



FM-831-HIP-4958 (ENG) -12/07

## **Notice of Privacy Practices for Consumer Confidential Information Effective December 5, 2013**

In accordance with the Health Insurance Portability & Accountability Act (HIPAA) of 1996, this notice describes how medical and other confidential information about you may be used and disclosed and how you can see this information. **Please review carefully.**

***It is your responsibility to provide relevant information as a basis for receiving services and participating in service decisions.***

### **What information might be in my case record?**

Each time Bethany Christian Services provides a service, additions are made to your record. This information helps coordinate your care or service with our staff, as well as with other professionals who help provide services or care to you. Your record is also a legal document describing the care or services you receive and helps us determine if we are providing appropriate services to you.

### **May I see my information?**

You have the right to inspect and obtain copies of information we have about you. To do so, you must complete a Release of Information Authorization form. We reserve the right to charge you for document preparation, copies of your record, and postage.

If the information you request is maintained electronically and you request an electronic copy, we will provide a copy of the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format.

### **Are there times when I will not be able to see or obtain copies of my information?**

Yes. Examples of when we would deny access include information that would identify a confidential source, endanger yourself or others, or which is compiled in anticipation of civil, criminal, or administrative actions or

proceedings. You have the right to have this decision reviewed by a similarly licensed professional.

### **May I change my record?**

If you think the information in your record is wrong, you may send a written request for us to amend or add new information. Your request may also include amending information in your record that we may have sent to another provider. However, we cannot change documents in your record that we did not create, such as a report we received from another provider you have seen. You have the right to file a statement in your record.

### **May I limit how Bethany uses my information?**

You may ask us to limit the use of your information, but we do not have to agree if the information is to help treat you, to receive payment, for activities that are necessary to carry out our operations, such as billing for services or quality assurance reviews, or if it is required by law.

We will comply with any request to limit use of your information if:

- The disclosure is to a health care provider for payment or operations; (not for purposes of providing treatment); and
- The health care provider has been paid in full by you or another person for the health care item or service.

You may also ask that we send information to you in a different format or to a different location. If we are able and the request is reasonable, we will do so.

### **When does Bethany share my information?**

We keep and share information to coordinate treatment, payment, and agency operations. We may share information to, among other reasons:

- Determine if treatment is appropriate;
- Pay for services from health care providers;
- Evaluate the quality of care you receive from providers;
- Contact you with appointment reminders;
- Send you agency information, such as newsletters or updates to our services;

- Determine that we are providing quality services on your behalf.

We will not use or disclose your psychotherapy notes without your prior written authorization except for the following:

- Use by the therapist or case worker for your treatment;
- For training our staff, students, and other trainees;
- To defend ourselves if you sue or bring some other legal proceeding;
- If the law requires us to disclose the information to you, the Department of Secretary of Health and Human Services or for some other reason;
- In response to health oversight activities concerning your therapist;
- To avoid a serious and imminent threat to health or safety; or
- To the coroner or medical examiner at time of death.

If you revoke this authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

### **May I learn how Bethany uses and discloses my information?**

You have a right to an accounting of non-routine disclosures, such as those other than for treatment, payment, and operational activities. The accounting will include the date, to whom disclosure was made, a brief description of what was disclosed, and the purpose for disclosure.

### **What if someone else needs my information?**

You may be asked to sign an authorization form allowing your information to be shared if:

- Bethany needs to send the information to other places;
- You want us to send information to another agency or provider;
- You want information sent to another person, such as your attorney, a relative, or other representative.

Your permission to share your information is effective until the date on the authorization form. We can only share the information listed. You may withdraw or change this permission in writing.

### **In what ways is Bethany permitted to use and disclose information without my permission?**

By law, we are at times required or allowed to share confidential information about you, even if you do not give us permission. Some of these situations are:

- Reporting incidents of child or adult abuse or neglect to the police or other appropriate agency;
- Providing records when ordered to do so by the court or for our own legal protection;
- Disclosing information to other agencies and government programs (such as Department of Health and Human Services (DHHS)) that review Bethany operations and determine our compliance with standards;
- Sharing information with government agencies that license and contract with us to provide services;
- As permitted by law or in response to a valid subpoena, disclosing information to law enforcement, correctional facilities, or public health authorities to prevent or control disease, injury, or disability for yours and others' health and safety;
- If you are a danger to yourself or others;
- In the event of a medical emergency;
- Giving certain information to parents or guardians of minors;
- Sharing information with companies we contract with to provide services on our behalf;
- Billing for services we provide through a contracted Business Associate;
- To researchers when their research proposal and protocols have been reviewed and approved by our Performance and Quality Improvement Committee, and we can ensure the privacy of your health information;
- For workers compensation and similar program purposes to the extent authorized by and necessary to comply with laws;
- To health oversight agencies or public health authorities if we believe a member of our workforce or business associate has engaged in unlawful conduct or violated a professional standard and are endangering others;
- For purposes of fund-raising; however, you have the right to request not to receive subsequent fund-raising materials, and we will no longer send you these materials or contact you via phone.
- For purposes of marketing and continuity of care, such as appointment reminders or information about benefits and services that may be of interest to you.

