



## NOTICE OF PRIVACY PRACTICES

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THIS NOTICE DESCRIBES HOW BEHAVIORAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

### **Our Commitment to Protect Your Behavioral Health Information**

You have a right to privacy with respect to your past, present, and future behavioral health information. Highland Rivers is required by law to protect your information and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. You have the right to receive a paper copy of this Notice. An electronic copy of this Notice is also available on our website at <http://www.highlandrivershealth.com>

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the new notice apply to Protected Health Information we already have as well as any information we receive in the future. In the event this Notice is revised, you may request a paper copy of the revised notice or view the revised notice at the above web address.

### **How We May Use and Disclose Your Protected Health Information**

We may use and disclose Protected Health Information for a variety of reasons. In general, our use and disclosures fall within the following three categories: treatment, payment, and health care operations.

**Treatment** – We may use and disclose your Protected Health Information and disclose it to others as necessary to provide treatment to you. For example, members of our clinical staff may access your record in the course of your care, or share information in the process of coordinating your care. Such staff members include physicians, psychologists, nurses, and other mental health professionals. Additionally, disclosure to another facility, community health center, or private practitioner may become necessary for your continued treatment.

**Payment** – We may use and disclose your Protected Health Information as necessary to arrange for payment of services provided to you. For example, information about your diagnosis and the services we provide to you may be included in a bill that we send to a third-party payer.

**Health Care Operations** – We may use and disclose your Protected Health Information in the course of operating Highland Rivers or for the health care operations of another organization that has a relationship with you. For example, our quality assurance staff reviews records to ensure that our high standards of treatment delivery are reached consistently.

### **Uses and Disclosures Requiring Your Authorization**

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You have the right to revoke your authorization in writing at any time, except to the extent that we have already undertaken an action in reliance upon your authorization.

### **Uses and Disclosures Not Requiring an Authorization**

By law, we may use or disclose certain of your Protected Health Information without an authorization in the following circumstances:

**When Required by Law** – We may use or disclose Protected Health Information to law enforcement agencies or governmental agencies to comply with legally required or government-mandated reporting. We may also disclose Protected Health Information to authorities that monitor our compliance with these privacy requirements.

**For Public Health Activities** – We may use or disclose certain Protected Health Information to public health agencies as permitted or required by law.

**For Health Oversight Activities** – We may use or disclose certain Protected Health Information to certain government agencies for oversight activities authorized by law.

**Judicial and Administrative Proceedings** – We may use or disclose Protected Health Information in response to a court or administrative order. We may also use or disclose Protected Health Information in certain cases in response to a subpoena, discovery request, court order or other lawful process, subject to your notice and opportunity to object. We may also use or disclosure your Protected Health Information to defend ourselves in the event of a lawsuit.

**Coroners, Medical Examiners and Funeral Directors**– We may use or disclose certain Protected Health Information to a coroner, medical examiner or funeral director so that they can carry out their duties.

**Organ and Tissue Donation**- If you are an organ donor, we may use of release Protected Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation or organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

**To Avert a Serious Threat to Health or Safety** – We may use or disclose Protected Health Information, in order to prevent a serious threat to your health or safety and the health and safety of the public or another person. We will only disclose the information to someone who may be able to help prevent the threat.

**Business Associates**- We may use and disclosure Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans-** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Workers' Compensation-** We may disclose Protected Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Data Breach Notification Purposes-** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your Protected Health Information.

**National Security and Intelligence Activities-** We may disclose Protected Health Information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law.

**Protective Services for the President and Others-** We may disclose Protected Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody-** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose Protected Health Information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with your health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

#### **Uses and Disclosures of Substance Use Treatment Records**

At Highland Rivers, personally identifying information related to the treatment of substance use has special legal privacy protections as outlined in the federal law 42 CFR Part 2. We will not disclose any information identifying you as an individual of our services or provide any information relating to substance use treatment except in certain circumstances, including but not limited to: (1) you consent in writing; (2) a court orders disclosure of the information after a show cause hearing as required under Georgia Law; (3) medical personnel need the information to meet a medical emergency; (4) qualifying personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or threat to commit a crime on the program premises or against program staff or to report child abuse or neglect as required by law. Violation of 42 CFR Part 2 regulations is a crime and suspected violations may be reported to the United States Attorney's Office Northern District of Georgia, Richard B. Russell Federal Building, 75 Ted Turner Drive SW, Suite 600, Atlanta, GA 30303-3309, (404) 581-6000.

