

NOTICE OF PRIVACY PRACTICES

MN HIPAA Notice of Privacy & Confidentiality Rights & Procedures

This notice describes how clinical information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY AND ASK QUESTIONS IF THIS INFORMATION IS NOT CLEAR TO YOU.

This notice covers Restoring Hope Substance Abuse and Mental Health Services, LLC (“Restoring Hope”, “we”, “us”).

Note that Restoring Hope Substance Abuse and Mental Health Services, LLC is covered by both HIPAA and federal laws governing confidentiality of alcohol and drug abuse patient records. It is Restoring Hope Substance Abuse and Mental Health Services, LLC’s, responsibility to assure your privacy and to notify you of your rights and the procedures by which your information is protected and to document that you have received this information. Each client will receive a copy of this notice at the time of admission. Restoring Hope Substance Abuse and Mental Health Services, LLC, reserves the right to change this notice at any time. If there are changes made to this notice, you will receive a revised copy within 60 days. A copy will be posted within the facility and will be available upon request.

Confidentiality of federal alcohol and drug treatment records. Under the federal laws governing confidentiality of alcohol and drug abuse patient records, (42 C. F. R. Part 2), the Minnesota Data Practices Act and the Federal Health Information Portability and Accountability Act (HIPAA) 1996 requires that healthcare providers - and more specifically chemical health providers - protect your privacy and confidentiality. Restoring Hope may not use or disclose any information about any patient applying for or receiving services (including diagnosis, treatment, or referral) for drug or alcohol abuse unless the patient has consented in writing, on a form that meets the requirements established by the regulations, or unless another very limited exception specified in the regulations applies. Any disclosure must be limited to the information necessary to carry out the purpose of the disclosure. In addition, if you are applying for or receiving services for drug or alcohol abuse, we may not acknowledge to a person outside Restoring Hope that you attend our treatment program, have received any services, nor disclose any information identifying you as having an alcohol or drug abuse problem or diagnosis, except under certain circumstances that are listed in this notice.

Confidentiality under HIPAA. HIPAA provides another layer of protection for individuals who are applying for or receiving services for drug or alcohol abuse. If we are providing other health services, the protected health information generated from those services is also governed by HIPAA.

Our Pledge and Legal Duty to Protect Protected Health Information About You: The privacy of your protected health information is important to us. We are required by federal and state laws to protect the privacy of your protected health information. We must give you notice of our legal duties and privacy practices concerning your protected health information, including:

- We must protect information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect your protected health information.
- We must explain how, when and why we use or disclose your protected health information.

- We may only use or disclose your protected health information as we have described in this notice.
- We must abide by the terms of this notice.
- We must notify you if we are unable to agree to a requested restriction on how your information is used or disclosed.
- We must notify you of any breach of your unsecured protected health information.
- We must accommodate reasonable requests you may make to communicate protected health information by alternative means or at alternative locations.
- We must obtain your written authorization to use or disclose your protected health information for reasons other than those listed above and permitted under law.

We are required to abide by the terms of this notice. We reserve the right to change the terms of this notice and to make new Notice provisions effective for all protected health information that we maintain. We will post a revised Notice of Privacy Practices in our offices, make copies available to you upon request, and post the revised notice on our website.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION. There are a number of purposes for which it may be necessary for us to use or disclose your protected health information. For some of these purposes, we are required to obtain your consent. In other specific instances, we may be required to obtain your individual authorization. In a limited number of circumstances, we will be authorized by Law to disclose your protected health information without your consent or authorization. Following is a description of these uses and disclosures. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- A. Uses and disclosures of your protected health information **without your authorization** for Purposes of Treatment, Payment and Health Care Operations.
- **Health Care Treatment.** We may use or disclose protected health information about you to provide and manage your health care. This may include communicating with other health care providers regarding your treatment and coordinating and managing the delivery of health services with others. For example, we may use or disclose protected health information about you when you need a prescription, lab work, an x-ray, or other health care services.
 - **Appointment Reminders and Other Contacts.** We may use your protected health information to contact you with reminders about your appointments, alternative treatments you may want to consider, or other services provided by Family Revelations Inc that may be of interest to you.
 - **Payment.** We may use or disclose your protected health information to bill and collect payment for the treatment and services provided to you. For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
 - **Health Care Operations.** We may use or disclose protected health information about you to allow us to perform business functions. For example, we may use your protected health information to help us train new staff and conduct quality improvement activities. We may also disclose your information to consultants and other business associates who help us with these functions (for example, billing, computer support and transcription services). We may disclose your protected health information to an agent or agency which provides services under a qualified service organization agreement and/or business associate agreement, in which they agree to abide by applicable federal law and related regulations 42 C.F.R. Part 2 and HIPAA. We may contact you to send you reminder notices of future appointments for your treatment.

