

THE USE OF YOUR TREATMENT INFORMATION

**This notice describes how medical, and drug and alcohol related information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.**

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160& 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, a treatment provider may not say to any person outside of required support staff that you are in treatment, nor may they disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

We must obtain your written consent before we can disclose information about you for payment purposes. For example, we must obtain your written consent before we can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before we can share information for treatment purposes, or for health care operations. However, federal law permits us to disclose information without your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluations;
3. To report a crime committed on the provider's premises or against the provider or their staff;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, we can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization / business associate agreement in place.

Before we can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to any restrictions you request, but if we do agree then we are bound by that agreement and may not use, or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. We will accommodate such requests that are reasonable and will not request an explanation from you.

Under HIPAA you also have the right to inspect and copy your own health information maintained by your provider, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in our records, and to request and receive an accounting of disclosures of your health related information made by us during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Your Provider’s Duties

We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. We are required by law 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 protected health information we maintain. We will provide a copy of our current notice at each treatment admission.

Complaints and Reporting Violations

You may complain to us and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You will be provided with current information on how to file such a request at your request. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality law by a provider is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

At your request we will provide you with a way to contact us for further information.

Effective Date

Effective January 30, 2004

Acknowledgement

I hereby acknowledge that I received a copy of this notice.

Dated: _____

(Client Signature)

(Witness)