

**NOTICE OF PRIVACY PRACTICES****EFFECTIVE APRIL 2003  
REVISED 3/29/16**

This notice describes how your **confidential medical information** may be used and disclosed. **It also describes your rights to access and control your medical information.**

Counseling & Recovery Services of Oklahoma (CRS) maintains a record of the care that is provided to you and may receive such records from others. We use these records to provide or enable other health care providers to provide quality care, to obtain payment for services provided, and for administrative and operational purposes. The clinical record is the property of CRS.

**We are committed to protecting your medical information. We are required by law to:**

- Maintain the privacy of your medical information;
- Give you a notice of our legal duties and privacy practices with respect to your medical information; and
- Follow the terms of the notice currently in effect.

***What does this Notice cover?***

This Notice of Privacy Practices applies to *all* of your medical information used to make decisions about your care that we *generate or maintain*; this includes mental health, communicable disease and/or non-communicable disease, drug and alcohol abuse and other medical information. It applies to your information in written and electronic form. Different privacy practices may apply to your medical information that is created or kept by other people or entities.

***Who does this Notice cover?***

This Notice of Privacy Practices will be followed by all CRS employees; any health care professional who provides treatment to you at CRS and any member of a volunteer group or student intern that provides services at CRS and entities providing services under CRS's direction and control.

***What will you do with my medical information?***

The following categories describe the ways that we may use and disclose your medical information without obtaining your prior written authorization. Not every use or disclosure in a category will be listed.

If you are concerned about a possible use or disclosure of any part of your medical information, you may request a restriction. Your right to request a restriction is described in the section below regarding patient rights.

- **Treatment:** We will use your medical information to provide you with medical treatment and services.

We maintain medical information about our patients in an electronic and paper medical record that allows us to share medical information for treatment purposes. This facilitates access to medical information by health care providers who provide care to you.

*Examples include:* Your medical information may be disclosed to doctors, nurses, therapists, case managers, students or other personnel who are involved in taking care of you.

- **Payment:** We may use medical information about you for our payment activities. Common payment activities include, but are not limited to:

Determining eligibility or coverage under a plan,

- ❖ Billing activities,

*Examples include:* Your medical information may be released to an insurance company to obtain payment for services.

- ❖ We may disclose medical information about you to another health care provider or covered entity for its payment activities.

*Examples include:* We may send your health plan coverage information to an outside laboratory that needs the information to bill for tests that is provided to you.

- **Operations:** We may use your medical information for operational or administrative purposes. These uses are necessary to run our business and to make sure patients receive quality care. Common operation activities include, but are not limited to:

- ❖ Conducting quality assessment and improvement activities;

- ❖ Reviewing the competence of health care professionals;
- ❖ Arranging for legal or auditing services;
- ❖ Business planning and development; Business management and administrative activities; and
- ❖ Communicating with patients about our services.

*Examples include:* (1) We may use your medical information to conduct internal audits to verify that billing is being conducted properly. (2) We may use your medical information to contact you for the purposes of conducting patient satisfaction surveys or to follow-up on the services we provided.

- **Health Information Exchange:** We may participate in a health information exchange (HIE) Generally, a HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may obtain your health information from or share your health information, including mental health and other medical information with other providers that participate in the HIE or participants of other health information exchanges. If you do not want your medical information to be available through the HIE, you must request to opt out of the HIE by completing an opt out form. This form is available in our Medical Records Department and Registration Departments.
- **Business Associates:** We may disclose your medical information to other entities that provide a service to us or on our behalf that requires the release of patient medical information. However, we only will make these disclosures if we have received satisfactory assurance that the other entity will properly safeguard your medical information.

*Examples include:* We may contract with another entity to provide transcription or billing services.

