



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY

Park Center is committed to protecting the health information that we maintain about you. As required by rules under the Health Insurance Portability Act (HIPAA), this notice provides you with information about your rights and our legal duties and practices with respect to the privacy of protected health information. Park Center is also committed to the confidentiality of alcohol and drug abuse member records maintained by this agency in accord with 42 CFR Part 2

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following describes the purposes for which Park Center is permitted or required by law to use or disclose your health care information without your authorization.

- **For Treatment.** We may use or disclose health information about you to provide you with treatment. We may disclose health information about you to agency personnel who are involved in taking care of you at our agency.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at our agency may be billed to you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. We may use health information for quality assessment and improvement activities, developing and evaluating clinical protocols, performance evaluation, and for training programs. We may also disclose health information to business associates if they need to receive health information to provide a service to us and by contract agree to abide by the same high standards of safeguarding your health information.

OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

- **Fundraising Activities.** We may use health information about you to contact you to raise money as part of a fundraising effort. You have the right to opt out of receiving these communications.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care or to someone who helps pay for your care.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. Park Center does not normally participate in research projects.
- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting** Federal and state laws may require or permit the agency to disclose certain health information related to the following:
 - *Public Health Risks.* We may disclose health information about you for public health purposes.
 - *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law.

- *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.
- **Law Enforcement.** We may disclose health information when requested by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. Park Center must obtain an authorization for the use and disclosure of psychotherapy notes, marketing, and the sale of protected health information.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of the Park Center, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.
- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it 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 was not created by us, is not part of the health information kept by this agency or is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care.
We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

- **Right to Require that the Agency Not Submit Protected Health Information** You have the right to request that Park Center not submit any protected health information to your health plan as long as you choose to pay for your treatment out-of-pocket.

DUTY TO INFORM

Park Center has the duty to inform you if there has been a breach of your protected health information.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PROGRAM MEMBER RECORDS

The confidentiality of alcohol and drug abuse member records maintained by this agency is protected by Federal law and regulations. This agency may not say to a person outside the agency that a member attends the agency, or disclose any information identifying a member as receiving treatment for an alcohol and/or drug use issue unless the member consents in writing, the disclosure is allowed by a court order or 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 this agency 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 member either at the agency or against any person who works for the agency 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.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at all of our sites and on the website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

CONTACT INFORMATION

If you would like to submit a request for any of the following:

- inspect, amend, or restrict your health information
- be provided with an accounting of your health information disclosures
- request alternative communication
- make a complaint
- be provided a paper copy of this Notice
- opt out of receiving fundraising communications

Or if you have any questions about this Notice please contact:

*Dennis Wenner
Privacy Officer
948 Woodland Street
Nashville, TN 37206
(615)242-3576*

Dennis.wenner@parkcenternashville.org

You may also obtain a copy of this Notice at our website, www.parkcenternashville.org.

EFFECTIVE DATE OF THIS NOTICE

The effective date of this notice is April 14, 2003.