



TREATMENT & RECOVERY CENTER

JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH AND SUBSTANCE USE DISORDER (“BEHAVIORAL HEALTH”) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The effective date of this notice is October 1, 2022.

Entities Covered By this Notice

This Notice applies to the privacy practices of all organizations and health care providers participating in the organized health care arrangement for the provision of services at the crisis center located at 1000 W. 2nd Street, Lawrence, KS 66044 (“Center”). These organizations include, but are not limited to, Behavioral Health Partners, Inc.; Bert Nash Community Behavioral Health Center, Inc.; The Lawrence Memorial Hospital; DCCCA; and Heartland Regional Alcohol & Drug Assessment Center.

Use and Disclosure of Your Information

To appropriately treat you and receive payment for the services we provide, we need to obtain information from you including your full name and address, insurance company, family medical and behavioral health history, as well as information concerning your past and current medical and behavioral health condition(s). We will use and disclose this information and other information we collect in the ways described below. To help you understand how we will use and disclose your information we have put the different uses and disclosures into categories and give examples of each. All of the ways we use or disclose your information will fit into one of the categories listed below, but we cannot list all of the uses and disclosures in each category.

We may use and disclose your health information for treatment, payment, and health care operations.

- **Treatment.** We may use and disclose medical and behavioral health information about you to provide you with treatment and services, to coordinate your care, or to manage the treatment and services provided to you. Your information may be disclosed to individuals, health care providers, care managers, peer support specialists, and facilities providing care to you. These individuals and facilities need your information to provide care to you, and to coordinate and provide treatment and other services to you (such as prescriptions, lab tests, meals, and counseling). If you are receiving substance use disorder (“SUD”) treatment, we may disclose SUD information about you to a qualified service organization that provides services to the Center, or after obtaining your written authorization.
- **Payment.** We may use and disclose your information to receive payment for the services and treatment provided to you. We use your information to verify your

insurance benefit eligibility, to document the medical necessity of the services provided to you, and to create a bill for the behavioral health treatment and services received by you. We may disclose your information when we send the bill to your insurance company, to you or a family member that is responsible for payment, or to a third party. The individual or entity paying the bill may request more information to determine whether the bill is covered by your insurance. If it becomes necessary to use collection processes due to lack of payment, we will only disclose the minimum necessary amount of information that is necessary to collect payment.

- **Health Care Operations.** We may use and disclose your information for health care operation purposes. Health care operations includes review of the care you receive for quality assessment, educational, business planning, licensing and accreditation activities, personnel performance management, obtaining financial audit and legal services, and compliance plan purposes.
- **Appointment Reminders.** We may send or otherwise provide appointment reminders to you. These appointment reminders may be sent by telephone, secure email, or secure SMS or alternate text service. You may request in writing that we send reminders to a confidential or alternative address.
- **Treatment Alternatives.** We may provide you with information about treatment alternatives, including information about the consequences of not obtaining treatment, and other health related benefits and services.

We may also disclose your information to outside entities without your consent or authorization in the following circumstances:

- **Business Associates and Qualified Services Organizations.** We may disclose your information to contracted third parties who provide services for the Center. These parties are required to protect your information consistent with this Notice.
- **Required by Law.** We disclose information as required by law. For example, we are required to report gunshot wounds to the police. We are also required to provide information to the Secretary of the Department of Health and Human Services to demonstrate our compliance with HIPAA.
- **Public Health Purposes.** We disclose information to health agencies as required by law for preventing or controlling disease. Examples are reporting of sexually transmitted, communicable, and infectious diseases. In certain circumstances outlined in the privacy regulations, we may disclose your information to a person who is subject to the jurisdiction of the Food and Drug Administration with respect to incidents involving food, drugs, supplements, or other ingestible items. In certain limited circumstances and as authorized by law, we may also disclose your information to public health authorities if you have been exposed to a communicable disease or are at risk of contracting or spreading the communicable disease.

- **To Prevent a Serious Threat to Health or Safety.** We may disclose information about you to law enforcement or an identified victim to prevent a serious threat to your health or safety, or the health or safety of another individual, or the public. We may also disclose your information, including SUD information, to law enforcement agencies or individuals which is directly related to your commission of a crime at the Center, or against the Center's personnel, or which is directly related to commit such a crime.
- **Research.** Your information may be used by or disclosed to researchers for research approved by a privacy board or an institutional review board.
- **Health Oversight Activities.** Your health information may be disclosed to governmental agencies and boards for investigations, audits, licensing, and compliance purposes. If we disclose any SUD information to a government agency or board we will have an agreement in place that requires the agency or board to safeguard the privacy of your information.
- **Judicial and Administrative Proceedings.** We may be required to disclose your health information to a court or for an administrative proceeding. If we disclose any information to a court or administrative tribunal, we will have an agreement in place that requires the court or administrative tribunal to safeguard the privacy of your information.
- **Law Enforcement Activities.** We may be required to disclose your information as required by law, pursuant to a court order, warrant, subpoena, or summons. We will only disclose SUD information as legally permissible under Part 2.
- **Deceased Individual.** We may disclose information for the identification of the body or to determine the cause of death.
- **Military and Veterans.** If you are an active member of the armed forces or a veteran, we may release information about you as required by military command authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official. This release must be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety or security of the correctional institution. We will only disclose SUD information as legally permissible under Part 2.
- **Workers' Compensation.** We may release information about you for workers' compensation or similar programs.
- **Specialized Governmental Functions.** We may release information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We will give you the opportunity to object to the following uses and disclosure of your information:

- **Individuals Involved in Care.** We may tell your friends, relatives and other caretakers information which is relevant to their involvement in your care. We will only disclose SUD information as legally permissible under Part 2.
- **Disaster Relief.** We may disclose information about you to public or private agencies for disaster relief purposes.

