

## **PENFIELD ADDICITON MINISTRIES, INC. PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER**

**AT: 1061 MERCER CIRCLE, UNION POINT, GA 30669, PHONE (706) 453-7929**

### **General Privacy Notice Provisions**

We understand that your protected health information (PHI) is personal and private. This Privacy Notice describes how Penfield Addiction ministries, Inc. (PAM) may use or disclose protected health information (“PHI”) for treatment, payment and health care operations (“TPO”) consistent with the requirements established by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This Privacy Notice also describes your individual rights regarding access to your PHI, accountings of certain disclosures made about your PHI, and other rights that you may have if exercised properly. For purposes of this Privacy Notice, PHI includes medical information relating to the past, present, or future physical or mental health or condition about you, the provision of health care furnished to you, or the past, present, or future payment for the provision of health care furnished to you which is used or disclosed by a health care provider. This Privacy Notice applies only to Penfield Addiction ministries, Inc.; you may receive a separate notice of privacy practices from another provider where you have received medical services i.e. a “Hospital”.

We are required under federal law to maintain the privacy of your PHI; to provide you with a notice of our privacy practice and our legal duties with respect to PHI about you; and, we are required to abide by the provisions in this Privacy Notice. However, we reserve the right to change the privacy practices in this Privacy Notice in accordance with applicable law at any time. The new Privacy Notice will be effective for all PHI that we maintain at that time. This Privacy Notice is effective as of the date below the title and you have a right to request a copy of this notice for your records. Upon your request, we will provide you with any revised Notice of Privacy Practice or you may call our Privacy Officer and request that a revised notice be furnished to you.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION**

#### ***General: Uses and Disclosures of PHI for Treatment, Payment and Health Care Operations Purposes***

**Treatment.** PHI will be used to provide you with medical treatment and/or services at Penfield Addiction ministries, Inc. We may need to disclose PHI about you to other providers, physicians, nurses, physician assistants, nurse practitioners and/or hospital personnel involved in your treatment or staff at another facility if you are transferred, including EMS if transported by EMS. From time-to-time, we may disclose PHI to another health care provider, such as your primary care physician, specialist or a laboratory who is involved in your medical care by providing assistance with your treatment or health care diagnosis.

**Payment.** PHI will be used and disclosed to obtain payment for the medical care that you receive from our facility. For example, we may need to give a third-party payor and/or the guarantor or other financially responsible party, information about the medical care you received so that we may obtain payment on your behalf. In each disclosure for payment purposes, we will only disclose the minimum necessary amount of information which is necessary to obtain payment for the medical care that you received. Although generally in an emergency situation we will not contact anyone to obtain prior authorization, we may need to do so in certain instances to determine whether the medical care that you seek will be covered.

**Healthcare Operations.** To ensure highest quality of care we may use and disclose PHI about you so that we can evaluate the performance of our staff involved in the care and treatment of you or in an effort to improve their skills as health care providers. We may also combine medical information about many clients to decide what additional medical services should be offered, and whether certain medical treatments are effective. Information may need to be disclosed to doctors, nurses, technicians, medical students and other trainees, nurse practitioners, physician assistants and other clinical personnel for both review of treatment and learning tools to provide higher quality of care. We may also share PHI with another health care provider for quality assurance and quality improvement activities, population-based activities relating to improving health or reducing health care costs, case management and compliance activities so long as the other health care provider has, or has had, a relationship with you previously and only to the extent of that relationship.

***Special Situations: Disclosure of Medical Information Without Your Prior Authorization.***

Subject to certain requirements, we may give out medical information and PHI about you in certain limited situations without your prior authorization. These situations include:

**Public Health.** We may use or disclose your PHI for public health activity purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, vital events such as birth or death, public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is collaborating with the public health authority.

**FDA Disclosures.** We may disclose PHI to a person subject to the Food and Drug Administration's (FDA) jurisdiction for the purposes of activities related to the quality, safety or effective of FDA-regulated products including reports of adverse events, medical device defects or problems, or biological product deviations, to track FDA-regulated products, to enable product recalls or look back studies or to conduct post-marketing surveillance.

**Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect.** We may disclose PHI to a public health authority or other appropriate government authority that is authorized by law to receive reports of child abuse, neglect or domestic violence including a social services or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for certain activities authorized by law including audits, civil, administrative, or criminal investigations; inspections, licensure or other activities necessary for appropriate oversight of the health care system.

**Judicial and Administrative Proceedings.** In certain limited situations, we may use or disclose PHI in response to valid judicial or administrative orders, orders of the court and, in certain situations, in response to a subpoena, discovery request or other lawful process.

**Required by Law.** We may disclose PHI where required by law such as in response to a request from law enforcement in specific circumstances such as (1) requirements for the reporting of certain types of wounds or physical injuries; (2) in response to a grand jury subpoena; (3) for the purposes of identifying or locating a suspect, fugitive or material witness, or missing person; (4) in response to a law enforcement official about an individual who is suspected to be a victim of a crime; (5) where a crime has occurred on the premises; (6) suspicion that death has occurred as a result of criminal conduct, and (6) in response to a medical emergency if necessary to alert law enforcement to the commission and nature of a crime, the location of such crime or the victim(s) of such crime, and other appropriate information including the identity, description or location of the perpetrator of such crime.

**Coroners, Funeral Directors, and Organ Donation.** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI also may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research.** We may disclose your PHI to researchers without your authorization if their research has been approved by an institutional review board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Serious Threat to Health or Safety.** We may disclose PHI, consistent with applicable law and standards of ethical conduct, if necessary to prevent or lessen a serious an imminent threat to the health or safety of a person or the public in general or when the information is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security.** When the appropriate conditions apply, we may disclose PHI who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities for the conduct of lawful intelligence, counter-intelligence and other national security activities, and we may disclose PHI to authorized federal officials for the provision of protective services to the President or others authorized by law.

