



## Notice of Privacy Practices

UPDATED: December 21, 2015

### **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.**

This notice contains important information about Drug Abuse Treatment Association, Inc. privacy practices which were revised pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and related regulations 78 Federal Register 5625 and comply with 45 C.F.R § 164.520(c) (2) (iii). This notice describes how your Protected Health Information may be used to disclose, and indicates how you get access to this information. This notice is a reflection of the 2013 HIPAA/HITECH Omnibus final rule. Please review carefully.

If you have any questions about this Notice, please contact:

J. Jay Flicker, PsyD, Privacy Officer

561.844.3556 or 800.253.8770

Jay@DrugAbuseTreatment.org

#### **Our Commitment Regarding Your Personal Health Information**

##### **Important Information Regarding Client Information (HIPAA):**

The Drug Abuse Treatment Association, Inc. understands that health information about you and the health care you receive is personal. We are committed to protecting your Personal Health Information (PHI). We are committed to maintaining the confidentiality, integrity and security of personal information entrusted to us by you, our client. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

##### **Our Obligations:**

We are required by law to:

- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice that is currently in effect.

##### **How and Why We Obtain Personal Information:**

The Drug Abuse Treatment Association, Inc. uses personal information collected about you to provide you with the services you have come to expect from us. We use this information to provide you the highest level of health care services, to bill insurance companies and other payers for these services and to facilitate the day-to-day operations that support both tasks. The Drug Abuse Treatment Association, Inc. may collect non-public personal information about you from any of the following sources:

- From you or your representative on application forms (such as, name, address, social security number, date of birth, phone number).
- From claims activities (from insurance companies or other government providers and co-payers).
- From interactions with other health care providers (such as, psychiatrists, specialty providers).
- For verification and consumer reporting services (such as, insurance and government payers and credit and collection agencies).
- From you or your representative regarding your preferences (such as, to make confirmation calls to your home or work number, to send clinical information to your home or another address).
- From other sources with your consent or the consent of your representative (such as, from your employer, legal counsel or another family member).

### **How We Protect Your Personal Information/Identity Theft Prevention/Red Flag Compliance:**

The Drug Abuse Treatment Association, Inc. has always believed the protection of personal health information (PHI) to be what is right for our clients and a necessary business practice. We use information controls in keeping with industry standards and practices and we regularly adapt and review these procedure to respond to changing requirements and advances in technology. It is the policy of the Drug Abuse Treatment Association, Inc. to follow all federal and state laws and reporting requirements regarding identity theft and Red Flag compliance. If you believe you have been a victim of identity theft we encourage you to complete the ID Theft Affidavit which was developed by the FTC, along with supporting documentation to: [www.ftc.gov/bcp/edu/resources/forms/affidavit.pdf](http://www.ftc.gov/bcp/edu/resources/forms/affidavit.pdf).

At the Drug Abuse Treatment Association, Inc., access to your PHI is restricted to our clinical staff members and their support staff for the provision of your health care, other staff members are restricted access to your PHI unless they require access to provide you with additional services or to process claims for payment for care you receive. We may share such information that we collect with the following:

- Other Drug Abuse Treatment Association, Inc. sites and clinical staff members.
- Specialty physicians or services (such as, psychiatrists).
- Insurance companies and governmental payers for reimbursement purposes (such as, Cenpatico, WellCare, Psychcare, Blue Cross/Blue Shield, Medicaid and Medicare, etc.).
- Governmental Agencies, public health agencies (such as, reportable infectious diseases, reports of births and deaths, reports of child abuse or neglect, coroner).
- Other organizations or entities with your consent (such as, legal counsel, employer, schools, insurance companies).
- Other organizations permitted by the laws that protect your PHI (such as, fraud and abuse prevention).

### **Client Rights:**

You have the right to **inspect and copy** the PHI in your medical and billing records. This right does not include the right to inspect and copy psychotherapy notes.

To inspect and **copy your PHI**, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the copying and mailing costs, and for any other costs associated with your request.

**You have the right to a Paper Copy of This Notice:** You have the right to receive a paper copy of our Notice of Privacy Practice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice ask any member of our staff or contact the Privacy Officer. We also have our Notice of Privacy Practices on our Website ([www.drugabusetreatment.org](http://www.drugabusetreatment.org)).

**You have the Right to an Electronic Copy of Electronic Health Records:** If your Protected Health Information is maintained in an electronic format 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 for 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 r format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic health record.

