

CHART B (INTAKE) NLCS HIPAA NOTICE CONFIDENTIAL

7-11-18

PRIVACY PRACTICES

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This notice describes how your treatment information may be used and disclosed and how you can get access to this information

PLEASE REVIEW THIS NOTICE CAREFULLY

New Life Community Services, Inc. (NLCS) is committed to protecting the confidentiality of your client information. Protecting your information, also known as protected health information (PHI), is specifically required by federal law and regulations, including the federal confidentiality provisions for alcohol and substance abuse records (42 U.S.C. 290dd-2, 42 C.F.R. Part 2), as well as the general Federal privacy and security law known as Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. 1320d et seq, 45 C.F.R. Parts 160 and 164), and state privacy laws. For instance, New Life Community Services, Inc. is prohibited, with very few exceptions, from informing anyone outside of the program that you are attending the program, or disclosing any information that identifies you as an alcohol or drug abuser.

New Life Community Services, Inc. is required by law to provide you with this Notice of Privacy Practice and to abide by its terms. A violation of the applicable laws and regulations may be a crime. If you suspect a violation you may file a report as you set forth under "Complaints" below. We reserve the right to change the terms of our Notice of Privacy Practices at any time. We will make available a revised Notice of Privacy Practices by sending a copy to you in the mail upon request or providing one to you upon request.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INSURANCE INFORMATION

Listed below are examples of the uses and disclosures that New Life Community Services, Inc. may make of your protected health information. In a number of cases, we will get your consent (authorization) for a use or disclosures of PHI. These examples are not meant to be exhaustive. Rather, they describe types of uses and disclosures that may be made.

USES AND DISCLOSURES FOR TREATMENT INFORMATION, PAYMENT AND HEALTH CARE OPERATIONS

For Treatment: Your PHI may be used and disclosed by your concealer, program staff and others outside of our program that are involved in your care for the purpose of providing, coordinating or managing your treatment and any related services with your written authorization. This includes coordinating or managing of your care with a third party, consultation with other treatment providers or referral to another provider for treatment. For example, your protected health information may be provided to the state agency that referred you to our program to ensure that you are participating in treatment. In addition, we may disclose your protected health information from time-to-time to another physician or health provider (e.g. a specialist or laboratory) who, at the request of the program, becomes involved in your care. When applicable, we may disclose your PHI for treatment purposes without your authorization to third parties known as QSO/Bas (see discussion below)

To Obtain Payment for Services: New Life Community Services, Inc. will use and disclose your PHI to obtain payment for your health care services with your written authorization (except in limited circumstances). Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical

necessity or undertaking utilization review activities. New Life Community Services, Inc. may condition your treatment on the receipt of written permission to disclose your PHI for payment purpose without your authorization to third parties known as QSO/Bas (see discussion below)

For Healthcare Operations: We may use your PHI, as needed, within the New Life Community Services, Inc. in order to support the business activities of our program including, but not limited to, quality assessment activities, employee review activities, training of students, licensing and conducting or arranging for other various business

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activities (e.g. billing, electronic health record maintenance or other services) for New Life Community Services, Inc. Foundation, provided we have written contract with the QSO/BA.

Disclosures To You: We may contact you to follow-up with your after-care process or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you regarding programs and services offered by New Life Community Services, Inc. such as alumni events and workshops, or recovery newsletters. We may contact you or the individual who paid for your treatment to request a tax-deductible contribution to support New Life Community Services, Inc.'s important fundraising activities. (If you do not want to receive fundraising requests, call 831-427-1007 or email at office@newlifesc.org)

Other Uses of your PHI: We may use a sign-in sheet at the intake desk where you will be asked to sign your name and indicate your physician or counselor. We may also call you by name when it is time to be seen.

USES AND DISCLOSURES THAT DO NOT REQUIRE YOUR AUTHORIZATION

Pursuant to an agreement with a Qualified Service Organization/Business associate ("QSO/BA")

We may enter into a contact with a third-party QSO/BA to provide services to New Life Community Services, Inc. examples of these services include data processing, bill collecting, laboratory analysis, or legal, medical, accounting and professional services. The QSO/BA may access your PHI but not only to fulfill the QSO/BA's function, and may not re-disclose your PHI.

As Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law, is limited to the relevant requirements of the law, and is permitted under the privacy laws applicable to New Life Community Service, Inc. In addition, we must make disclosures to the secretary of the department of health and human services for the purpose of investigating or determining our compliance with applicable law.

For Adults and Investigations: We may disclose your PHI to a health oversight agency for activities authorized by law, such as adults, investigations, and inspections. Oversight agencies seeking this information include public and private agencies and organizations that provide financial assistance to the program (such as third-party payers), regulatory agencies, and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

In Medical Emergencies: We may use or disclose your protected health information in a medical emergency situation to medical personnel only. Our staff will try to notify you of the disclosure as soon as reasonably practicable after the resolution of the emergency.

Suspicion of Child Abuse or Neglect: We may disclose your PHI to a state or local agency that is authorized by the law to receive reports of child abuse or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

For Deceased Clients: We may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Criminal Activity on Program Premises/Against Program Personnel: We may disclose your PHI to law enforcements officials if you have committed a crime on program premises or against program personnel.

By Court Order: We may disclose your PHI if the court issues an appropriate order and follows required procedures.

Uses and Disclosures of your PHI With Your Written Authorization: Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke an authorization at any time, unless the program or its staff has taken an action in reliance on the authorization of the use or disclosure you permitted.

Your Rights Regarding Your Protected Health Information: Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

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You Have The Right To Inspect And Copy Your Protected Health Information: You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the record. A “designated record

set” contains medical and billing records and any other records that the program uses for making decisions about you but does not include psychotherapy notes. Your request must be in writing on an NLCS access form which is available from our office. We may charge you a reasonable cost-based fee for copies. We can deny you

access to your PHI in certain circumstances. In some of these cases, you will have a right to appeal the denial of access. Please contact our Privacy Officer if you have any questions about access to your medical records.

You May Have The Right To Amend Your Protected Health Information: You may request, in writing, that we amend your PHI that has been included in designated record set. In certain cases, we may deny your request of an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of it. Please contact the New Life Community Services Privacy Officer, if you have questions about amending your medical record.

ADDITIONAL RIGHTS:

- You have the right to obtain a paper copy of this notice from us using an NLCS access form. Any questions should be directed to our Privacy Officer.
- You have the right to request added restrictions on disclosures and uses of your protected health information.
- You have the right to ask us not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and we are not required to agree to such restrictions. Please contact our Privacy officer if you would like to request restrictions on the disclosure of your PHI.
- You have the right to request confidential communications from us by alternative means or at an alternative location, with the understanding that you assume any risks associated with information sent by unencrypted email. Normally we will communicate with you through the phone numbers, postal address, and/or email address you provide. We will accommodate any reasonable request to communicate with you by alternative means or at an alternative location, but we may condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method

of contact. We will not ask you why you are making the request. Please contact the Privacy Officer if you would like to make this request.

COMPLAINTS:

If you believe we have violated your privacy rights, you may file a complaint in writing to us and/or by notifying the U.S. Secretary of Health Services. NLCS posts grievance procedures for your convenience and they are supplied in your program folder. We will not retaliate against you for filling a complaint. For further information, please contact the Executive Director of New Life Community Services, Inc. at 831-427-1007

ACKNOWLEDGEMENT

Client Name _____

Client Signature _____ Date _____

Witness Signature _____ Date _____