

NOTICE OF PRIVACY PRACTICES AND POLICIES

This Privacy Notice describes how medical, health, and behavioral health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

When you receive services from *The Raleigh House of Hope*, *The Raleigh House of Hope* and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. *The Raleigh House of Hope* understands that information about you and your health is personal. We are committed to protecting health and treatment information about you. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by *The Raleigh House of Hope* and its providers, including the following people and organizations:

- Any health care professional that is authorized to enter information in your record.
- Any employee, staff, student, volunteer, or intern that we allow to help you while you are receiving services.

This Notice of Privacy Practices tells you about the ways in which we may use and disclose health and treatment information about you. It also describes your rights and outlines certain obligations we have regarding the use and disclosure of health and treatment information. The law requires *The Raleigh House of Hope* to:

- Make sure that health and treatment information that identifies you is kept private.
- Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment Information about you.
- Make sure the *The Raleigh House of Hope* staff and its contracted providers follow the terms of the notice currently in effect.

PROTECTED HEALTH INFORMATION:

The Raleigh House of Hope is required to follow all state and federal statutes and regulations including Federal Regulation 42 C.F.R. Part 2 and Title 25, Article 4, Part 14 and Title 25, Article 1, Part 1, CRS and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 142, 160, 162 and 164, governing testing for and reporting of TB, HIV AIDS, Hepatitis, and other infectious diseases, and maintaining the confidentiality of Protected Health Information.

Protected Health Information (hereinafter "PHI") refers to any information that is created or received by *The Raleigh House of Hope*, and relates to an individual's past, present, or future physical or mental health or conditions and related care services or the past, present, or future payment for the provision of health care to an individual; and

- 1 That identifies the individual; or
2. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

PHI includes any such information described above that *The Raleigh House of Hope* transmits or maintains in any form, this includes Psychotherapy Notes. HIPAA and federal law regulate the use and disclosure of PHI when transmitted electronically.

HOW WE MAY USE OR DISCLOSE HEALTH AND TREATMENT INFORMATION ABOUT YOU:

The following information describes different ways we use and disclose PHI. If you are receiving services for the evaluation or treatment of substance abuse conditions, specific rules apply to the information related to those services. Please refer to the section entitled Substance Abuse Health Information for those rules.

For Treatment We may use PHI about you to provide you with behavioral health treatment or services. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral health professionals involved in your care. For example, a psychiatrist treating you may need to know if you have allergies to certain medications. Your primary care physician may need to know what psychiatric medications you are using to coordinate your care, or we may need to speak to a pharmacist about your prescriptions. Different departments or groups within *The Raleigh House of Hope* may share information to help coordinate the services you need, such as medications, individual therapy, group therapy, and case management. We may ask you for an authorization to release information for some treatment disclosures, even though it may not be required, as a way to inform and involve you with the course of your treatment.

For Payment We may use and disclose PHI about you so that we may bill for the services you receive and collect from appropriate payers, such as Colorado Mental Health Services (MHS), Office of Behavioral Health (OBH), Access to Recovery (ATR), Medicaid, Medicare, Worker's Compensation, health maintenance organizations, insurance companies, or other third parties. For example, we may need to give the agency paying for your care information about the treatment you received in order for them to pay. We may also need to request prior authorization of services to determine whether your insurance or another party will be the responsible payer for treatment services.

For Health Care Operations We may use and disclose PHI about you for the business activities of The Raleigh House of Hope and its providers. These uses and disclosures are necessary for administrative functions and to ensure that our clients receive quality care. For example, we may use PHI about you to review the performance of clinical staff, to complete audits required by our licensing agencies, or to develop additional clinical services. We may call you or send you a survey asking about your satisfaction with the services we provided. We may disclose information about you for example, to resolve a complaint or specific treatment issue you have raised.

Research. Under certain limited circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve the care and recovery of all clients who use a particular treatment/medication for the same condition. All research projects are subject to special approval. We will always ask for your permission to give a researcher access to your name, address or other information that may reveal who you are. You may participate in the research or not, as you wish, without jeopardizing your care.

Involuntary Clients. Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers, and others, as necessary to provide the care and management coordination needed in compliance with Colorado law.