Except as provided above, we will obtain your written authorization prior to disclosure of your information for any other purpose. Specifically, written authorization is required prior to the disclosure of your information:

- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without a written authorization except as specifically permitted by law.
- **Marketing.** We will not use or disclose your information for marketing purposes, other than face-to-face communications with you or promotional gifts of nominal value, without your written authorization.
- **Sale of Information.** We will not sell your information without your written authorization, including notification of the payment we will receive.

Where a disclosure is made under your written authorization, you have the right to revoke the authorization at any time. Revocation of an authorization must be in writing. The revocation is effective as of the date you provide it to us and does not affect any prior disclosures made under the authorization.

If a state or federal law provides additional restrictions or protections to your information, we will comply with the most stringent requirement.

Special Protections for Substance Use Treatment Information

In addition to protections under HIPAA, if you receive services related to SUD diagnosis, treatment, or referral at the Center, the information related to that treatment is subject to additional protections under 42 C.F.R. Part 2.

Generally, we may only acknowledge that an individual is present or disclose information identifying a patient as having or having had a SUD in the following instances:

- We obtain your written consent in accordance with subpart C of Part 2,
- We receive authorizing court order that has been entered in accordance with subpart E of Part 2,
- Your records are disclosed to medical personnel to the extent necessary to meet a bona fide medical emergency (42 CFR § 2.51),

- The disclosure is for the purpose of conducting scientific research (42 CFR § 2.52), or
- The disclosure is for the purpose of an audit or evaluation (42 CFR § 2.53).

The violation of requirements under Part 2 is a crime and suspected violations may be reported to us at the information provided in the Questions and Concerns section of this notice, to the US Attorney for the District of Kansas at (785) 295-2850, or to the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight at: SAMHSA Opioid Treatment Program Compliance Officer contact the SAMHSA Center for Substance Abuse Treatment (CSAT) at [240-276-2700](tel:240-276-2700) or email DPT@samhsa.hhs.gov.

If a patient commits a crime on the premises of the Part 2 Program or against personnel of the Part 2 Program, information related to the commission of that crime is not protected.

Reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected.

After receiving and reviewing this form, we will ask you to acknowledge in writing that you have received it. If you have any questions about this form or its content, please contact us at the information provided in the Questions and Concerns portion of this Notice.

Your Rights

- You have the right to request a restriction on how information about you is used and disclosed. We are required to agree to a request for a restriction related to disclosure of information to your health plan for payment or healthcare operations where you pay for the service in full. **We are not otherwise required to agree to any restriction on the use or disclosure of your information, and we may say “no” to your request.**
- You have the right to request communications with you be made confidentially at an alternative address or phone number.
- You have the right to inspect and copy your medical record or to receive an electronic copy of your medical record. A request to inspect and copy your medical record must be made in writing.
- If you believe the information we have about you is incorrect or incomplete you may request that we amend your medical record. Your request must be made in writing. We may say “no” to your request, but we will tell you why in writing within sixty (60) days.
- You have the right to receive an accounting of disclosures, a list of individuals and entities that received your health information for reasons other than treatment, payment, or healthcare operations. You may receive one (1) free accounting during a twelve (12) month period. If you request more than one (1) accounting in a twelve (12) month period, you will be charged a fee. An accounting is not provided for disclosures prior to April 14, 2003.

- You have the right to request a paper copy of this Notice even if you have agreed to receive the notice electronically.
- You have the right to 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 information. We will make sure the person has this authority and can act on your behalf before we take any action.
- You have the right to file a complaint with us if you feel your rights are violated.

Our Duties

- We are required by law to maintain the privacy of your information and to provide individuals with this Notice of our legal duties and privacy practice regarding health information.
- We are required to notify you if there is a breach of your unsecured information.
- We are required to follow the terms of the current Notice.
- We may change the terms of this Notice and the revised Notice will apply to all health information in our possession. If we revise this Notice, a copy of the revised Notice will be posted and a copy may be requested from our Privacy Officer at the number listed below.

Questions and Concerns

If you have any questions or concerns regarding our privacy practices, please contact the TRC Privacy Officer at compliance@TRCDGKS.org. Complaints may be filed with the Privacy Officer. You also have the right to file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, HHH Building, Washington, D.C. 20201. You may contact the Office for Civil Rights' Hotline at 1-800-368-1019 or e-mail ocrmail@hhs.gov.

We support your right to privacy. We will not retaliate against you in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.