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## Client Notice about our Privacy Practices: Revision Date 3/15/2016

### OUR PLEDGE REGARDING HEALTH AND SERVICE INFORMATION

We create a record of the services you receive at BestCare programs. While we are required to document the quality of care you are receiving from us to fulfill legal requirements, we understand that health and service information about you is highly personal. We are committed to protecting your private information. This notice applies to all of the service records generated by BestCare Treatment Services. Our guidelines for accessing your protected health information are in accordance with CFR 45 Sections 142, 160, 162, and 164, and CFR 42 section 2.16 that ensure that only appropriate individuals have access to relevant clinical and other information for individuals receiving mental health and addiction services.

### WHO WILL FOLLOW THESE PRACTICES

- **Any health care professional authorized to enter information into your service record.**
- **All departments, programs, and locations of BestCare Treatment Services.**
- **All employees, staff, and personnel at all BestCare locations.**
- **Any member of a volunteer group we allow to help you while you are a client of BestCare Treatment Services.**

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS INFORMATION CAREFULLY.

The following categories describe different ways that we use and disclose health and service information. Each category of uses or disclosures is explained and examples provided for clarity. All of the ways we are permitted to use and disclose information will fall within one of the categories. Not every use or disclosure in a category is listed. This notice also describes your rights regarding your records and obligations we have regarding the use and disclosure of protected information.

- **For Service Delivery.** Health and service information is used to provide services. We may disclose health and service information to other staff members, technicians, students, or other BCTS personnel who are involved in providing services at BCTS. For example a staff member providing family counseling services may need to know if a client is receiving other services at BCTS in order to make the family counseling services more effective. Different departments of BCTS also may share health and service information in order to meet client needs, such as prescriptions, psychiatric evaluation, further assessments.
- **For Payment.** Health and service information may be used so that BCTS services may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give a health plan CCO or other third party payer information about counseling services received at BCTS to obtain payment for the services or reimbursement owed to you, if applicable. We may also tell your health plan, insurance company or CCO about a planned service to obtain prior approval or to determine whether the plan will cover the service.
- **For Health Care Operations.** Health and service information about you may be used for BCTS operations. These uses and disclosures are necessary to run BCTS and make sure that all of our clients receive quality services. For example, we may use health and service information to review our services and to evaluate the performance of our staff. We may also combine health and service information about many BCTS clients to decide what additional services BCTS should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to other staff members, volunteers, students, and other BCTS personnel for review and learning purposes. We may combine the health and service information we have with health and service information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove personal information that identifies clients from this shared health and service information so others may use it to study services and service delivery without learning who the specific clients are.

- **Appointment Reminders.** With your consent we may use and disclose health and service information as a reminder of an appointment for services at BCTS.
- **Service Alternatives.** We disclose health and service information about clients when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health and service information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat from occurring.

## **SPECIAL SITUATIONS**

- **Workers' Compensation.** We may release your health and service information for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses only with your written permission.
- **Public Health Risks.** We may be required to release service information for public health activities or requirements for reporting of sentinel or adverse events as required by law or contract. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
- **Health Oversight Activities.** We disclose health and service information to a health oversight agency for activities authorized by law. These oversight activities include but are not limited to: audits, accreditation, investigations, inspections, and licensure. These activities are necessary for the government and accrediting organizations to monitor the health care system, ensure conformance with accreditation standards, adherence to administrative rules and other government regulations and programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may **ONLY** disclose health and service information about you in response to a judicial order. Efforts must have been made to inform the you about the request and provide an opportunity for you to be heard before information can be released.
- **Law Enforcement.** We may release health and service information in the following situations **ONLY** in response to a judicial order. Information may be released in situations involving subpoenas, warrants, summons or similar documents with a judicial order after notice has been served to the program and to you and an opportunity for you to be heard has been provided.
  - Neither a search warrant nor an arrest warrant constitute the type of judicial order that authorizes BCTS to disclose information that identifies clients.

## **CLIENT RIGHTS REGARDING PROTECTED HEALTH AND SERVICE INFORMATION**

You have the following rights regarding health and service information we maintain:

### **Right to Inspect and Copy**

You have the right to inspect and copy health and service information that may be used to make decisions about your care. Usually, this includes service and billing records. The following provisions are applicable regarding this right:

- A written request must be submitted to BestCare Treatment Services.
- We may charge a fee for the costs of copying, mailing or other supplies associated with the request.
- In certain very limited circumstances a request to copy may be denied.
- Clients denied access to service information may request that the denial be reviewed.
- Another licensed health care professional chosen by BCTS will review the request and denial.
- The person conducting the review will not be the person who denied the request.
- We will comply with the outcome of the review.

### **Right to Amend**

You may ask us to amend health and service information that you feel is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for BCTS. The following provisions are applicable regarding this right:

- Request for amendment must be made in writing and submitted to BestCare Treatment Services.
- A reason that supports the request must be provided.

We may deny request for an amendment if:

- it is not in writing
- it does not include a reason to support the request or
- a request is made to amend information that was not created by BCTS, unless the person or entity that created the information is no longer available to make the amendment
- the amendment requested is not part of the health and service information kept by or for BCTS
- the amendment request does not pertain to information which you would be permitted to inspect and copy
- the information is determined to be accurate and complete

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

You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of health and service information about you. The following provisions are applicable regarding this right:

- The request must be submitted in writing to BestCare Treatment Services.
- It must state a time period, which may not be longer than six years and may not include dates before February 26, 2003.
- The request should indicate the desired format (for example, paper or electronic records).
- The first list of requested information within a 12-month period will be free.
- We may charge you for the costs of providing additional lists of information.
- We will notify you of the cost involved and you may choose to withdraw or modify the request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the health and service information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health and service information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a counseling episode or session you had. The following provisions are applicable regarding this right:

- We are not required to agree to the request.
- If we do agree, we will comply with the request unless the information is needed to provide emergency treatment.
- Requests for restrictions must be made in writing to BestCare Treatment Services.
- Requests must specify (1) what information is to be restricted (2) whether you are seeking to limit our use, disclosure or both (3) to whom the restrictions should apply, for example, disclosures to a spouse.

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

You have the right to request that we communicate with you about health and service matters in a certain way or at a certain location. For example, you can ask that we only contact them at work or by mail. The following provisions are applicable regarding this right:

- Requests for confidential communications must be made in writing to BestCare Treatment Services.
- We will not ask the reason for the request.
- We will accommodate all reasonable requests.
- Requests must specify how or where the client wishes to be contacted.

### **Right to a Paper Copy of This Notice**

You have the right to a paper copy of the notice of Privacy at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice upon request.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with BCTS or with the Secretary of the Department of Health and Human Services. Complaints filed with BCTS should be directed to our Privacy Officer at BestCare Treatment Services, 340 NW Fifth Street, Redmond, Oregon 97756, 541-516-4009 All complaints must be submitted in writing. You will not be penalized for filing a complaint.



**OTHER USES OF HEALTH AND SERVICE INFORMATION/REVOCAION OF PERMISSION.**

Other uses and disclosures of health and service information not covered by this notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose health and service information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health and service information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with appropriate permission, and that we are required to retain in our records of the care that we have provided .

**CHANGES TO OUR NOTICE OF PRIVACY PRACTICES**

We reserve the right to change our Notice of Privacy Practices. We reserve the right to make the revised or changed notice effective for health and service information we already have about clients as well as any information we receive in the future. We will post a copy of the current notice at BCTS. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time a client registers at or is admitted to BCTS for services, we will offer a copy of the current notice in effect.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_