- **Individuals Involved in Disaster Relief Efforts:** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Emergencies:** We may use or disclose your medical information if you need emergency treatment or it we are required by law to treat you but are unable to obtain your consent.
- **Research:** We may use and disclose medical information about you to researchers. In most circumstances, you must sign a separate form specifically authorizing us to use and/or disclose your medical information for research. However, there are certain exceptions. Under certain circumstances your medical information may be disclosed without your authorization for research if the authorization requirement has been waived or altered by a special committee that is charged with ensuring that the disclosure will not pose a great risk to your privacy or that measures are being taken to protect your medical information. We may use your clinical information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your information and has approved the research. Your medical information also may be disclosed to researchers to prepare for research as long as certain conditions are met. Medical information regarding people who have died can be released without authorization under certain circumstances. Limited medical information may be released to a researcher who has signed an agreement promising to protect the information released.
- **Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Required by Law:** We may use and disclose PHI about you as required by federal, state or local law, subject to the limitations imposed by these laws.

*Examples include:* (1) In certain circumstances, we may be required to disclose information related to victims of abuse, neglect or domestic violence. (2) Disclosure may be necessary to assist law enforcement officials in their law enforcement duties. (3) We may disclose information in response to judicial and administrative proceedings, in the course of judicial proceedings, if you have waived your rights to confidentiality under Oklahoma law.

(4) We may disclose PHI about you in response to a court order and other proceedings, (5) We may release your medical information for workers' compensation or similar programs.

- **Public Safety.** We may use and disclose medical 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 would only be to someone able to help prevent the threat.
- **Public Health.** We may disclose medical information about you for public health activities intended to:
  - ❖ Prevent or control disease, injury or disability;

- ❖ Report births and deaths;
  - ❖ Report abuse, neglect or violence as required by law;
  - ❖ Report reactions to medications or problems with products;
  - ❖ Notify people of recalls of products they may be using; or
  - ❖ Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Food and Drug Administration (FDA).** We may disclose to the FDA and to manufacturers health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs or replacements.
  - **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
  - **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. In limited circumstances, we may disclose medical information about you in response to a subpoena or discovery request.
  - **Reception Desk Operations:** We may use or disclose information if we are speaking to you on the telephone at the reception desk regarding an appointment or relaying information to you that you have asked for. We may use or disclose information when contacting you to remind you of an appointment or returning your phone call. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone at the number you have listed as your contact number.
  - **Sign-in Sheet:** We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when it is time for your appointment.
  - **Notification and Communication with Family:** We may disclose your information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to someone who is involved in your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose information in a disaster even over your objection if we believe it is necessary to respond to emergency circumstances. If you are unable and unavailable to agree or object, our health professionals will use their best judgment in communication with your family or others.
  - **National Security and Intelligence Activities:** We may disclose your PHI for military or national security purposes or to correctional institutions or law enforcement officers that have you in their custody.
  - **Change of Ownership:** In the event that Counseling & Recovery Services of Oklahoma is sold or merged with another organization, your information will become the property of the new owner. You will maintain the right to request that copies of your PHI be transferred to another provider.
  - **Marketing or Fundraising Activities:** We may contact you to give you information about services related to you treatment, case management, care coordination or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We will not use or disclose your information for marketing or fundraising purposes without your written authorization.
  - **Coroners, Medical Examiners and Funeral Directors:** We may release medical information to a coroner or medical examiner.
  - **National Security and Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
  - **Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
  - **Military/Veterans:** We may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

- **Inmates:** If you are an inmate of a correctional facility or under the custody of a law enforcement official or agency, we may release your medical information to the correctional facility or law enforcement official or agency.

***What if you want to use and/or disclose my medical information for a purpose not described in this Notice?***

We must obtain a separate, specific authorization from you to use and/or disclose your medical information for any purpose not covered by this notice or the laws that apply to us.

If you provide us with authorization to use or disclose your medical information, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will not use or disclose your medical information for the reasons covered by your authorization. However, your revocation will not apply to disclosures already made by us in reliance on your authorization.

