

NOTICE OF PRIVACY PRACTICES

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

WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by Adapt employees, staff and other office personnel.

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, Adapt may not say to a person outside Adapt that you attend the program, nor may Adapt disclose any information identifying you as an alcohol or drug treatment patient, or disclose any other protected information except as permitted by federal law.

Adapt must obtain your written consent before it can disclose information about you for payment purposes. For example, Adapt must obtain your written consent before it can disclose information your health insurer in order to be paid for services. Adapt is also required to obtain your written consent before it can sell information about you or disclose information about you for marketing purposes, and Adapt must obtain your written consent before disclosing any of your psychotherapy records. Generally, you must also sign a written consent before Adapt can share information for treatment purposes or for health care operations. However, federal law permits Adapt 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 Adapt premises or against Adapt personnel;
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, Adapt 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 Adapt 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 modified or revoked by you orally or in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. Adapt is only required to agree to your request if you request a restriction on disclosures to your health plan for payment or health care operations purposes, and you pay for the services you receive from Adapt yourself (out-of-pocket), unless the disclosure is otherwise required by law. In any other situation, Adapt is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

Under HIPAA, you have the right to request that we communicate with you about clinical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications you may complete and submit the *Request for Confidential Communications* form, available at any Adapt branch office, or by contacting the

Adapt HIPAA Privacy and Security through the contact information listed below. Adapt 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 Adapt, 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. To request the inspection or copying of your Adapt records you may complete and submit the *Right to Inspect/Review And/Or Copy a Clinical Record* form, available at any Adapt branch office, or by contacting the Adapt HIPAA Privacy and Security Officer through the contact information listed below. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Adapt records if you believe your health information is incorrect or incomplete. We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) We did not create, unless the person or entity that created the information is no longer available to make the amendment (2) Is not part of the health information that we keep (3) You would not be permitted to inspect and copy (4) Is accurate and complete. To request an amendment you may complete and submit the *Request to Amend a Clinical Record* form, available at any Adapt branch office, or by contacting the Adapt HIPAA Privacy and Security Officer through the contact information listed below.

Under HIPAA you also have the right to request and receive an *Accounting of Disclosures* of your health related information made by Adapt during the six years prior to your request. This is a list of the disclosures we made of clinical information we made about you for purposes other than treatment, payments and health care operations. The list will also exclude any disclosures we have made based on your written authorization. To request an Accounting of Disclosures you may complete and submit the *Request for an Accounting of Disclosures* form, available at any Adapt branch office, or by contacting the Adapt HIPAA Privacy and Security Officer through the contact information listed below.

Under HIPAA you also have the right to revoke any authorization for release of information at any time. If you choose to revoke your authorization, we will no longer use or disclose information about you to entities outside of ADAPT, Inc., for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission. Adapt maintains the right to refuse to continue to provide services if there are concerns that the revocation will significantly limit their ability to provide effective treatment and coordination of care.

Your medical and alcohol and drug information may be exchanged amongst staff throughout ADAPT, Inc. Adapt will make “reasonable efforts” to limit the information being shared to the “minimum necessary to accomplish the intended purpose.” No consent, either written or verbal, is required to do so. The services/programs of ADAPT, Inc., include Crossroads Adult Residential Program, Adult and Adolescent Outpatient Programs in Roseburg, North Bend/Coos Bay and Grants Pass (including Corrections and Drug Court Programs), SouthRiver Community Health Center, Southern Oregon Applied Research Center, and Deer Creek Adolescent Residential Program.

Adapt's Duties

Adapt is required by law to maintain the privacy of your health information, provide you with notice of its legal duties and privacy practices with respect to your health information, and to notify you if you are affected by any breach of your unsecured health information. Adapt is required by law to abide by the terms of this notice. Adapt reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If Adapt revises this notice, you will be provided with a revised notice at your next scheduled appointment.

Complaints and Reporting Violations

You may complain to Adapt 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. If you choose to file a complaint with Adapt you may do so in writing, in person, or by telephone to the Adapt HIPAA Privacy and Security Officer. The contact information is listed below. You will not be retaliated against for filing such a complaint. Violation of the Confidentiality Law by a program 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 Information

For further information, contact:

Mari Stout, HIPAA Privacy/Security Officer, at (541) 492-0129 or c/o Adapt, P.O. Box 1121, Roseburg, OR 97470