- **Minnesota Patient Consent for Disclosures.** For some of the disclosures of protected health information described above, we are required by Minnesota laws to obtain a written consent from you, unless the disclosure is authorized by law.
- B. Uses and disclosures which **do not require authorization**. Under certain circumstances we are authorized by law to use or disclose your protected health information without obtaining a consent or authorization from you. In some cases the federal laws governing alcohol and drug treatment records are more restrictive.
- **Abuse and Neglect.** We may disclose your protected health information for the purpose of reporting child abuse and neglect and, in Minnesota, prenatal exposure to controlled substances, including alcohol, to public health authorities or other government authorities authorized by law to receive such reports.
 - **Health Oversight Activities.** For example, when disclosing protected health information to a state or federal health oversight agency so that they can appropriately monitor the health care system.
 - **Incompetent and Deceased Patients.** In the event an individual is determined to be incompetent or passes away we may obtain authorization of a personal representative, guardian, or other person authorized by applicable state law in accordance with 42 C.F.R. Part 2. We may disclose protected health information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.
 - **Judicial and Administrative Proceedings.** For example, when responding to a request for protected health information contained in a court order. We may disclose your protected health information in response to a court order that meets the requirements of federal regulations, 42 C.F.R. Part 2 concerning confidentiality of alcohol and drug abuse patient records.
 - **Law Enforcement Purposes.** For example, when complying with laws that require the reporting of certain types of wounds or injuries. We may disclose your protected health information to the police or other law enforcement officials if you commit a crime on the premises or against Restoring Hope personnel or threaten to commit such a crime.
 - **Medical Emergencies.** We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 C.F.R. Part 2).
 - **Public Health Activities.** For example, when reporting to public health authorities the exposure to certain communicable diseases or risks of contracting or spreading a disease or condition.
 - **Related to Correctional Institutions.** We may disclose protected health information as allowed under applicable law to correctional institutions and in other custody situations.
 - **Required by Law.** We may disclose your protected health information when such disclosure is required by federal, state, or local laws.
- C. Uses and disclosures of your protected health information that **require your authorization** under HIPAA.
- **Uses and Disclosures You Specifically Authorize.** You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us a Release of Information authorization, you may revoke it in writing at any time. If you revoke your permission, we will stop using or disclosing your protected health information in accordance with that authorization, except to the extent that we have already relied on it. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this Notice of Privacy Practices.
 - **Psychotherapy Notes.** We must obtain an authorization for any use or disclosure of psychotherapy notes, except in limited circumstances as provided in 45 C.F.R. §164.508(a)(2).
 - **Marketing.** We must obtain an authorization for any use or disclosure of protected health information for marketing (as defined under HIPAA), except if the communication is in the form of a

face-to-face communication made by us to an individual; or a promotional gift of nominal value provided by us. If the marketing involves financial remuneration, as defined in paragraph (3) of the definition of marketing at 45 C.F.R. §164.501, to us from a third-party, the authorization must state that such remuneration is involved.

- **Sale of Protected Health Information.** Except in limited circumstances covered by the transition provisions in 45 C.F.R. §164.532, we must obtain an authorization for any disclosure of protected health information which is a sale of protected health information, as defined in 45 C.F.R. §164.501. Such authorization must state that the disclosure will result in remuneration to Restoring Hope. Other uses and disclosures of your protected health information not covered in this notice will be made only with your written authorization. If you give us a Release of Information authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.
- **Uses and Disclosures Authorized by Law.** For those health records governed by 42 C.F.R. Part 2 your consent is required for most disclosures.

