NOTICE OF PRIVACY PRACTICES
At the Samaritan Center

This notice tells you how we make use of your private health information (PHI) at our Center, how we might disclose that PHI to others, and how you can get access to the same information. Please review this notice carefully and feel free to ask for clarification about anything in this material you might not understand. The privacy of your health information is very important to us and we want to do everything possible to protect that privacy. We have a legal responsibility under the laws of the United States and the state of Indiana to keep your health information private.

This notice takes effect in **OCTOBER 2018**, and will be in effect until we replace it.

We have the right to change any of these privacy practices as long as those changes are permitted or required by law.

Any changes in our privacy practices will affect how we protect your PHI. This includes health information we will receive about you or that we create here at the Samaritan Center. These changes could also affect how we protect the privacy of any PHI we had before the changes.

When we make any of these changes, we will also change this notice and give anyone who is an active client of the Center a copy of the new notice.

If you request a copy of this notice at any time in the future, we will give you a copy at no charge to you.

If you have any questions or concerns about the material in this document, please ask us for assistance, which we will provide at no charge to you.

AS OUR CLIENT, YOU HAVE THESE IMPORTANT RIGHTS:

A. **RIGHT TO NOTICE:** You have a right to receive this Notice of Privacy Practices (at no charge) which includes a description of how we will use and disclose your PHI. The following is a list of reasons allowed in the HIPAA Privacy Rule for disclosing PHI without patient authorization:

**When using or disclosing information for treatment, payment, and healthcare operations.
**Disclosure of PHI to others involved in your healthcare and identified by you
**When required by HHS to investigate and/or determine compliance by the practice
**To the FDA
**For legal proceedings
**As required by law
**For Public Health
**For communicable disease
**For health oversight
**In cases of abuse or neglect
**For military activity & National security
**For worker's compensation
**When an inmate
**To coroners, funeral directors
**To organ donation organizations
**For research
**To law enforcement

B. **RIGHT TO AUTHORIZE**: You have the right to authorize any use or disclosure of your PHI for purposes not described in this Notice. You have the right to revoke that authorization at any point, but it will only affect the PHI from that point on. If you refuse to authorize such uses and disclosures, you have the right to expect that your PHI will not be used or disclosed for such purposes.

C. **RIGHT TO DESIGNATE A PERSONAL REPRESENTATIVE:** You have the right to designate a personal representative who will be delegated with the authority to consent to, or authorize the use or disclosure of PHI on your behalf. This personal representative has the power to exercise all of the rights of the individual regarding your PHI. In the case of a minor child, the personal representative may have the same powers as long as they can establish grounds as a legal guardian or parent to the minor child. If the client is an elderly individual or an individual lacking the capacity to make healthcare decisions, it will be our responsibility to ensure that you have the right to establish another person as your personal representative.

**In the event of an emergency, we may use or disclose your PHI to a family member, person responsible for your care, or personal representative. If you are present in such an emergency, we will give you the opportunity to object. If you object, or are not present, or are incapable of responding, we may use our professional judgment, in light of the nature of the emergency, to use or disclose your PHI in your best interest at that time. In so doing, we will only use or disclose the aspects of your PHI that are necessary to respond to an emergency.

D. **RIGHT TO REQUEST A RESTRICTION:** You have the right to request that a practice not use or disclose certain PHI and to request that we make reasonable efforts to keep the communications of PHI confidential. We do have the right to agree to or deny most requested restrictions. We must provide a written notice of acceptance or denial of your requested restrictions including an explanation of denial. The Omnibus Rule does include a new requirement: If you request that we <u>not</u> notify or disclose PHI to your insurance carrier, we must consent to that and allow you to make out-of-pocket payments in full.

