

# HIPPA Privacy Notice

## NOTICE OF PRIVACY PRACTICES

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

### Understanding Your Health Record/Information

*Each time you receive health care services from Concepts of Truth, Inc., a record of your service is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment and a plan for further care or treatment. This information, often referred to as your health or medical record serves as a:*

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed are actually provided
- a tool in educating health professionals, clinical and support staff
- a source of information for public health officials charged with improving the health of the nation(communicable diseases)
- a source of data for facility planning
- a tool with which we can assess and continually work to improve the care we render and outcomes we achieve

*Understanding what is in your record and how your health information is used helps you to:*

- ensure its accuracy
- better understand who, what, when, where, and why others may access your health information
- make more informed decisions when authorizing disclosure to others

### Your Health Information Rights

*Although your health record is the physical property of Concepts of Truth, Inc. or the facility that compiled it, the information belongs to you. You have the right to:*

- request restriction on certain uses and disclosures of your information
- obtain a paper copy of the notice of privacy practices upon request
- inspect and copy your health record provided access to the information if it is not deemed detrimental to the patient's health or safety
- request an amendment to your health record
- obtain an accounting of disclosures of your health information to third parties
- request communications of your health information by alternative means or to alternative locations
- revoke your authorization for third party use or disclosure of your health information, except to the extent that such use and disclosure has already taken place
- discuss the contents of your health record with us at anytime
- appeal any action or decision pertaining to your health information

## Our Responsibilities

*Concepts of Truth, Inc. is required to:*

- maintain policies and practices that protect the security and privacy of your health information
- secure your electronic records from premature destruction and unauthorized disclosure
- provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice, until such time as our privacy practices or the law changes
- notify you if we are unable to agree to a requested restriction or amendment pertaining to your health information
- accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations
- provide examples of our practices to help you better understand how your health information will be used and disclosed

## Changes in Our Privacy Practices

*We reserve the right to change the practices described in this notice and to make the new provisions effective for all protected health information we maintain, including any information compiled before the change. Should our privacy practices change, we will mail a revised notice to the last known address in your official record. We will also post the revised notice in prominent public access locations throughout our facility and on our website at - [www.conceptsoftruth.org](http://www.conceptsoftruth.org)*

## For More Information or to Report a Problem

*If you have questions and would like additional information, you may contact the Director of Health Information Management/Privacy Officer at (870-238-4329). If you believe your privacy rights have been violated, you can file a complaint/appeal with the Director of Health Information Management or with the Secretary of Health and Human Services. Concepts of Truth, Inc. does not retaliate against anyone filing a complaint or otherwise exercising their health information privacy rights.*

## EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

*We will use and disclose your information for your treatment, payment for services rendered, and health care operations of Concepts of Truth, Inc. Examples are included for information purposes. If you have questions about these or other permitted uses and disclosures of your health information, please discuss these with Concepts of Truth, Inc. Director (870-238-4329).*

## TREATMENT

*Information obtained by a nurse, physician, mental health professional, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your healthcare providers will document in your record the actions they took and their observations. In that way, the treatment team will know how you are responding to treatment. We may also provide a referring physician or a subsequent healthcare provider with copies of certain information necessary for treatment. We use and disclose a client's health information in a variety of ways in order to provide treatment in a timely and effective manner. There may be times when we must exercise our professional judgment in determining how your health information should be used in order to meet treatment expectations. In routine cases, we always try to consider a client's reasonable privacy expectations.*

## **EMERGENCIES**

*Our professionals are trained to identify and respond to emergency situations. When we conclude an emergency exists, our focus is on immediate intervention and stabilizing the client, not on privacy. Consequently, we will use and disclose health information as needed to provide appropriate healthcare service, even it would conflict with a client's normal privacy expectations.*

## **PAYMENT**

*A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.*

## **HEALTH OPERATIONS OF CONCEPTS OF TRUTH, INC.**

*We share private health information internally and with selected business associates in order to continually improve the quality and effectiveness of the health care and service we provide. For example, members of the medical staff; the risk, corporate compliance or quality improvement managers; and members of the quality improvement team may use information in your health record or in another's health record to assess the care and outcomes in your case.*

## **BUSINESS ASSOCIATES**

*There are some services pertaining to treatment, payment or healthcare operations provided in our organization through contracts with business associates. Examples include, but are not limited to certain laboratory tests, Patient Assistance Program, microfilm service for permanent storage of records and a copy service we use when making copies of your health care record. When these services are contracted, we may disclose your health information to our business associate. To protect your health information, however, we require the business associate to appropriately safeguard your information.*

## **COMMUNICATION WITH FAMILY AND OTHERS**

*Health professionals using their best judgment and the authority conveyed by the Laws of the State of Arkansas may disclose to a parent and/or guardian, or other person you identify and authorize to have access to health information relevant to that person's involvement in your care or payment related to your care. We may use or disclose information to notify and assist in notifying a family member, personal representation, or another person responsible for your care, your location, and general condition.*

## **LEGAL**

*There are several situations where we might be required by law, law enforcement, courts or regulators to release some or all of a client's protected health information, whether or not you authorize such a release. Examples include, but are not limited to certain information we are required to release to the Medical Examiner, Public Health agencies, Workers Compensation Administrators, Law Enforcement Officers and others.*

## **MARKETING**

*As a part of our healthcare services, we may recommend or discuss options that relate to your treatment. Any other type or form of marketing will be done only after you voluntarily authorize us to do so.*

## **CONFIDENTIALITY OF ALCOHOL/SUBSTANCE ABUSE PATIENT RECORDS**

*The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.*

## **AUTHORIZATIONS**

*For most other uses and disclosures of information, we will require a signed authorization by the client before providing a third-party with access to your individually identifiable health information.*

## **MINIMUM NECESSARY**

*Even though we can lawfully use and disclose your health information under a variety of circumstances, we always try to limit the information to the minimum necessary. This sometimes requires the exercise of professional judgment.*

**Most other uses and disclosures will be made only with the individual's written authorization and the individual may revoke such an authorization.**