



NOTICE OF PRIVACY PRACTICES ST. VINCENT FAMILY CENTER

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Our Duty to Safeguard Your Protected Health Information:

Individual identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). Federal law requires that we maintain the privacy of your PHI and provide to you this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all PHI that we maintain. We will promptly revise and post this Notice on our website www.svfc.org and within our building whenever there is a material change.

Except for specific reasons, SVFC will only disclose the minimum necessary health information to accomplish the intended purpose. SVFC assures you will be notified if there has been a breach of your unsecured PHI.

How We May Use and Disclose Your Protected Health Information:

We have a limited ability to use and/or disclosure your PHI for purposes of treatment, payment, or to conduct our health care operations. Occasionally, we have outside providers who perform functions on our behalf. If we disclose your PHI to an outside service provider or if an outside provider could obtain access to your PHI we must have a business associate agreement in place with the outside service provider that ensure the outside provider will extend the same degree of privacy protection to your PHI that we apply.

Examples when we may use/disclose your PHI without your authorization:

For treatment: We may disclose your PHI to doctors, nurses, counselors, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as the ADAMH Board or community mental health agencies involved in the provision or coordination of your treatment.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program, the Ohio Department of Mental Health, the local ADAMH Board (through the Multi-Agency Community Information Services Information (MACSIS) and/or a private insurer to receive payment for services that we delivered to you. We may also release information to the Office of the Attorney General for collection purposes.

For health care operations: We may use/disclose your PHI in the course of operating our agency. For example, we may take your photograph for medication identification purposes, use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff. Release of your PHI to the Multi-Agency Community Services Information System (MACSIS) and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

Examples when the law provides we may use/disclose your PHI without your authorization:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, information related to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance of our privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease, injury, or to report vital statistics to the public health authority.

For health oversight activities: We may disclose PHI to the Ohio Department of Mental Health and Addition Services, the ADAMH Board, or any other agency responsible for monitoring our health care system for such purposes as reporting, monitoring Medicaid, or investigating incidents.

For research purposes: In certain circumstances and when supervised by the privacy board, we may disclose PHI to research staff and their designees in order to assist medical/psychiatric research.

To avert a serious threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other individuals who can reasonably prevent or lessen the threat of harm.

For uses and disclosures beyond treatment, payment, operations purposes, and those required by law, SVFC is required to have your written authorization. Authorization can be revoked at any time to stop

future uses/disclosures, except to the extent that we have already undertaken an action in reliance upon your authorization.

Examples when we may use/disclose your PHI only with your consent and authorization include, but are not limited to the following:

Psychotherapy Notes: We must receive your authorization if we want to use your psychotherapy notes for purposes other than for treatment, for payment, or health care operations.

Marketing: We must receive your authorization if we want to use your PHI that includes subsidized treatment communications. Exceptions include face-to-face communications made by a covered entity to an individual and when a promotional gift of nominal value is provided by the covered entity.

Sale of PHI: We must receive your authorization if we want to sell your PHI. Exceptions include public health and research ventures where the only remuneration received is a reasonable fee to prepare and transmit the PHI and when there is a sale, transfer, merger, or consolidation of all or part of the covered entity.

Your Rights Regarding Your Protected Health Information.

You have the following rights relating to your protected health information:

To request restrictions on use/disclosure: You have the right to ask that we limit how we use/disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction, unless you have paid for services out-of-pocket, in full, and request that we not disclose PHI to a health plan provider related solely to those services. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will place the agreement in writing and abide by it, except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or through an alternative avenue. We are required to agree to your request as long as it is reasonable.

To inspect and request a hard or electronic copy of your PHI: You have a right to see your PHI upon written request. We will respond to your request within 30 days. If we deny access, we will give you a written reason(s) for the denial and explain your right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request an amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to your record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records; (3) not permitted to be disclosed. If your request is denied, the reason(s) will be explained to you. You have the right to request that all documentation relating to a request for amendment be attached to your PHI. If we approve the request, we will change the PHI, inform you, and tell others who need to know about the change.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released for reasons other than for treatment, for payment, for health care operations, by law, pursuant to your written authorization, or if the disclosure(s) was made before April 2003. We will respond to your written request within 60 days from the time of receipt. Your request can relate to disclosures going as far back as six years. You may request such a list, without charge, once each year.

You have the right to receive this notice.

How to Complain about our Privacy Practices:

If you think we violated your privacy rights or you disagree with a decision we made about access to your PHI, you should contact SVFC's Client's Rights Officer and refer to SVFC's grievance procedures that detail how to properly file a complaint/grievance. You also have the right to contact and make a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. SVFC will take no retaliatory action against you if you file a complaint or grievance.

Client's Rights Officer

Sheena Crawford, Compliance Manager
1490 E. Main Street, Columbus, Ohio 43205

scrawford@svfc.org

614-252-0731 ext. 1219 (direct)

Monday - Friday, 8:00 a.m. to 5:00 p.m.

U.S. Dept. of Health & Human Services Office for Civil Rights (Region V)
105 West Adams Street, Chicago, IL 60603
312-886-5078

This notice is effective on July 1, 2013.