Appointment Reminder. We may use and disclose information to contact and remind you that you have an appointment for treatment or services in accordance with the Consent for Communication of Protected Health Information by Non-Secure Transmissions.

Health Related Information or Resources . We may use and disclose information to contact you in order to tell you about other treatment related options that may be of interest to you, such as support groups or online self-help resources.

Fundraising. We may use or disclose information to contact you about raising money for our programs, services or operations, over and above the fees you pay for treatment. If you do not wish to be contacted for fundraising purposes, you must notify the Director, in writing.

SUBSTANCE ABUSE HEALTH INFORMATION:

The confidentiality of records related to the diagnosis, treatment, referral for treatment, or prevention of alcohol or drug abuse is protected by federal law (42 USC 290dd3, 42 USC 290ee3, and 42 CFR part 2). Generally, a substance abuse program may not disclose to anyone outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser, unless:

- The client grants authorization for the disclosure, in writing.
- The disclosure is allowed by a court order.
- The disclosure is made in response to a health emergency.
- The disclosure is made to a qualified professional for research, audit, or program evaluation. Office of Behavioral Health licensing requires obtaining client data at the admission and discharge of each level of care. This information is submitted via a computerized system.
- The client commits or threatens to commit a crime at the facility or against any person who works for the treatment program. Violations of the federal law or regulations by a substance abuse provider are a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to The Raleigh House of Hope Executive Director. State law requires, and federal law permits, a substance abuse program to report suspected child abuse or neglect to appropriate authorities.

HIV INFORMATION:

All medical information regarding HIV is kept strictly confidential and is released only in accordance with the requirements of Colorado State law (CRS §25-4-1402). Disclosure of any PHI regarding a client's HIV status may only be made with specific written authorization of the client, unless otherwise required by law. A general authorization for the release of health information is not sufficient for this purpose.

RIGHTS OF MINORS:

All provisions of the Privacy Notice apply to parents, legal guardians, or other persons authorized to act on a minor's behalf, with the exception of:

- A person aged 15 to 18 that has obtained treatment without parental consent. Parents or legal guardians may request information about a minor's mental health treatment but their request may be granted, partially granted, or denied without the minor's permission, if the mental health professional judges it to be in the minor's best interests.
- A minor of any age may consent to substance abuse treatment without their parent's permission. Parents or legal

Guardians may not have access to a minor's substance abuse treatment information without written authorization from the minor.

SPECIAL CIRCUMSTANCES:

Federal and state laws allow or require *The Raleigh House of Hope* and its providers to disclose PHI about you, without your written authorization, in certain special circumstances, including:

Public Health Risks (Health and Safety for You and/or Others): We may disclose PHI about you for public health activities, when necessary, to prevent a serious threat to your health and safety, or to the health and safety of another person or the general public. These activities generally include the following:

- To avert a serious threat to the health or safety of a person or the public.
- To prevent or control disease, injury or disability.
- To report births or deaths.
- To report child abuse or neglect.
- To report abuse of the elderly or at risk adults.
- To report reactions to medications.
- To notify people of recalls of medications they may be using.
- To notify a person who may have been exposed to a chronic/potentially terminal disease or who may be at risk for contracting a disease based on exposure.
- When required by law, to inform the appropriate authorities if we believe a client has been the victim of abuse, neglect, or domestic violence.
- Disclosure made to medical personnel in a medical emergency or to a qualified personnel for research, audit, or program evaluation.
- In response to request for organ and/or tissue donations

Health Oversight Activities: We may disclose PHI about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections or licensure. These activities are necessary for the government to monitor the behavioral health care system, government funded programs, and compliance with civil rights and other laws.

Lawsuits, Legal Actions, and Disputes: If you are involved in a lawsuit or legal action, we may disclose PHI about you in response to a court or administrative order received from a judge. If you have filed a complaint or lawsuit against your therapist or *The Raleigh House of Hope*, PHI about you may be disclosed to resolve the matter.

Law Enforcement and Government Requests: We may disclose PHI about you if asked to do so by a law enforcement official for any of the following reasons:

- In response to a court order, warrant, summons, or similar lawful process.
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization.
- About a death we believe may have been the result of criminal conduct.
- About criminal conduct at any *The Raleigh House of Hope* office, in any *The Raleigh House of Hope* program, or against a staff member, visitor, or another client.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.
- In the event that the Out of State Offender Client Questionnaire yields reportable information.
- To address workers' compensation of other government requests

Coroners, Medical Examiners, and Funeral Executive Directors: We may disclose PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral Executive Directors when necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose PHI 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 health information about you to authorized federal officials so that they may provide protection to the President, other authorized persons, or foreign heads of state.

