

Notice of Privacy Practices

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. A copy with a supplemental narrative for the categories below is available to you for your convenience. 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. 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**
- **Treatment Alternatives and Health Related Benefits and Services**
- **To Individuals Involved in Your Care or Payment for Your Care** (according to state/federal law)
- **Health Information Exchange** (according to Treatment, Payment or Health Care Operations)
- **As Required by Law** (according to state, federal or local law requirements)
- **To Avert a Serious Threat to Health or Safety**
- **To Business Associates**
- **Government, Military and Veteran Functions**
- **Workers' Compensation** (as authorized by law)
- **Public Health Risks**
- **To Health Oversight Activities**
- **Data Breach Notification Purposes**
- **Judicial and Administrative Proceedings** (according to state/federal law)
- **To Law Enforcement** (as allowable by law including being a victim of abuse, neglect and domestic violence)
- **To Coroners/Medical Examiners and Funeral Directors**
- **Research**

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**
- **Sale of Your Protected Health Information**
- **Psychotherapy Notes**

Notice of Privacy Practices (cont')

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)
- **Right to Inspect and Copy**
- **Right to an Electronic Copy of Electronic Medical Records**
- **Right to Receive a Notification in the Case of a Breach of Your Health Information**
- **Right to Amend**
- **Right to an Accounting of Disclosures**
- **Right to Request That Your Health Information Not Be Disclosed to Your Health Plan if You Paid All Specific Service Expenses Out-of-Pocket**
- **Right to Request Confidential Communications**
- **Right to a Paper Copy of This Notice**

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. 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: Heather Kaster – Privacy Officer, 1123 No. 9th, 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. You may also request a copy of the Notice of Privacy Practices that contains supplemental narrative of the areas and categories listed above.

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

Rev. 11/2018