

# HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: October 1, 2013

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

If you have any questions about this notice, please contact the Director of Compliance at 865-482-1076 ext 1176.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes Ridgeview Psychiatric Hospital and Center, Inc., practices and that of all Ridgeview employee's.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that psychiatric information about you and your health is personal. We are concerned about your privacy and are committed to protecting psychiatric information about you. As a patient of Ridgeview, you are carefully protected by a privacy policy where personal information is strictly treated as confidential. We create a record of the care and service you receive at Ridgeview. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Ridgeview.

This notice will tell you about the ways in which we may use and disclose psychiatric information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of psychiatric information.

We are required by law to:

- make sure that medical/psychiatric information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to psychiatric information about you;
- follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose psychiatric information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories:

**For Treatment:** We may use psychiatric/medical information about you to provide you with psychiatric treatment services. We may disclose psychiatric/medical information about you to staff who are involved in taking care of you at Ridgeview. For example a psychiatrist needs to know previous psychiatric treatment to understand what has or has not worked for you. In addition, the psychiatrist/nurse needs to know your medical history and current medications to prevent complications and side effects. A case manager needs to know your psychiatric care to make informed decisions about you. If you sign a special release form, we may also disclose psychiatric information, including psychotherapy notes, about you to people outside the hospital/community mental health center, such as your family or your primary care physician since they are usually involved in your care.

**For Payment:** We may use and disclose psychiatric information about you so that the treatment and services you receive at Ridgeview may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received at Ridgeview so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a service you are going to receive to obtain prior approval or to determine whether your plan will cover the service. If you should pay us by cash and instruct us not to share information with your health plan, we will honor that request.

**For Health Care Operations:** We may use and disclose psychiatric information about you for program operations. These uses and disclosures are necessary to run the programs and make sure that all of our patients receive quality care. For example, we may use your psychiatric information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine psychiatric information about many psychiatric patients to decide what additional services Ridgeview should offer, what services are not needed, and whether certain new services are effective. We may also disclose information to doctors, nurses, therapist, case managers, technicians, students, and other Ridgeview personnel for review and learning purposes. We may also combine the psychiatric information we have with psychiatric information from other centers/hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of psychiatric information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Continuity of Care:** We may use and disclose your psychiatric information to provide appointment reminders, treatment alternatives, or other health-related benefits and services that may be of interest to you.

**Ridgeview Fundraising & Marketing:** We may contact you to raise funds to sustain the Ridgeview mission. For example, you may receive letters or other publication asking you to consider making a tax-deductible contribution to Ridgeview. When conducting fund raising activities, Ridgeview may access only your basic demographic information (such as name and contact information) and the dates that you were treated at Ridgeview. You have a right to request not to receive subsequent fundraising material. Ridgeview does not sell or rent patients' names or addresses to any organization outside of Ridgeview.

**Directory/Census:** Ridgeview does keep an IPU Directory (census) that contains your name, admission/discharge dates, length of stay, and status. Information may be shared with Ridgeview staff who have a need to know or with your permission to your clergy.

**Individuals Involved in Your Care:** We may release information about you to a friend or family member who is involved in your care, but a special release form would have to be signed by you before we did so. If an emergency/disaster should occur, we might disclose information about you to an entity assisting in the relief effort so that your family can be notified about your condition and location.

**Research:** Under certain circumstances and very occasionally, we may use and disclose psychiatric information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of psychiatric information trying to balance the research needs with patients' need for privacy of their psychiatric information. Before we will use or disclose psychiatric information for research, the project will have been approved through this research approval process, but we may, however, disclose psychiatric information about you to people preparing to conduct a research project. For example, to help identify patients with specific psychiatric needs, as long as the psychiatric information they review does not leave the hospital. As a general rule, any information released for a research project will not include your name. We will ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are or who will be involved in your care at Ridgeview.

**As Required By Law:** We will disclose medical 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 psychiatric/medical information about you when necessary to prevent a serious threat to your safety or health, the safety and health of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat from becoming a reality.

