

## **NOTICE OF PRIVACY PRACTICES – Effective April 1, 2021**

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This notice describes how information about you may be used and disclosed and how you can get access to that information. Please read it carefully.

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. If you have any questions or wish more information, please contact our Executive Director by emailing [admin@caretochange.org](mailto:admin@caretochange.org).

### **Information about services**

As someone who is receiving care, treatment or services, please know that your privacy is such that if someone inquires about you with us, our response is that we cannot confirm or deny that you are receiving services here. Beyond that, these rules affect the sharing/disclosure of your information with others.

### **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of records. Ask us how to do this by contacting our Care Team at [help@caretochange.org](mailto:help@caretochange.org). We will provide a copy or a summary of your information, usually within 30 days of your request. We may charge a reasonable, cost-based fee, typically \$1 per page. In very limited situations, we may deny your request. If your request is denied, you may request the denial be reviewed by outside sources. A licensed health care professional will review the request and the denial, and will report to you in writing the outcome of the review. To request a copy, please fill out an Authorization to Release Information Form (ask for one at the check-in desk).

### **Ask us to correct your records**

You can ask us to correct health information about you that you think is incorrect or incomplete. Please put your request in writing and hand it to the check-in desk.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request Confidential Communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.

Please send requests to our Care Team at [help@caretochange.org](mailto:help@caretochange.org).

### **Ask us to limit what we use or share**

You can ask us NOT to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. Please put your request to limit or restrict sharing of your health information in writing and hand it to the check-in desk.

### **Get a list of those with whom we've shared information**

You can ask for a list (accounting) of the times we've shared your health information for a period of one year prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months. To obtain this list, please put your request in writing and hand it to the check-in desk.

### **Get a copy of this privacy notice**

You can ask for a paper or electronic copy of this Notice at any time.

### **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 personal information. We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights have been violated**

You can complain if you feel we have violated your rights by contacting the Complaint Line by emailing [concerns@caretochange.org](mailto:concerns@caretochange.org). 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. 20001, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases we never share your information unless you give us written permission:
- Marketing purposes
- Sale of your information

In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **How do we typically use or share your information?**

We typically use or share your health information in the following ways:

- To treat you – we can use your health information and share it with other professionals who are treating you.
- Operate our organization – we can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Bill for your services – we can use and share your health information to bill and get payment from health plans or other entities.

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with Public Health and Safety Issues**

We can share health information about you in certain situations such as:

- Preventing disease
- Reporting suspected abuse, neglect, or domestic violence
- Presenting or reducing a serious threat to anyone's health or safety
- Complying with the Law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law.
- Address Worker's Compensation, Law Enforcement or other Government Requests. We can use or share health information about you for worker's compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services
- Respond to Lawsuits and Legal Actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Confidentiality of Drug and Alcohol Abuse Patient Records**

Special rules apply if you are receiving services for drug or alcohol abuse. Your records concerning these diagnoses cannot be disclosed without your prior written consent EXCEPT to medical personnel to the extent necessary to meet a bona fide medical emergency; or, if ordered by a Court. We will not confirm or deny that you may be receiving services here. Other than by Court Order, no record may be used to

initiate or substantiate any criminal charges against you or to conduct any investigation of you. This protection extends even after you are no longer a client. These protections do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate State or local authorities.

**Our Responsibilities**

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of this Notice**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site. This Notice of Privacy Practices applies to each of Care to Change's locations and service sites.