

ReDiscover

Notice of Privacy and Confidentiality Practices

Date of Notice: April 14, 2003
Revised November 11, 2004
Effective Date: April 14, 2003

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.

If you have any questions or comments about this notice, please contact ReDiscover, 901 N.E. Independence Avenue, Lee's Summit, MO, 816-347-3002, Attention: Privacy Officer.

1. Who Will Follow This Notice

This Notice has been published by ReDiscover. It applies to anyone who works for ReDiscover including our employees, contractors, and volunteers.

2. Our Pledge to You

As health care professionals, we understand that information about you and your health is sensitive and personal. We are also required by law to maintain the privacy of information we gather and use about our clients, and provide them with notices of our legal duties and privacy practices with respect to their information. We are committed to the privacy of our client's information.

In order to serve clients we need to gather, keep and use client information. We sometimes also need to share information with other parties. This Notice is intended to let you know how we use and disclose your information.

This Notice is also to let you know that you have certain legal rights to review and obtain copies of our records with respect to the information we hold about you. You may also request that we amend these records, and may ask us to account for certain disclosures we may have made of information about you.

3. What Information Does this Notice Cover?

This Notice covers all information in our written or electronic records which concerns you, your health care, and payment for your health care. It also covers information we may have shared with other organizations to help us provide your care, get paid for providing care, or manage some of our administrative operations.

CONFIDENTIALITY OF ALCOHOL AND DRUGABUSE CLIENT RECORDS

The confidentiality of an alcohol and/or drug abuse record maintained by this program is protected by federal law and regulations. Generally, we may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

- 1) The client consents, by signing a written Authorization,
- 2) A court order allows the disclosure; or
- 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to our Privacy Officer or to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations that apply).

4. When Can We Use or Disclose Information About You?

Except for certain disclosures for legal purposes described below, we can only use or disclose information about you with your written Authorization.

With your written Authorization we can use or disclose your information for the following purposes:

- **Treatment.** We may use or disclose information about you for treatment purposes to doctors, counselors, technicians, medical students or other individuals who work in our organization who are involved in providing you health care. They have all signed a Confidentiality Agreement.
This is only an example, and we may use or disclose information about you to provide you proper treatment in other ways.
Please understand that treatment may take place in open settings or in group sessions where other clients can see and overhear the interaction with the counselors, clinicians or therapists.
- **Payment.** We may use and disclose information about you to a health plan (including Medicaid) or health care provider for payment activities.
For example, if you are covered by a health plan we cannot get paid for services we provide you unless we submit information in a claim. This might include detailed clinical information, depending on the kind of plan and claim. This is only an example, and there may be many other ways in which we may use or disclose information about you in connection with payment for your care.
- **Health care operations.** We may use or disclose information about you for healthcare operations in connection with our organization. These activities might include audit or program evaluation activities. You should know that all employees have signed a Confidentiality Agreement.
For example, we may wish to review the quality of care you receive. In order to help us deliver the best care we can. Or, we may audit our management practices so we can become more efficient. These are only examples, and we use or disclose information about you for health care operations in other ways.

Without your written Authorization we can disclose your information for the following purposes:

- Disclosures to you, the client or personal representative.
- To the State's oversight agency [place name(s) here].
- To medical personnel in a medical emergency.
- In case of suspected child abuse, to the appropriate government authority
- To qualified personnel for research (subject to specific requirements for disclosure of medical information for research), audit or program evaluation purposes.
- To respond to a court order upon a finding of good cause that meets the Federal requirements for the disclosure of any alcohol or drug abuse program records.
- To law enforcement agencies, subject to applicable legal requirements and limitations, e.g., the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.
- If you are in the United States military, national security or intelligence, or Foreign Service, to your authorized superiors or other authorized federal officials.

Only with your written Authorization will other uses and disclosures be made of medical information that is not covered by applicable laws or this notice.

5. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Access** You have the right to inspect and to obtain a copy of your own Protected Health Information in a designated record set. The designated record set includes client records, clinical service notes, and payment information.
 - If you would like a copy or summary of your designated record set (including medical records), you must submit your request in writing to the *ReDiscover*. There may be a fee for the costs of copying, mailing or other supplies associated with your request. If you would like access to information in your designated record set, we will act on your written request within 30 days if the information is located on-site or 60 days if off-site. We may ask for up to a 30-day extension if warranted.
 - We reserve the right to deny you access to all or part of any designated record set located at *ReDiscover*. For example, we may deny access to Psychotherapy notes or information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action proceeding. If you are denied access to all or part of your Protected Health Information, we will do our best to provide you with access to any other Protected Health Information requested after excluding the Protected Health Information for which we have grounds to deny. *ReDiscover* will also give you a written denial that describes the basis for the denial and, if applicable, a statement of your review rights and a description of how you can exercise those rights.

- **Right to Amend.** If you feel that medical information *ReDiscover* has about you is not correct or not complete, you may ask to have that information amended. You have the right to request an amendment to medical information for as long as the information is maintained.
 - To request an amendment, you must:
 - 1) Submit your request in writing
 - 2) Include reasons that support your requested amendments
 - *ReDiscover* will act on your request within 60 days of receipt and will provide you with further information as to the process requirements and your rights in the event we grant or deny your request. We may ask for up to a 30-day extension if warranted.
 - Please note that your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. Should you request to amend information *ReDiscover* may also deny your request if you ask us to amend information that:
 - 1) Was not created by *ReDiscover*;
 - 2) Is not part of the medical information kept by or for *ReDiscover*;
 - 3) Is not part of the information which you would be permitted to inspect and copy; or
 - 4) Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures *ReDiscover* made of medical information about you to external organizations. This list of disclosures excludes disclosures made to you or as part of treatment, payment and healthcare operations and excludes use and disclosures for which we have an Authorization. *ReDiscover* will provide your requested accounting within 60 days after receipt of the request or notify you in writing if we are unable to meet that deadline.
 - To request this list or accounting of disclosures, *ReDiscover* 901 N.E. Independence Avenue, Lee's Summit, MO 64086,
 - 816-347-3002. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.
 - You are entitled to receive one accounting during a 12-month period without charge. There may be a fee for the costs of copying, mailing or supplies for any requests for additional accountings during a 12-month period.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of Protected Health Information for treatment, payment or health care operations. If you would like additional information about your rights on requesting restrictions please contact the Privacy Officer, *ReDiscover*, 901 N.E. Independence Avenue, Lee's Summit, MO 64086, 816-246-347-3002, is not required to agree to your request.

To request restrictions, you must submit your request in writing to Privacy Officer. In your request, you must tell us

 - 1) what information you want to limit;
 - 2) whether you want to limit our use, disclosure or both; and
 - 3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that *ReDiscover* communicate with you about personal health information in a certain way or at a certain location. Examples: a client may ask a physician to communicate lab results by mail rather than by phone.

We will accommodate to the best of our abilities all requests for such confidential communication.

To request confidential communication changes, you must submit your request in writing to Privacy Officer, *ReDiscover*. We may refuse to accommodate your request if the requested accommodation is not reasonable, from an administrative perspective (that it must not be unreasonable difficult to do administratively) or you have not provided information as to how payment, if applicable, will be handled or specified how or where you wish to be contacted.

6. CHANGES TO THIS NOTICE

ReDiscover reserves the right to change this notice. We reserve the right to make changes effective for personal health information we already have about you as well as any information we receive in the future. Should *ReDiscover* privacy practices change, a revised notice will be made available to you. The notice will contain on the first page, in the top right-hand corner, the effective date of the notice.

7. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with ReDiscover's Privacy Officer at:

ReDiscover
Attn. Privacy Officer
901 N. E. Independence Avenue
Lee's Summit, MO 64086
816-347-3002

All complaints must be submitted to ReDiscover in writing. You will not be penalized for filing a complaint. You may also file a complaint with the Office for Civil Rights.

8. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by applicable laws or this notice will be made only with your written permission (called an Authorization). If you provide ReDiscover permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, ReDiscover will no longer use or disclose medical information about you for the reasons covered by your written permission. Please understand that ReDiscover is unable to take back any disclosures we have already made with your permission.