**Inmates.** If you are an inmate of a correctional institution or in custody of a law enforcement official, we may disclose your PHI to such institution or official if such information is necessary for (1) the provision of health care to you; (2) your health

and safety or the health and safety of other inmates, the officers, employees, or others at the correctional institution; (3) law enforcement on the premises of the correctional institution; or (4) the safety, security, and good order of the correctional institution

**Workers' Compensation.** We may disclose your PHI as necessary to comply with state workers' compensation laws and other similar legally established programs that provide benefits for work-related injuries or illness without regard to fault.

**Uses and Disclosures for Involvement in the Individual's Care and Notification Purposes.** In certain situations, we may release PHI about you to a family member, other relative, or a close personal friend, or any other person that you identify to us including those that are helping pay for your care. We may also inform your family or friends of your general medical condition and your location within our facility or a hospital. In addition, we may disclose PHI to an entity such as the Red Cross assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right to object to these types of disclosures, unless you are incapacitated as in the case of an emergency treatment circumstance and we may make this disclosure if, in the exercise of professional judgment, the disclosure is in your best interests

**NOTE:** Except for the general categories of uses and disclosures of PHI for treatment, payment and health care operations and other special situations described above, we must obtain your written authorization in order to release your PHI for any other purposes. If you sign an authorization form, you may revoke your authorization as long as your withdrawal is in writing.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have several important rights with regard to your PHI which include the following:

**Right to Inspect and Copy.** With some exceptions, you have the right to inspect and copy your PHI. This right does not extend to psychotherapy notes or information gathered for certain judicial proceedings. If you request a copy of your PHI, we may charge a reasonable, cost-based fee, for the costs of copying, mailing and/or other supplies associated with your request. To inspect and obtain a copy of your medical records or to inspect and obtain a copy of billing information (e.g., the claims submitted to your health plan or other responsible party), you must submit your request in writing to our privacy officer:  
Privacy Officer  
1061 Mercer Circle, Union Point GA 30669

Please be advised that, dependent upon the records involved we may deny your request to inspect and copy in certain very limited situations. If you are denied access to medical and/or billing information, you may request that the denial be reviewed. We shall appoint another licensed health care professional to review your request and the denial. The person conducting the review shall not be the person who initially denied your request and we shall comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have on record about you is incorrect or incomplete, you may request that we amend the information in the original medical record ("OMR") provided we continue to maintain the OMR. To request an amendment to your medical records or to your billing information, your request must be made in writing and submitted to:  
Privacy Officer  
1061 Mercer Circle, Union Point GA 30669

In order to exercise this right, you must provide a reason that supports your request. We may (dependent upon the records involved) deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if (1) the information was not created by us (unless the person who created the information is no longer available to make amendment); (2) we determine the OMR to be accurate or complete; and (3) the information is not part of the information which you would be permitted to inspect and copy, such as psychotherapy notes.

**Right to An Accounting of Disclosures.** You have the right to request an accounting of certain types of disclosures of your PHI made by us. To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six [6] years and may not include any disclosures of PHI made before April 14, 2003. You may request disclosures during a shorter time such as during a single month or calendar year. Your request should indicate the form in which the information is requested, e.g. paper or electronic. The first accounting you request within a twelve [12] month period will be free of charge. For additional disclosure requests, we may charge you for the costs of providing the list. We will notify you of the cost and you may choose to withdraw or modify your request at that time before you incur any costs.

**Right to Request Restrictions.** You have the right to request restriction or limitation on the PHI that we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member, relative or

close friend. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must have three components (1) what information you want limited; (2) that we are to limit our use and/or disclosure; and (3) to whom you want the limits to apply, for example you do not want any disclosure to your spouse. Under federal law, we may agree in whole or in part to your request or reject the request particularly if we believe that restricting the disclosure of information will interfere with our obligations to provide emergency medical care to you.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a specific manner or location. To request confidential communications, you must make your request in writing to the Privacy Officer. Your request must specify how and/or where you wish to be contacted and we will not ask you the reason for the request. We will accommodate all reasonable r Penfield Addiction Ministries, Inc. can provide you a copy of this Notice at the time of execution or you may request a copy from us at a later date. To obtain a copy of this Notice at a later date, please contact the Privacy Officer.

**Complaints.** If you believe your privacy rights have been violated, you may complain to us or the Secretary of the Department of Health and Human Services. Complaints must be filed in writing with our Privacy Officer. We will not retaliate against you if you file a complaint.

**CONTACT INFORMATION:**

In order to exercise your rights under this Privacy Notice or to obtain clarification about the scope of any provisions in this Privacy Notice, please contact the Privacy Officer at: Penfield Addiction ministries, Inc.

1061 Mercer Circle, Union Point, GA 30669  
PHONE (706) 453-7929 FAX (888) 758-0613

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES:**

Name of Individual Receiving Services: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signature is not that of the individual receiving services, indicate below the relationship of person signing for that person (e.g., Parent, Family Member, Guardian, Close Relative or Guarantor):

\_\_\_\_\_

If individual receiving services or personal representative does not sign, even after the emergency treatment has ended, indicate the reasons why signature could not be obtained (circle or check):

- Patient Non-Responsive (e.g., patient unconscious or physically restrained)
- Reduced Mental Status
- DOA
- Patient Left Without Treatment ("LWT")
- Patient Left Against Medical Advice ("AMA")
- Patient transferred to another agency, Hospital, unable to sign notice due to emergency treatment
- Patient refused to sign Privacy Notice after being furnished a copy
- Other: \_\_\_\_\_

Signature of Staff Member Witness: \_\_\_\_\_

Title of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_