relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

For research, audit or evaluation purposes, and medical emergencies: In certain circumstances, we may disclose personal health information for research, audit or evaluation purposes, and medical emergencies.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request or electronic message to the NDTC Privacy Officer. Please be aware that the NDTC might deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the NDTC uses for making decisions about you. We must provide you with access to your personal health information in the form or format requested by you, if it is readily producible in such form or format, or, if not, in a readable hard copy form or such other form or format. We may provide you with a summary of the personal health information or may provide an explanation of the personal health information to which access has been provided. If you request a copy of your personal health information or agree to a summary or explanation of such information, we may charge a reasonable cost-based fee for copying, postage, if you request a mailing, and the costs of preparing an explanation or summary as agreed upon in advance.

This right does not include inspection and copying the following records: information compiled in reasonable anticipation of, or use in civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to the NDTC Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

If the NDTC believes that the restriction is not in the best interest of either party, or the NDTC cannot reasonably accommodate the request, the NDTC is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. We have the right to deny your request for amendment, if: (1) we determine that the information or record that is the subject of the request was not created by us, unless you provide a reasonable basis to believe that the originator of the information is no longer available to act on the requested amendment; (2) the information is not part of your designated record set maintained by us; (3) the information is prohibited from inspection by law; or (4) the information is accurate and complete. We may require that you submit written requests and provide a reason to support the requested amendment. If we deny your request, we will provide you with a written denial stating the basis of the denial, your right to submit a written statement disagreeing with the denial and a description of how you may file a complaint.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, for a patient/client directory, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from the NDTC and/or an electronic copy by email upon request.

FEDERAL PRIVACY LAWS

This NDTC Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. See 42 U.S.C., 290 DD-3 and 42 U.S.C. 290 EE-3 for federal laws and 42 CFR Part 2 for federal regulations. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the NDTC Privacy Officer, PO Box 340, Clinton, OH 44216, or with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington D.C. 20201. A complaint must be received by us or filed with the Secretary of DHHS within 180 days of when you knew or should have known that the act or omission complained of occurred. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact the NDTC Privacy Officer for further information about the complaint process, or for further explanation of this document.

This notice is effective in its entirety as of April 14, 2003.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I have received a copy of the New Destiny Treatment Center Notice of Privacy Practices.

Patient/Client Signature

Date

Signature of Witness