As Required By Law: We will disclose PHI about you when required to do so by federal, state, or local law.

Minimum Amount of Information Necessary: Uses and disclosures for payment and health care operations purposes are subject to the minimum necessary requirement. This means that *The Raleigh House of Hope* may only use or disclose the minimum amount of PHI necessary for the purpose of the use or disclosure (i.e., for billing purposes, a therapist would not need to disclose a client's entire medical record in order to receive reimbursement. A therapist would likely only need to include a service code, etc.). Uses and disclosures for treatment purposes are not subject to the minimum necessary requirement.

The Raleigh House of Hope is required to promptly notify you of any breach that may occur that may have compromised the privacy or security of your information.

YOUR RIGHTS REGARDING HEALTH CARE INFORMATION ABOUT YOU:

When it comes to your health information, you have certain rights:

Right to Inspect and Copy You have the right to inspect and copy health information that may be used to make decisions about your care. This may be information such as evaluations/assessments, treatment plans, progress notes, and billing information. To inspect or copy your health information, you must submit your request in writing to the Director of the *The Raleigh House of Hope* location where you are receiving services. You may be charged a reasonable fee for the cost of copying and mailing of your records. Your request to inspect and copy your information may be denied in certain limited circumstances. In those circumstances, *The Raleigh House of Hope* retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your health information, you may request that the *The Raleigh House of Hope* Director review the denial. Written instructions on how to initiate the review process will be provided to you at the time of any denial of your access to information. The Raleigh House of Hope will provide a copy or a summary of health information usually within thirty (30) days of receipt of the written request.

Right to Amend If you feel that any health information we have about you is incorrect or incomplete; you may ask us to amend the information. You have the right to request an amendment for as long as your health information is kept by *The Raleigh House of Hope*. To request an amendment you must submit your request, in writing, to the *The Raleigh House of Hope* Director where you are receiving services. You must provide a reason supporting your request. We may deny your request if you ask us to amend information that:

- Is accurate and correct.
- Is not part of the health information kept by *The Raleigh House of Hope* or its providers.
- Is not part of the health information that you would be permitted to inspect or copy.
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.

If the Raleigh House of Hope denies your request to amend the Raleigh House of Hope will tell you why within sixty (60) days.

Right to an Accounting of Disclosures You have the right to request an accounting or list of disclosures of health information made about you. The list does not include information disclosed for the purposes of treatment, payment or health care operations, and it does not include information disclosed on the basis of a written authorization for release of information signed by you or someone authorized to act for you. To request this accounting, you must make your request in writing to the *The Raleigh House of Hope* Director where you are receiving services. Your request must state a time frame for the accounting that:

- Does not exceed seven years, and
- Does not include dates prior to January 1, 2006.

The Raleigh House of Hope will provide one accounting per year for free, but will charge a reasonable cost-based fee for additional requests within the 12 months.

Right to Request Restrictions You have the right to request a restriction or limitation on the health information we use or disclose about you; however, *The Raleigh House of Hope* is not required to comply with your request. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. To request restrictions or limitations, you must make your request, in writing, to the *The Raleigh House of Hope* Director where you are receiving services. In your request, you must tell us what information you want to limit, and to whom you want the limit to apply. If you pay for a service or health-care item out-of-pocket in full, you can ask *The Raleigh House of Hope* not to share that information for the purpose of payment or *The Raleigh House of Hope*'s operations with your health insurer. The Raleigh House of Hope will say "yes" unless a law requires it to share that information.

Right to Request Confidential Communications You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. You are required to "opt-in" to receive communications electronically as set-forth in the Consent for

Communication of Protected Health Information by Non-Secure Transmissions. If you choose not to "opt-in" to receive electronic communications, The Raleigh House of Hope will not communicate with you via electronic means.

Right to a Paper Copy of this Notice You have the right to receive a paper copy of this Notice and may ask for one at any time.

