

## Notice of Privacy Practices (Full Version)

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.

### **OUR OBLIGATIONS:**

Blue Valley Behavioral Health (BVBH) is 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
- Follow the terms of our notice that is currently in effect

### **USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT YOUR CONSENT/AUTHORIZATION**

The following describes the ways we may use and disclose health information that identifies you ("Health Information") WITHOUT your permission. Where State or Federal law restricts one of these uses and disclosures, we will follow the requirements of such State or Federal law. These are general descriptions only and do not cover every example of use and disclosure within a category. You may revoke or restrict such permission at any time by writing to our office secretary/privacy officer.

***Treatment:*** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses or other personnel, including people outside our office, who are involved in your behavioral health/medical care and need the information to provide you with such treatment.

***Payment:*** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

***Health Care Operations:*** We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, this may involve conducting quality assessments and improvement activities, auditing functions, cost management analysis, customer service and other related activities.

The following are other Uses and Disclosures of Health Information made WITHOUT your consent/authorization:

- **Appointment Reminders:** We may use and disclose Health Information to contact you to remind you have an appointment with us.
- **Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **To Individuals Involved in Your Care or Payment for Your Care** (according to state/federal law): 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 will only release this information if you agree, are given the opportunity to object and do not or if in our professional judgment it would be in your best interest to allow the person to receive the health information on your behalf. 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.
- **Health Information Exchange** (according to Treatment, Payment or Health Care Operations)
- **As Required by Law** (according to federal, state or local law requirements)

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- **To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.
- **To 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.
- **Government, Military and Veteran Functions:** 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. We may use and disclose your health information for national security and intelligence activities authorized by law or for protective services of the President. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health and the health and safety of other individuals.
- **Workers' Compensation:** (as authorized by law) We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **To Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **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.
- **Judicial and Administrative Proceedings:** If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested. State and federal law will be adhered to in the release of this information for this purpose which will allow for certain restrictions.
- **To Law Enforcement** (as allowable by law including being a victim of abuse, neglect and domestic violence): We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **To Coroners/Medical Examiners and Funeral Directors:** We are required to apply safeguards to protect your information for 50 years following your death. We may release Health Information to a coroner or medical examiner following your death. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties. As relevant, we may also release your information to a family member or other person who acted as a personal representative or was involved in your care or payment before your death.
- **Research:** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients 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 patients 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.

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### USES AND DISCLOSURES REQUIRING YOUR CONSENT/AUTHORIZATION

- **Uses and Disclosures Not Described Above:** BVBH will obtain your written authorization/consent for the use and disclosing of your health information that was not identified or referenced above.
- **Uses and Disclosures for Marketing:** BVBH will not use or disclose your health information for marketing purposes without your authorization. Moreover, if BVBH does receive financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form
- **Sale of Your Protected Health Information:** BVBH will not sell your health information to third parties without your authorization. Any such authorization will state that we will receive remuneration in the transaction.
- **Psychotherapy Notes:** These are notes made by a behavioral health professional documenting conversations during private counseling sessions or in group/joint therapy. Many uses or disclosures of psychotherapy notes require your authorization.

If you provide consent/authorization, you may revoke it at any time by submitting a written revocation to our Office Secretary/Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

### YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR HEALTH INFORMATION

- **Right to Request Restrictions:** (we are not required to agree with requests and you will be notified) You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to BVBH (local office). We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to Inspect and Copy:** You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to BVBH (local office). We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.
- **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), 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 form 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 or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- **Right to Receive a Notification in the Case of a Breach of Your Health Information:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Right to Amend:** If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing to BVBH (local office). We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

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- **Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to BVBH (local office).
- **Right to Request That Your Health Information Not Be Disclosed to Your Health Plan if You Paid All Specific Service Expenses Out-of-Pocket:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **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 BVBH (your local office). Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the 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 web site, [bvbh.net](http://bvbh.net). To obtain a paper copy of this notice, please ask the office secretary.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The current copy of the Notice of Privacy Practices may also be accessed on our website: [bvbh.net](http://bvbh.net). You are entitled to receive this Notice in written form and may request it from the office secretary.

### **CONCERNS AND QUESTIONS:**

If you believe your privacy rights have been violated or have concerns about any of our privacy practices, you may file a complaint to our Beatrice office (Contact Person: Carolyn Weaver – Privacy Officer, 1123 No. 9<sup>th</sup>, Beatrice NE. 68310). You may also submit a written complaint to the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint.

Effective Date 9/23/13,  
Reference: Title 45 of the Code of Federal Regulations, Section 164.520

Rev. 7/2017