

## **NOTICE OF PRIVACY PRACTICES**

McIntosh Trail CSB

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.

**Effective April 14, 2003**

### Summary

Why We Collect Information and How We Use It. We will collect medical (health) information about you in order to provide you with services that match your needs. We will use and disclose that information in order to manage your health care and treatment, to obtain reimbursement for treatment, and to meet quality control and other government requirements.

We will not disclose any personal information about you to anyone else without your prior approval and consent, except as permitted or required by law.

Your Rights to Review and Correct Information. You have the right to reasonably review and request corrections to confidential and non-confidential information about you that is held in our records.

Our Policies and Practices to Protect the Confidentiality and Security of Information. We restrict access to personal information about you to those who need to know that information to provide services to you. All employees and staff are required to comply with our established confidentiality procedures and policies. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. A full description of our privacy practices is set out on the following pages. This notice is also available on-line at [www.mcctrail.org](http://www.mcctrail.org) and by calling our Privacy Officer at 770-358-8267.

### **I. Introduction**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

"Protected health information" means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

### **II. How We Will Use and Disclose Your Health Information**

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

#### **A. Uses and Disclosures for Treatment, Payment, and Operations**

1. For Treatment. We will use and disclose your health information to provide and coordinate your health care and any related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among our clinicians and other

staff (including clinicians other than your therapist or principal clinician), who work at McIntosh Trail CSB. For example, our staff may discuss your care at a case conference. In addition, we may disclose your health information without authorization to another health care provider (e.g., emergency medical workers, your primary care physician or a laboratory) working outside of McIntosh Trail CSB for purposes of your treatment.

2. For Payment. We will use and disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include: making a determination of eligibility or coverage for health insurance; reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or reviewing your services, to ensure the necessity and appropriateness of your care, or to justify the charges for your care. For example, your health plan may ask us to share your health information in order to determine if the plan will approve additional visits to your therapist.

3. For Health Care Operations. We may use and disclose health information about you for our healthcare operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of many of our consumers to decide what additional services we should offer, what services are no longer needed, and whether certain new treatments are effective.

4. Health-Related Benefits and Services. We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Privacy Officer in writing at 1501-A Kalamazoo Dr., Griffin, GA 30224. Please state clearly that you do not want to receive materials about health-related benefits or services.

#### B. Uses and Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object.

Persons Involved in Your Care. We may use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case, we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to a person designated to participate in your care in accordance with an advance directive validly executed under state law, your guardian or other fiduciary if one has been appointed by a court, or if applicable, the state agency responsible for consenting to your care.

#### C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.

1. Emergencies. We may use and disclose your health information to medical workers in an emergency treatment situation for the purposes of your treatment. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance.

2. Research. We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

3. As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.
4. Incidental Disclosures. Some treatments occur in an open setting. By way of example, you may be offered group counseling or group education sessions. Other consumers may see and overhear the interactions between you and the therapist or group leader. Disclosures that occur in such treatments are permitted without individual authorization.
5. To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.
6. Public Health Activities. We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to: report to public health authorities for the purpose of preventing or controlling disease, injury or disability; report abuse and neglect as required by law.
7. Health Oversight Activities. We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.
8. Disclosures in Legal Proceedings. We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when you are a party to a legal proceeding and we receive a subpoena for your health information, except for matters privileged under state or federal law. We will not provide this information in response to a subpoena without your authorization if the request is for records of a federally-assisted substance abuse program; unless there is a court order followed by a show cause hearing.
9. Law Enforcement Activities. We may disclose health information to a law enforcement official for law enforcement purposes when: a court order, subpoena, warrant, summons or similar process requires this; or we report criminal conduct occurring on the premises of our facility; or we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or the disclosure is otherwise required by law.
10. Medical Examiners or Funeral Directors. We may provide health information about a deceased consumer to a medical examiner, appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our consumers to funeral directors as necessary to carry out their duties.
11. Military and Veterans. If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.
12. National Security and Protective Services for the President and others. We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state so they may conduct special investigations.
13. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

14. Workers' Compensation. We may disclose health information about you to comply with the state's Workers' Compensation Law.

### **III. Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization, we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

### **IV. Your Rights Regarding Your Health Information.**

#### **A. Right to Inspect and Copy.**

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care - whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records. You must submit your request in writing to our Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your health information if the treating physician determines that disclosure would be detrimental to your physical or mental health. A note to that effect will be made part of your medical record. If you wish to appeal such a denial, then you may file a complaint as outlined in Section VI below.

#### **B. Right to Amend.**

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care - whether they are decisions about your treatment or payment of your care. Your amendment must be written or typed on a separate sheet of paper and specify why you believe the information is inaccurate or incorrect. You should sign and date the amendment and submit it to our Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224. The amendment will be filed in your medical record in the section containing the contested information.

#### **C. Right to an Accounting of Disclosures.**

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of treatment, payment, and health care operations, or any disclosures made with your authorization.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003.

The first accounting you request within each calendar year will be free. For additional requests during the same calendar year, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

#### **D. Right to Request Restrictions.**

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. To request a restriction, you must write to the Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224. We are not required to agree to a restriction, though we will accommodate all reasonable requests. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

#### **E. Right to Request Confidential Communications.**

You have the right to request that we communicate with you about your care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must make your request in writing to the Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

#### **F. Right to a Paper Copy of this Notice.**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact our Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224.

#### **V. Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis or referral for treatment from our drug or alcohol abuse programs, federal law and regulations protect the confidentiality of drug or alcohol abuse treatment records. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless: you authorize the disclosure in writing; or the disclosure is permitted 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 purposes; or you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

#### **VI. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us about a privacy violation, contact our Privacy Officer at 1501-A Kalamazoo Dr., Griffin, GA 30224. All complaints about privacy violations must be submitted in writing, and our privacy officer will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint. The privacy officer will send a copy of your complaint to the Rights and Ethics Committee Chair, who will also provide you with assistance if you ask for it (see also Consumer Rights Notices posted at all our service locations).

#### **VII. Changes to this Notice**

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. Any revised notice will be available - posted at our facilities, on our website [www.mctrail.org](http://www.mctrail.org) and by telephone or facsimile request to the Privacy Officer.