**You have the Right to Amend your Health Information:** You may request in writing an amendment to your PHI. Requests should be made to our Privacy Officer. Requests must be in writing. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or organization that created the information is no longer available to make the amendment,
- Is not part of the health information kept by or for The Drug Abuse Treatment Association, Inc.
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

**You have a Right to an Account of Disclosures:** You have the right to receive an accounting of disclosures for purposes other than treatment, payment or health care operations. Your request should state a time period and may not include information before April 14, 2003. The request must be in writing and addressed to the Privacy Officer. We may charge you for this request.

**You have the Right to Request Restrictions:** You may ask us to restrict or limit your PHI as it applies to treatment payment or health care operations. Such restrictions can include family members and friends. We are not required to agree to a restriction that you may request if your provider believes it is in your best interest to permit use and disclosure of you PHI. To request a restriction, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit and to whom you want the limits to apply.

**You have the Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Breach Notification:** In the event of a breach of your PHI which affects more than 500 clients, DATA will notify you in writing. Based on the nature of the breach, the DATA will provide you with a credit monitoring service for one year from the date of the event, if PHI includes information which may affect your credit. DATA will also provide information on the drugabusetreatment.org website. Our Privacy Officer will direct and assist with any concerns.

**Prohibition of Sale of PHI:** The final rule of the Omnibus rule prohibits, with exceptions, the sale of PHI without authorization.

**Rights to Disclosure Restrictions when Paid in Full:** DATA must agree to an individual's request to restrict disclosure to a health plan if the client pays in full for a service or item.

**Disclosure of Genetic Information for Underwriting Purposes:** Health plans may not use or disclose genetic health information for underwriting purposes.

**You have the Right to Request Confidential Communications.** You may request that we communicate with you in regards to you PHI in a certain way or at a certain location. For example, communication as it regards to results of reports and /or confirmation of visits may be restricted to certain addresses and/or phone numbers. You should make this request in writing to the Privacy Officer.

**Complaints:** You may file a complaint with The Drug Abuse Treatment Association, Inc. and/or with the Office of Civil Rights, U.S. Department of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint by mailing or faxing a written description of your complaint or by telling us about your complaint in person. Please contact:

Drug Abuse Treatment Association, Inc.  
ATTN: Privacy Officer  
1720 E. Tiffany Drive, Suite 102  
Mangonia Park, FL 33407  
561.844.3556

Please describe what happened and give us the dates and names of anyone involved. Please also let us know how to contact you so that we respond to your complaint. You will not be penalized for filing a complaint.

### **Changes to this Notice:**

The terms of this notice apply to all records containing Health Information that are created or retained by us. We reserve the right to revise change, or amend our notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any medical information that we may receive, create, or maintain in the future. The Drug Abuse Treatment Association, Inc., will make a "good faith" effort to document that we provide our client with a copy of this organizations Notice of Privacy Practices, and you may request a copy of our most current notice during any visit to the Drug Abuse Treatment Association, Inc.

**How May We Use and Disclose Your Health Information:** The following categories describes the different ways in which, we may use and disclose your Protected Health Information. Please note that all disclosures may not be listed below, however the different ways we are permitted to use and disclose your medical information do fall with one of the listed categories.

- **Treatment:** The Drug Abuse Treatment Association, Inc. may use and disclose your medical information to treat you. Many of the staff of the Drug Abuse Treatment Association, Inc. may use or disclose your medical information in order to treat you or to assist other in your treatment. Additionally we may disclose your medical information to others who may assist in your care, such as your physician and other health care professionals.
- **Health Care Operations:** The Drug Abuse Treatment Association, Inc. may use and disclose your Health Information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that our organization is well run. An example of the way in which we may use and disclose your information for our operations would be to evaluate the quality of care you received from us. We may also disclose your information to therapists, nurses and students for review and learning purposes. We maintain safeguards to protect your Protected Health Information against unauthorized access and uses.
- **Appointment Reminders:** Our organization may use and disclose your protected health information to remind you that you have an appointment. Information may be sent to you by voice mail.
- **Individuals Involved in Your Care or Payment for Your Care.** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- **Research:** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of clients who received one treatment to those who received another, for the same condition. Before we use or disclose Health information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records, to help them identify clients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

**Privacy Officer:** Drug Abuse Treatment Association, Inc., has an appointed a Privacy Officer. Our Privacy Officer or designee provides annual training programs to our key stakeholders, clinical staff members and all other employees regarding our policies and procedures to implement and ensure the safe guard of protected health information.