E. **RIGHT TO DISCLOSURE ACCOUNTABILITY:** You have the right to request and obtain a listing of the PHI disclosures we make. We must provide you that within 60 days of receipt of request and the first listing given to you in any 12-month period must be provided at no charge. We are not required to list disclosures that were made:

**To carry out treatment, payment, and healthcare operations
**To patients about their PHI
**Made as stipulated in an authorization signed by the patient
**For a facility's directory or to persons involved in your care
**For national security or intelligence purposes
**To correctional institutions
**As part of a limited data set
**Prior to the compliance date of the Privacy Rule

F. **RIGHT TO ACCESS:** You have the right to access, inspect, and obtain copies of PHI maintained by us. This means that you have the right, with few exceptions, to access all PHI that we have collected, created, and maintained on you. You must submit a written request to us for this information. You also have the right to request that copies of your record be forwarded to a third party. We may charge a reasonable, cost-based fee.

G. **RIGHT TO REQUEST AN AMENDMENT:** You may request an amendment to your PHI. Your original record cannot be changed, but if we agree to the amendment, it will be included as part of your record. We do have the right to deny such requests. If you disagree with our denial, you have the right to submit a written disagreement that will become part of your record. We may also choose to write a rebuttal to your disagreement which will also be part of your record. If we agree to the amendment, we must:

**Make the amendment in your record

**Inform you in writing that it has been amended

**Ask you to identify persons or entities that should be notified of the amendment and obtain your permission to contact those persons or entities

**Make a reasonable effort to inform those persons or entities who could use the prior information to your detriment.

<u>SOME EXAMPLES OF HOW WE USE AND DISCLOSE YOUR PHI:</u>

A. To your physician or other healthcare provider who is also treating you.
B. To anyone on our staff involved in your treatment program.
C. To any person required by federal, state, or local laws to have lawful access to your treatment program.
D. To receive payment from a third party payer for services we provide to you.
E. To our own staff in connection to the Center's operations. Examples of these include, but are not limited to: evaluating the effectiveness of our staff, supervising our staff, improving the quality of our services, meeting accreditation standards, and in connection with licensing, credentialing, or certification activities.

<u>OTHER SPECIAL NOTICES:</u>

A. Our Center does use PHI to contact you for appointment reminders (by text message or email), to provide information regarding alternative treatments, and to contact you about health-related benefits and services offered by our practice. An example of the latter includes our partnership with My Strength. This is an online tool to which your therapist will refer you. My Strength gives you access to therapeutic tools in between your sessions and allows for a place to store your own therapeutic goals and wellness assessments of your progress.
B. We will not use your PHI in any of our Center's marketing, development, public relations, or related activities without your written authorization.
C. We cannot use or disclose your health information in any ways other than those described in this notice unless you give us written permission.

IF YOU BELIEVE WE HAVE VIOLATED ANY OF YOUR RIGHTS, OR YOU DISAGREE WITH A DECISION WE HAVE MADE ABOUT ANY OF YOUR RIGHTS IN THIS NOTICE, YOU MAY COMPLAIN IN WRITING TO THE FOLLOWING PERSON:

Compliance Officer: Randal J. Rhoade

Telephone: (574) 262-3597

Fax: (574) 262-3599

E-mail: rrhoade@elkhartsamaritan.org

Address: The Samaritan Center, 311 W. High St., Elkhart, IN 46516

You may also submit a written complaint to the United States Department of Health and Human Services. Here is the address:

Secretary of the United States Department of
Health and Human Services
Office of Civil Rights
200 Independence Ave. SW
Washington, D.C. 20201

HIPAA – Acknowledgement of Receipt

We at Samaritan Health and Living Center are required by law to provide individuals with the attached Notice of Privacy Practices with respect to protected health information. It is also legally required that we ask you to state in writing that you have received this Notice. If you have any objections to the Notice, please speak with your therapist or our HIPAA Compliance Officer (listed above). You may ask for another copy of this Notice at any time.

By my written name below:
-- I hereby acknowledge that I have received a copy and reviewed the Samaritan Center's HIPAA Notice of Privacy Practices document.
-- I understand that my signature does not mean that I have agreed to any special uses or disclosures of my health records.
-- I understand that refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits.
-- I understand that if I refuse to sign the acknowledgement, the Samaritan Center must keep record of this fact.

______________________________ ______________________________
Client Printed Name (Or Guardian Name if Minor) Client (or Guardian) Signature

Date: ______________________________