YOUR INDIVIDUAL RIGHTS

No client-identifying information (including your presence in a program) may be released without your informed, written consent. This includes oral as well as written information. The above noted legislation also requires that Restoring Hope Substance Abuse and Mental Health Services, LLC, release only the minimum necessary information to meet the purpose of the release. All materials released must contain a notification of privacy and confidentiality stating that the information CANNOT be used for any purpose other than that stated and MAY NOT be re-released by the receiving party. A court may only receive information from your record with a subpoena and court order.

A. Right to Access and Copy Your Protected Health Information. You have the right to access and receive a copy or a summary of your protected health information contained in clinical, billing, and other records that we maintain and use to make decisions about you. We ask that your request be made in writing. We may charge a reasonable fee. There might be limited situations in which we may deny your request. Under these situations, we will respond to you in writing, stating why we cannot grant your request and describing your rights to request a review of our denial.

B. Right to Request an Amendment of Your Protected Health Information. You have the right to request amendments to the protected health information about you that we maintain and use to make decisions about you. We ask that your request be made in writing and must explain, in as much detail as possible, your reason(s) for the amendment and, when appropriate, provide supporting documentation. Under limited circumstances we may deny your request. If we deny your request, we will respond to you in writing stating the reasons for the denial. You may file a statement of disagreement with us. You may also ask that any future disclosures of the protected health information under dispute include your requested amendment and our denial to your request.

C. Right to Request Restrictions on Uses and Disclosures of Your Protected Health Information. You have the right to request that we restrict our use or disclosure of your protected health information. We ask that your request be made in writing. We are not required to agree to your request for a restriction, and we will notify you of our decision. However, if we do agree, we will comply with our agreement, unless there is an emergency, or we are otherwise required to use or disclose the information.

D. Right to Request Confidential Communications. Periodically, we may contact you by phone, email, postcard reminders, or other means to the location identified in our records with appointment reminders, follow-up surveys, or other correspondence as identifying you as having received services. You have the right to request

that we communicate with you in a specific way or at a specific location. For example, you may request that we contact you at your work address or phone number or by e-mail. We ask that your request be made in writing. While we are not required to agree with your request, we will make efforts to accommodate reasonable requests.

E. Right to Request an Accounting of Disclosures of Protected Health Information. You have the right to request a listing of certain disclosures we have made of your protected health information. We ask that your request be made in writing. You may ask for disclosures made up to six (6) years before the date of your request. We will provide you one accounting in any 12-month period free of charge.

F. Right to Receive a Copy of This Notice. You have the right to request and receive a paper copy of this Notice at any time. We will make this Notice of Privacy Practices available in electronic form and post it in our web site.

G. Right to Limit Sharing of Information with Health Plan. If you have paid for your services out-of-pocket in full at or before the date of service, and at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

H. Right to Notice of Breach. You have the right to notice of a "Breach" involving any of your "Unsecured PHI" as these terms are defined under the federal law commonly known as the HITECH Act. Not all unauthorized uses or disclosure of your protected health information will be considered a Breach under the law. This notice will be sent as required under the law. If you authorize us to communicate with you by e-mail, we may e-mail you notice of any breach. In most other cases we will send you the required notice in writing and by mail.

I. Right to Electronic Copy of "Electronic Health Record". If we maintain your "Electronic Health Record," you have the right to ask for an accounting of disclosures of where we disclosed your protected health information. You may request an accounting for a period of three (3) years prior to the date the accounting is requested. You also have the right to ask our business associates for an accounting of their disclosures. In addition, if you have an "Electronic Health Record" with us, you have a right to request an electronic copy of your Electronic Health Record. Not all healthcare information stored electronically is considered an Electronic Health Record. The term "Electronic Health Record" means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

If you have any concerns or questions about our privacy practices, your rights, or to exercise any of them, please contact:

Debbie Lane-Olson
Sole Owner
213 First St. SE
Little Falls, MN 56345

If you are concerned that your privacy rights have been violated, you may file a complaint with our Clinical Director or you may submit a written complaint to the U.S. Department of Health and Human Services Office for [Civil Rights \(OCR\)](#). If you have any questions or need help filing a health information privacy complaint, you may email OCR at OCRMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.