No information will be shared outside the scope of this notice without requiring your written authorization.

### **How does Bethany use my information for marketing purposes?**

- As long as Bethany is not receiving payment for these communications, we may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments, therapies, health care

providers, or settings of care that may be of interest to you.

- We may describe products or services provided by Bethany Christian Services, encourage you to maintain a healthy lifestyle, get recommended tests, provide you with small gifts, tell you about government sponsored health programs, or encourage you to purchase a product or service when we see you, for which we may be paid.
- Finally, we may receive payment which covers our cost of reminding you to take or refill your medication, or otherwise communicate about a drug or biologic that is currently prescribed for you.

We will not otherwise use or disclose your medical information for marketing purposes or accept any payment for other marketing communications without your prior written authorization. The authorization will state whether we receive any compensation for marketing activity you authorize, and we will stop any future marketing activity if you revoke that authorization.

#### **Does Bethany sell my information?**

We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it, and we will stop any future sales of your information if you revoke that authorization.

#### **What if my information is improperly disclosed?**

We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail) of any breaches of confidentiality within 60 days of discovery of the breach. Such notice shall include a brief description of the breach and the information involved, steps you should take to protect yourself from harm, the action we are taking to investigate the breach, and contact information at Bethany to obtain additional information.

#### **What are additional rights given to me by Bethany Christian Services?**

- The right to be provided fair and equitable treatment, to be treated with dignity and respect, and to receive professional, courteous service.
- The right to voluntarily withdraw from service at any time and receive a referral for services as needed.
- The right to be given sufficient information to make an informed decision.
- The right to a full disclosure of fees, timeframes for service, expectations of you and Bethany, and all state and federal government requirements.
- The right to work with your service provider in developing an individualized plan of service that is best suited to your needs.

- The right to have communication with your case worker and to have your case records confidentially held by the service agency. This communication will not be released to another party without your written consent, except where allowed by state and federal law and agency protocol.
- The right to review your record.
- The right not to be photographed, recorded, or videotaped without your written consent.
- The right to know that Bethany Christian Services will abide by all applicable state and federal laws.
- The right to know that, as child welfare and health care providers and professionals, we are mandatory reporters and must report threat of harm to self or others to the proper authorities.
- The right to file a complaint/grievance and to receive a fair, timely and non-judgmental mediation process.

#### **I have questions about my rights. Whom do I contact?**

If you have questions and would like additional information, please contact the Recipient Rights Officer at your local office first. An alternate would be the Privacy Officer for Bethany Christian Services, at 616.818.4851.

#### **How do I report a violation of my rights or file a grievance with the agency?**

A complaint or grievance should originate with your local Branch Director.

OR

Jessica Conway, HIPAA Privacy Officer  
Bethany Christian Services  
PO Box 294  
Grand Rapids, MI 49501-0294

OR

The Director of the Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Ave SW  
Room 509F HHH Bld.  
Washington, D.C. 20201

Any complaints made to DHHS must be made within 180 days of the privacy violation.

You will not lose the opportunity for services if you file a complaint. You may also request additional information on the steps Bethany will take when we receive your complaint, which outlines the timeframes and information needed from you.

## **Bethany's Responsibilities**

This organization is required to:

- Maintain the privacy of your health information, which includes implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new changes effective for all protected health information we maintain. Should our privacy practices change, we will post the change on our website and make paper copies available in our offices.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **May I have a copy of this notice?**

This copy is yours to keep. If you saw this notice on our website, you may ask for a paper copy and we will provide one for you.

### **What happens if this notice changes?**

We will update any changes to our notice on our website as well as make paper copies available in our offices for you to request a copy.

### **May Bethany send me information via e-mail to discuss my health issues and treatment?**

Yes, the HIPAA Privacy Rule allows Bethany to communicate with you electronically, such as through e-mail, as long as we follow reasonable safeguards to protect your information (i.e., checking e-mail address before sending a message or sending a confirmation e-mail prior to transmitting confidential information). Bethany may choose to limit the amount of confidential information sent via e-mail. By giving Bethany your e-mail address, you are granting permission to use this as a means of communication with you. You may opt-out of this option by communicating in writing to your case worker. (See [http://www.hhs.gov/ocr/privacy/hipaa/faq/health\\_information\\_technology/570.html](http://www.hhs.gov/ocr/privacy/hipaa/faq/health_information_technology/570.html)).

Approved: 11/07

Revised: 8/8/08

Revised & Approved: 10/21/09 by TQMC

**Revised & Approved: 12/5/2013 by Performance & Quality Improvement Committee**