***What are my rights regarding my medical information?***

You have the rights described below in regard to the medical information that we maintain about you. You are required to submit a written request to exercise any of these rights. You may contact our medical record department or Privacy Official at 918- 492-2554 to obtain a form that you can use to exercise any of the rights listed below.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of medical information used to make decisions about your care. We will provide you with access to your medical information in the form or format requested if it is available in such format. We will charge \$0.50 for each page for paper records and \$0.30 per page for records in digital form. Requests from attorneys, insurance companies and by way of subpoena will be charged \$10.00 in addition to the per page charges. In no event will we charge in excess of \$200.00 plus any permitted postage and delivery fees. We may deny your request to inspect and/or copy your medical information in certain circumstances. If you are denied access, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.
- **Right to Amend.** If you feel that medical information that we created is incorrect or incomplete, you may submit a request for an amendment for as long as we maintain the information. *You must provide a reason that supports your amendment request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:

We did not create, unless the person or entity that created the information is not available to make the amendment;  
Is not part of the medical information that we maintain;  
Is not part of the information that you would be permitted to inspect and copy; or  
Is accurate and complete.

- **Right to Revoke Authorization to Use or Disclose Your Information** except to the extent that this use or disclosure has already occurred.
- **Right to an Accounting of Disclosures.** You have the right to request one free "accounting of disclosures" every 12 months. This is a list of *certain* disclosures we made of your medical information. There are several categories of disclosures that we are not required to list in the accounting. For example, we do not have to keep track of disclosures that are authorized. *Your request must state a time period, which may not be longer than 6 years and may not include dates before April 14, 2003.*  
  
If you request more than one accounting in a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your 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 medical information we use or disclose about you unless our use and/or disclosure are required by law. You also have the right to request a limit on the medical 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. You can request a restriction if you do not want us to disclose your medical information to an HIE.

*We are not required to agree to your request unless you are requesting a restriction on the disclosure of information to your health plan and you pay out of pocket for the medical treatment provided.* If we agree to a restriction, we will comply with your request unless the information is needed to provide emergency treatment to you.

In your request, you must indicate: The type of restriction you want and the information you want restricted; and To whom you want the limits to apply, for example, your spouse.

- **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 at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. 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 may ask that we only contact you at work or by mail. To request a confidential communication, you must make your request in writing to Counseling & Recovery Services of Oklahoma. We will not ask you the reason for your request. We will accommodate all reasonable requests. Our request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. Copies of this notice always will be available in our medical record department.

#### ***Can you change this notice?***

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You will also be offered a current Privacy Notice at the time of each treatment planning. Copies of the current notice will be posted in our main reception areas and will be available for you to pick up on each visit to CRS.

#### ***What happens if my medical information is used by or disclosed to a person or entity that should not have access to it?***

- We are required to notify you by first class mail of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secured via a methodology identified by the Secretary of the U.S. Department of Health and Human Services (HHS) that renders the protected health information unusable, unreadable, and indecipherable to unauthorized users. The notice is required to include the following information:
  - A brief description of the breach, including the date of the breach and the date of its discovery, if known
  - A description of the type of Unsecured Protected Health Information involved in the breach
  - Steps you should take to protect yourself from potential harm resulting from the breach
  - A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches
  - Contact information, including a toll-free telephone number, e-mail address, website, or postal address where you can ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary detailing a list of breaches that involve more than 500 patients during the year and maintain a written log of breaches involving less than 500 patients.

Violations of the federal law and regulations, 45 CFR 164.520 and 42 CFR, Part 2, are a crime. Suspected violations may be reported to appropriate authorities in accordance with these regulations.

#### ***What if I have questions or need to report a problem?***

If you believe your privacy rights have been violated, you may file a complaint with us or with the Office of Civil Rights of the Department of Health and Human Services. To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Official at 918-492-2554. The Privacy Official's mailing address is: 7010 S Yale Ave., Suite 215, Tulsa, OK 74136. To file a complaint with the Office of Civil Rights of the Department of Health and Human Services, you must submit the complaint within 180 days of when you knew or should have known of the circumstance that led to the complaint. The complaint must be submitted in writing. Information on how to file a complaint can be located on the Office of Civil Rights website at: <http://www.hhs.gov/ocr/privacy/index.html> or our Privacy Official can provide you with current contact information.

***You will not be penalized for filing a complaint.***