Right to Choose Someone to Act for You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. The Raleigh House of Hope will make sure the person has this authority and can act for you before The Raleigh House of Hope takes any action.

Right to File a Complaint if You Feel Your Rights are Violated: You can complain if you feel The Raleigh House of Hope has violated your rights by contacting it using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights 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/. The Raleigh House of Hope will not retaliate against you for filing a complaint. You may also file a complaint with the Colorado Department of Regulatory Agencies, Division of Professions and Occupations, Mental Health Section; 1560 Broadway, Suite 1350, Denver, Colorado, 80202, 303-894-2291; DORA_Mentalhealthboard@state.co.us. Please note that the Department of Regulatory Agencies may direct you to file your complaint with the U.S. Department of Health and Human Services Office for Civil Rights listed above and may not be able to take any action on your behalf. You may also contact the Colorado Department of Human Services, Office of Behavioral Health; 3824 W. Princeton Circle, Denver, CO 80236-3111; Main Number: 303-866-7400. Please note that the Department of Human Services may direct you to file your complaint with the U.S. Department of Health and Human Services Office for Civil Rights listed above and may not be able to take any action on your behalf.

OTHER USES:

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to mental health and substance abuse providers will only be made after you have given your prior written authorization. If you provide us with such a written authorization, you may revoke it, in writing, at any time, and The Raleigh House of Hope will no longer use or disclose information for the reasons covered in your prior authorization. However, when you revoke an authorization, *The Raleigh House of Hope* is unable to take back disclosures made in accordance with the authorization while it was in effect. You may also not revoke an authorization to the extent (1) The Raleigh House of Hope has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

SAFEGUARDS:

Before using or disclosing PHI for one of the above exceptions, The Raleigh House of Hope's staff must consult its Privacy Officer to ensure compliance with the Privacy Rule, Kristie Dorsett, 720-620-5535. Violation of these federal and state guidelines is a crime carrying both criminal and monetary penalties. As a covered entity under the Privacy and Security Rules, The Raleigh House of Hope is required to reasonably safeguard PHI from impermissible uses and disclosures. Safeguards may include, but are not limited to the following:

1. Not leaving lab results unattended where third parties without a need to know can view them.
2. Any PHI received as a The Raleigh House of Hope employee, intern, or volunteer about a client or potential Raleigh House of Hope client, may not be used or disclosed for non-work purposes or with unauthorized individuals. The Raleigh House of Hope may only use and disclose such PHI as described above.
3. When speaking with a client about his or her PHI where third parties could possibly overhear, move the conversation to a private area.
4. Seek legal counsel in uncertain situations and/or incidences.
5. Obtain a Business Associates Agreement with those third-parties that have access to and/or store client information.
6. Implement FAX security measures
7. Obtain a Client's consent prior to sending any PHI by non-secure electronic transmissions
8. Provide information on The Raleigh House of Hope's electronic record-keeping.

CHANGES TO THIS NOTICE:

The Raleigh House of Hope reserves the right to change this Notice. We reserve the right to make the updated notice effective for health information we currently have about you, as well as for future information we receive. *The Raleigh House of Hope* will post a copy of the current notice in each office location and/or on its website. The Notice will contain the effective date. *The Raleigh House of Hope* will make you aware of any revisions by posting a revised notice in all of the above referenced locations.

ASSISTANCE:

If you need assistance to understand this Notice or your rights, or if you need assistance in filing requests, you may ask your clinician or the Director.

YOUR CHOICES:

For certain health information, you can tell The Raleigh House of Hope (verbal authorization) your choices about what The Raleigh House of Hope shares. If you have a clear preference for how The Raleigh House of Hope shares your information in the situations described below, talk to the Clinical Director. Tell him/her what you want The Raleigh House of Hope to do, and it will follow your instructions. The Raleigh House of Hope may request you sign a separate document if you authorize us to share certain PHI. You may revoke that authorization at anytime for future disclosure.

In these cases, you have both the right and choice to tell The Raleigh House of Hope to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest and for your care/treatment. We may also share your information when needed to lessen a serious and imminent threat to public health or safety.

In these cases The Raleigh House of Hope never share your information unless you give The Raleigh House of Hope written permission:

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

In the case of fundraising:

- The Raleigh House of Hope may contact you for fundraising efforts, but you can tell us not to contact you again.