#### **Uses and Disclosures to Which You May Object**

In the following situations, we may disclose a limited amount of your Protected Health Information if we inform you in advance and you do not object, as long as the disclosure is not otherwise prohibited by law:

**To Families, Friends, or Others Involved in Your Care** – Unless you object, we may share with these people certain information directly related to their involvement in your care, or payment for your care. We may share certain Protected Health Information with these people to notify them about your location, general condition, or death. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

**Disaster Relief-** We may disclose your Protected Health Information to disaster relief organizations that seeks your Protected Health Information to coordinate your care, or notify family of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services**- We may use and disclose your Protected Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Protected Health Information to tell you about health related benefits and services that may be of interest to you.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights with respect to your Protected Health Information:

**To Obtain Access to Your Protected Health Information** – You generally have the right to see and obtain copies of your Protected Health Information that may be used to make decisions about your care or payment for your care upon written request. This includes medical and billing records, other than psychotherapy notes. We have up to 30 days to make your Protected Health Information available to you. We may deny you access to review or copy your Protected Health Information. If your request is denied, we must provide you with a reason for the denial and explain any right to have the denial reviewed. If we grant your written request for copies of your Protected Health Information, we will advise you in advance of any fees we may impose for the costs of copying and mailing. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs based benefit program.

**To an Electronic Copy of Electronic Medical Records**- If your Protected Health Information is maintained in an electronic format (known as an electronic medical record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**To Get Notice of a Breach**- You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**To Request Restrictions on Uses and Disclosures** – You have the right to ask that we limit how we use or disclose your Protected Health Information upon written request. We will consider your request, but are not legally bound to agree to the restriction. If we do agree to any restriction, we will put the agreement in writing and abide by it except in the case of emergency situations. We cannot agree to limit uses and disclosures that are required by law.

**To Receive Confidential Communications** – You have the right to submit a written request that we communicate with you by using an alternative address or by alternative means. This request must specify how or where you wish to be contacted. We must agree to your request as long as it is reasonable for us to comply.

**To an Accounting of Disclosures** – You have the right to receive upon written request certain disclosures we made of your Protected Health Information. This list will not include the following instances for disclosure: for treatment, payment, and health care operations; to you or to your family; or pursuant to your written authorization. There will be no charge for the first accounting you request within a 12 month period. For additional lists within the same period, we will advise you in advance of any fees we may impose.

**To Request an Amendment** – If you believe that your Protected Health Information is incorrect or incomplete; you have the right to request in writing that we amend the information. Your request must include the reason you are seeking a change. We may deny your request if (1) we did not create the information or the information is not part of our records; (2) the information is not permitted to be disclosed; or (3) the information is correct and complete. Any denial must be

in writing and must state the reasons for the denial and explain your right to submit a statement of disagreement and to have your statement (and any rebuttal), along with your request and the denial, appended to your record.

**Out-of-Pocket Payments-** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request,

**To a Paper Copy of This Notice-** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

### **Contact Information Regarding Our Privacy Practices**

If you have questions, concerns, or complaints about our privacy practices, or if you disagree with a decision regarding access to your information, please contact the Privacy Officer, Highland Rivers CSB, 1401 Applewood Drive, Dalton, Georgia 30720, 1-706-270-5000. You may also file a grievance with the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-877-696-6775 or at their Regional Office, 61 Forsyth Street SW Atlanta, GA 30303-8909, 1-800-368-1019 You can also visit the Office for Civil Rights website at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) for more information. There will be no retaliation against you for filing a complaint or grievance.



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**ACKNOWLEDGEMENT OF RECEIPT**

By signing this Acknowledgement of Receipt, you acknowledge that you have received a copy of the Notice of Privacy Practices of Highland Rivers Community Service Board. Our Notice of Privacy Practices describes and contains information about our legal duties and privacy practices and about your legal rights with respect to your protected health information. We encourage you to read our Notice of Privacy Practices in full.

I acknowledge receipt of the Notice of Privacy Practices of Highland Rivers Community Service Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Individual/Legal Representative)

We can contact you to remind you of your appointment with an automated contact reminder.

To accept this service, please initial:  
\_\_\_\_\_ Date: \_\_\_\_\_

I decline the appointment reminder service, please initial:  
\_\_\_\_\_ Date: \_\_\_\_\_