



Notice of Privacy Practices

This Notice of Privacy Practices applies to all facilities of BHS including:



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.**

Behavioral Health Specialists, Inc. (BHS) and all the programs inclusive of it are required by federal law to maintain the privacy of Protected Health Information and to provide notice of its legal duties and privacy practices with respect to Protected Health Information.

PRACTICES AND USES:

BHS may access, use, and share medical information without your consent for purposes of:

- **Treatment.** We may use your medical information to provide you with medical treatment or services and to share it with other personnel who are giving you treatment or services. Different programs within BHS share your medical information in order to coordinate and maintain your continuum of care.
- **Payment:** We may use and disclose your medical information so the treatment and services you receive can be authorized, billed, and paid for.
- **Operations:** We can use and share your health information to run our practice, improve your care, and contact you when necessary.

OTHER PERMITTED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT CONSENT/ AUTHORIZATION:

- **Required by Law:** We may use or disclose your health information to the extent that the use or disclosure is required by law. You will be notified, if required by law, of any such uses or disclosures.
- **Public Health:** We may disclose your health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.
- **Communicable Diseases:** We may disclose your health information, 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.
- **Health Oversight:** We may disclose health information to a health oversight agency for activities authorized by law, or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil right laws.
- **Abuse or Neglect:** We may disclose your health information to a public health authority that is authorized by law to receive reports of abuse or neglect. The disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Law Enforcement:** We may also disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.
- **Legal Proceedings:** We may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.
- **Food and Drug Administration:** We may disclose your health information as required by the Food and Drug Administration.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose health information to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.
- **Research:** We may disclose your health information to researchers when their research has been approved by an institutional review board to ensure the privacy of your Protected Health Information.

- **Criminal Activity:** We may disclose your health information if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions:** When the appropriate conditions apply, we may use or disclose health information of individuals who are Armed Forces personnel for military, national security, and intelligence activities. Protected Health Information may be disclosed for the administration of public benefit purposes.
- **Workers' Compensation:** We may disclose your health information as authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmates:** We may use or disclose your health information if you are an inmate of a correctional facility in the course of providing care to you.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, et. seq.
- **Business Associates:** Some services of our organization are provided through contractual arrangements with Business Associates. For example, we may disclose your health information to accrediting agencies and certain outside consultants/auditors. They must use appropriate safeguards to protect your health information.

USES AND DISCLOSURES REQUIRING AUTHORIZATION:

There are certain uses and disclosures of Protected Health Information that require your authorization. Among them are:

- Marketing purposes
- Sale of your information, and
- Most sharing of psychotherapy notes

NOTE: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may have special confidentiality protections under applicable State and Federal law and require your consent before being shared. Nothing in this Notice of Privacy Practices is intended to, or shall limit, your rights as provided by State law.

Other uses and disclosures not described in this notice will be made only WITH authorization from you. You may revoke this authorization at any time as provided by 45 CFR 164.508(b)(5).

YOUR RIGHTS TO PRIVACY:

- **Right to Inspect and Copy:** You have a right to see, and to keep a copy of, all of your health records (except psychotherapy notes). Your request for a copy of your record must be in writing to the BHS Privacy Officer. We will charge you a reasonable, cost-based copying fee. We may deny your request to inspect and copy in certain circumstances; such as if it is believed the disclosure may likely cause substantial harm to you or another person. If denied access to medical information, you will be sent a letter indicating the reason for denial. You may request the denial be reviewed.
- **Right to Amend:** You have a right to ask for correction, or inclusion of a statement of disagreement, for anything in your records you feel is in error. Your request must be in writing to the BHS Privacy Officer and include supporting documentation. If we say "no" to your request, we will tell you why in writing within 60 days.
- **Right to an Accounting of Disclosures:** You have a (limited) right to know who has seen your health information and for what purpose. We will include all the disclosures except for those

about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). You must submit your request in writing to the BHS HIPAA Privacy Officer. Your request should indicate in what form you want the list to be provided to you.

- **Right to Request Restrictions:** You have the right to request a restriction on the medical information we use or disclose about you for treatment payment, health care operations, and to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request for restrictions unless it is for payment or health care operations and you use your own funds to pay, in full, for a health care item or service. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the BHS HIPAA Privacy Officer. In your request you must tell us:
 - What information you want to limit
 - Whether you want to limit our use, disclosure, or both; and
 - To whom you want the limits to apply.
- **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. To request confidential communications, you must make your request in writing to the BHS HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <http://www.4bhs.org/AboutUs.aspx> or by contacting us.
- **Opt out of Fundraising Communications.** If BHS should conduct fundraising activities, you have a right to opt out of this communication.
- **Breach Notification:** In the event BHS breaches your unsecured protected health information as defined by HIPAA, you will receive notification of the breach.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with **Behavioral Health Specialists, Inc.** or with the **Secretary of the U.S. Department of Health and Human Services.**

- To file a complaint with BHS, you may contact the **BHS HIPAA Privacy Officer** by sending a letter to **900 W Norfolk Ave., Suite 200, Norfolk, NE 68701**, or calling **402-370-3140**.
- You can file a complaint with the **U.S. Department of Health and Human Services**, by sending a letter to **200 Independence Avenue, S.W., Washington, D.C. 20201**, calling **1-877-696-6775**, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

CHANGES TO THE NOTICE OF INFORMATION PRACTICES

Behavioral Health Specialists, Inc. reserves the right to amend this Notice at any time in the future; the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website.

CONTACT INFORMATION

This notice fulfills the "Notice" requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule. If you have any questions about any part of this Notice of Privacy Practice or desire to have further information concerning information practices at BHS, please direct them in writing to: **BHS HIPAA Privacy Officer, 900 W. Norfolk Ave., Suite 200, Norfolk, NE 68701**, or by phone at **402-370-3140**.