**Disclosure:** We will only disclose protected health information as permitted by law or with your permission. We will make every effort to avoid unintentional disclosures although the regulations consider such disclosures legal. When necessary for your care and treatment or any related activities to your health care, we use protected health information internally and may disclose such information to other health care providers (dentist, hospitals, nursing homes, insurers, third party administrators, payers, and other who maybe financially responsible for payment for services and benefits you receive, vendors, consultants, government authorities and other surveying entities and their respective agents. These parties are required to keep your protected health information confidential as provided by law. Some examples are:

- Quality assessment and improvement activities, such as peer review and credentialing of participating providers: program development and accreditations.
- Performance measurement and outcome assessment and health claims analysis.
- Data and Information systems management and
- Performing regulatory compliance/reporting and public health activities; responding to requests for information from regulatory authorities, responding to government agency or court subpoenas as required by law, reporting

suspected fraud or actual or other criminal activity; conducting litigation, arbitration and performing third-party liability, subrogation and related activities.

**Other Disclosures:** Clients may request in writing that their protected health information be disclosed to a third party. For example you may wish to have your records available for a friend, neighbor, or family member to help resolve a question about a claim or other concerns you have. Please obtain and sign an authorization form from any staff member.

**Special Situations:** The following categories describe additional conditions in which we may use or disclose your protected health information

- **Required by Law:** We will use or disclose Health Information about you when required to do so by International, federal, state or local law.
- **Public Health Activities:** We may use or disclose Health Information about you when required by the following Public Health Activities.
  1. To prevent or control disease, injury or disability
  2. To maintain vital records, such as birth or death
  3. To report child abuse or neglect
  4. To notify a person regarding potential exposure to a communicable disease.
  5. To notify a person regarding a potential risk for spreading or contracting a disease or condition.
  6. To report reactions to drugs or problems with product or devices
  7. To contact public health surveillance, investigation or intervention.
  8. To notify individuals if a product or device they may be using has been recalled
  9. To notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult client including domestic violence; however, we will only disclose this information if the client agrees or we are required or authorized by law to disclose this information; and
  10. To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- **Business Associates:** We may disclose 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. For example we may use another company to perform billing services on our behalf. 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 release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- **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 health information.
- **Abuse, Neglect and Domestic Violence:** We may disclose your Health Information to a government authority if we believe you are a victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you of it, unless we think informing you places you at risk of serious harm or if we were to inform your personal representative is otherwise not in your best interest.
- **Health Oversight Activities:** Our organization may disclose your Health Information to a health oversight agency for activities authorized by law. Oversight activities can include for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil administrative and criminal procedures or action; or other activities necessary for the government to monitor programs and compliance with civil rights law.
- **Lawsuits and Similar Proceedings:** Drug Abuse Treatment Association, Inc., may use and disclose your Health Information in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain order protecting the information the party requested. Note that all activities regarding disclosure in lawsuits or similar proceedings must comply with 42 CFR Part 2 requirements (i.e., Just Cause hearing, etc.).

- **Law enforcement:** We may release Health Information if asked to do so by law enforcement officials:
  1. Regarding a crime victim in certain situations, if we are unable to obtain the persons agreement per state law,
  2. Concerning a death we believe might have resulted from criminal conduct,
  3. Regarding criminal conduct at the Drug Abuse Treatment Association, Inc.,
  4. In response to a warrant, summons, court order, subpoena or similar legal process,
  5. To identify/locate a suspect, material witness, fugitive or missing person; and
  6. In an emergency, to report a crime (including the locating or victim(s) of the crime, or the description, identity or location of the perpetrator.
- **Coroners, Medical Examiners, and Funeral Directors:** The Drug Abuse Treatment Association, Inc. may release medical information to a coroner or medical examiner. This may be necessary, for example to identify a deceased person or to determine the cause of death. We may also release medical information about our clients to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release 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 Health Information to authorize federal officials so they may provide protection to the president, other authorized person or foreign heads of state or to conduct special investigations.
- **Serious Threats to Health or Safety:** The Drug Abuse Treatment Association, Inc. may use or disclose your Health Information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
- **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 release Health Information to the correctional institution or law enforcement official. This release would be necessary for:
  1. For the institution to provide health care services to you.
  2. For safety and security of the correctional institution; and
  3. To protect your health and safety or the health and safety of other individuals.
- **Organ and Tissue Donation:** The Drug Abuse Treatment Association, Inc. may use or disclose your medical information to organizations that handle organ and tissue procurement, banking or transplantation.
- **Workers Compensation or Disability Claims:** The Drug Abuse Treatment Association, Inc. may release your medical information for your workers compensation and disability claims and similar programs to appropriate agencies.
- **Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends 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.

**Your Written Authorization is Required for Other Uses and Disclosures:**

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

- Fundraising/Marketing: The Drug Abuse Treatment Association, Inc., does not use or disclose your Health Information for fundraising or marketing purposes; and
- Disclosure that constitute a sale of your Protected Health Information.

