

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.

If you have any questions about this notice, please contact the Foundation Recovery Network's Privacy Office at (901)969-5524 or at hipaamail@frnmail.com.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you are treated we will use and disclose your protected health information for treatment, payment, and health care operations only to the extent necessary.

WHO WILL FOLLOW THIS NOTICE

This notice covers employees of this treatment facility and to the extent they may see any protected health information, any other facility owned and operated by Foundations Recovery Network.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

"Protected health information" is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. We are required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by calling the Foundations Recovery Network Privacy Officer at (901) 969-5524 and requesting that a copy is mailed to you, or asking for a copy at your next appointment.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information under HIPAA. Remember that you have signed a confidential release form during the intake process, for us to get a medical record of prior treatment or health history. You also signed a release of information in

circumstances where an insurance company or private payer is responsible for your payment. HIPAA allows some disclosures of information without a signed consent, but we will utilize these consent releases for treatment, payment and healthcare operations.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Treatment

We have a signed consent on file for each patient's medical history.

We will use and disclose your protected health information only to provide, coordinate, or manage your health care and any related services, with a signed consent from you. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a hospital where you were being treated for an acute condition, provided you had signed a consent form. We may disclose your protected health information from time-to-time to another physician, nurse, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of our staff, becomes involved in your care by providing assistance with your health care diagnosis or treatment, provided you had signed a consent. Under HIPAA we are allowed to talk to a pharmacist who may be provided information on other drugs you have been prescribed to identify potential interactions. We will only disclose what is medically necessary for your treatment.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

We have a signed consent form from you to contact payers, but you may withdraw that consent or restrict it in certain circumstances. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities Foundations Recovery Network might undertake before it approves or pays for the health care services recommended for you, such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These uses and disclosures are necessary to run [Facility Name] and make sure that all of our patients receive quality care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of students or interns, licensing, communications about a product or service, and conducting or arranging for other health care related activities. We may combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.

For example, we may call you by name in the waiting room when your therapist or case manager is ready to see you. While we will not identify our name or agency, we may contact you to remind you of your appointment.

We will release information to family or other people who support your treatment only if you sign a release form authorizing us to do so. You may withdraw that release at any time. We will share your protected health information with third-party “business associates” who perform various activities (for example, billing, transcription services) for Foundations Recovery Network. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about the services we offer. We may also send you information about products or services that we believe might benefit you after treatment. If you do not want to receive this information you may tell us so.

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Research

You signed, or declined to sign, a release of certain limited information for research purposes at your intake assessment. Under certain circumstances we may use and disclose medical information about you for research purposes, only with your signed consent. If you declined to sign, we will not use any personal health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one kind of therapy or medication to those who received another kind. All research projects are subject to a special approval process, which would balance the research needs with the patients’ need for privacy of their medical information. Most information used in research will be ‘de-identified’, that is we will remove anything which would specifically identify you such as your name or social security number. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

Workers’ Compensation

While HIPAA allows us to disclose medical information about you for workers’ compensation or similar programs which provide benefits for work-related injuries or illness, we will not do so without a court order.

Public Health

We will only disclose your protected health information to a public health authority which is permitted by law to collect or receive the information, when we are legally required to do so. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- Notify the appropriate government authority only to the extent required by law in the instance of child abuse or domestic violence.

Communicable Diseases

We may disclose your protected health information, if required to do so by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required by the FDA

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to a legal mandate, such as a court order from a judge
- Investigation of a crime occurring on our premises

Coroners, Funeral Directors, and Organ Donations

We may disclose protected health information to coroners or medical examiners for identification to determine the cause of death or for the performance of other duties authorized by law. We may also disclose protected health information to funeral directors as authorized by law. If you are an organ donor, protected health information may be used and disclosed to an organ bank as necessary for organ, eye, or tissue donations.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information only to the extent required by law in the instance that we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We will comply with any legal mandates which require therapists to report the imminent threat of physical harm to an identifiable target to certain authorities.

Military Activity and National Security

We may disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities authorized by law.

Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility, and we created or received your protected health information while providing care to you, provided you have signed a consent form. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Disclosures by the Health Plan

Health plans may also disclose your protected health information. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plans and coordinating benefits for those who have other health insurance or are eligible for other government benefit programs.

Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Following are examples in which your agreement or objection is required.

Inpatient Directories

Although permitted by HIPAA, it is not our practice to maintain an inpatient directory.

Individuals Involved in Your Health Care

If you have identified a family member we may contact in the event of a medical emergency, we may use our professional judgment to contact that person to save your life, or in the event of a clinical emergency. We may also give information to someone who helps pay for your care if you have authorized us to do so, in order to pay for your treatment. You may identify a payer separate from a family member or next of kin by using your right to restrict contact information described elsewhere in this notice.

Your Rights Regarding Your Health Information

You may exercise the following rights by submitting a written request or electronic message to the Privacy Officer listed at the top of this document. Depending on your request, you may also have rights under the Privacy Act of 1974. Your Privacy Officer can guide you in pursuing these options. Please be aware that we might deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that we use for making decisions about you. Your first request for a copy in a 12 month period will be provided free. If you request a

second copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

While HIPAA would allow psychotherapy notes to be excluded from your access, we will allow you to see the entire record, upon written request, provided there is no clinical assessment that this will be harmful to you.

Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. 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. For example, you could ask us not to disclose a specific treatment that you had. Your request must be made in writing to the Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) expiration date.

If you have requested a restriction, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. For example you may request that all correspondence from us to you be sent to your office, to a PO Box, or to a third party. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. You may submit a request to amend your record to the Privacy Officer, with a reason why you wish to make the amendment. While we will accept requests for amendment, we are not required to agree to the amendment. While we may deny the request if you ask us to amend information that was not created by us, is not part of your medical record, or if the information is accurate and complete under the HIPAA statute, it is our practice to add a patient's requested amendment to the file. We will not deny your request to add information to the file.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes *other* than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, for an inpatient directory, to family members or friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice. For example we may charge you for the costs involved in providing the list.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from us if you misplace this copy.

Federal Privacy Laws

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply to patients in this kind of treatment program, including the Freedom of Information Act, the federal Privacy Act, the Public Health laws regulating Confidentiality of Alcohol and Drug Abuse Patient Records, and the Mental Health Bill of Rights. There are also important state laws to protect the confidentiality of medical records and the privacy rights of the mentally ill. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information. We have applied the most stringent protection of patient privacy wherever these laws overlapped or conflicted.

Complaints

If you believe these privacy rights have been violated, you may file a written complaint with the Privacy Officer listed above, or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

Contact Information

You may contact the Privacy Officer for further information about the complaint process, or for further explanation of this document. The Privacy Officer may be contacted at Foundations Recovery Network, HIPAA Request, 2009 Lamar Ave, Memphis, TN. 38114 or by phone at 901-969-5524. You may also email questions to hipaamail@frnmail.com. For additional information regarding your privacy rights visit the Health and Human Services webpage at: <http://www.hhs.gov/ocr/hipaa>.

This notice is effective in its entirety as of April 14, 2003.