**Military & Veterans:** If you are member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Business Associates:** We provide some services through contract with business associates. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) that we have contracted with them to do. To protect your health information, we require the business associates to sign an agreement with Ridgeview to protect your personal health information. Examples would be a collection agency or claims clearing house.

**Health Oversight Activities:** We may disclose psychiatric information to an oversight agency for activities authorized by law. These oversight activities include, for example, audits, inspections, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with the Civil Rights Law.

**Lawsuits & Disputes:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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.

**Law Enforcement:** We may release medical information if asked to do so 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identify, description or location of the person who committed the crime.

**Coroner, Medical Examiners or Funeral Directors:** We may release psychiatric information to a coroner or medical examiner, or a funeral director consistent with applicable laws to enable them to carry out their duties. An example might be, to release the names of medication the deceased was prescribed to determine the cause of death.

**National Security & Intelligence Activities:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other nation security activities authorized by law.

**Protective Services for the President & Others:** We may disclose medical information about you to authorized federal official so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official we may release medical information about you to the correctional institution or law enforcement official. This release would 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 and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the rights regarding psychiatric information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and ask us to copy psychiatric information that may be used to make decisions about your care.

To inspect and copy psychiatric information that may be used to make decisions about you, you must submit your request in writing to the Information Specialist located in the Health Information Management Department. If you request a copy of the information, in hard copy or electronic form, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your psychiatric information in certain circumstances if your therapist or doctor feels it is in your best interest. If you are denied access to the psychiatric information, you may request that the denial be reviewed. Another licensed health care professional chosen by Ridgeview will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend:** If you feel that psychiatric information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Ridgeview.

To request an amendment, your request must be made in writing, signed and dated and submitted to the Information Specialist. It must state the record you wish to amend. In addition, you must provide a reason that supports your request. The Information Specialist will respond to your in 60 days or less.

We may deny your request for an amendment if it 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, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the psychiatric information kept by Ridgeview;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we do deny your request, we will tell you why and explain your options.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of psychiatric information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Information Specialist. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the psychiatric information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the psychiatric information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask we not use or disclose information about your individual therapy.

**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.

To request restrictions, you must make your request in writing, signed and dated, to the Information Specialist. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

**Breach:** We are required by law to notify you if any of your personal information is accidentally shared unknowingly

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about psychiatric matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail.

To request confidential communications, you must make your request in writing to the admissions staff. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right of a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain additional copies of this notice, ask the receptionist at the front desk.

### **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 psychiatric 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 in the lobbies of each clinic. The notice will contain the effective date on top of the first page. In addition, each time you are admitted to Ridgeview for treatment as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Ridgeview or by contacting the Director of Compliance, at 865-482-1076, ext 1176. You may also file a complaint with the Department of Health and Human Services by contacting the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201. You will not be penalized for filing a complaint.

### **OTHER USES OF PSYCHIATRIC INFORMATION**

Other uses and disclosures of psychiatric 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 psychiatric 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 psychiatric information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**HIPAA SUMMARY NOTICE  
OF PRIVACY PRACTICES**

**October 1, 2013**

**Your psychiatric information may be used or disclosed in the following ways:**

- a. Treatment
- b. Payment
- c. Operations
- d. Continuity of Care
- e. Fundraising/Marketing
- f. Directory/Census
- g. Individuals involved in your care (requires special authorization)
- h. Research (requires special authorization)
- i. Required by law
- j. Avert serious threat to health/safety
- k. Military & Veterans
- l. Workers' Compensation
- m. Public Health Risk
- n. Business Associates
- o. Health Oversight Inspectors
- p. Lawsuits and Disputes (requires special authorization unless court ordered)
- q. Law Enforcement
- r. Coroner, Medical Examiners or Funeral Directors
- s. National Security & Intelligence Activity
- t. Protected Services for President
- u. Inmates

**Your rights regarding your psychiatric information:**

- a. Right to Inspect and Copy Chart (if medically appropriate)
- b. Right to Amend Chart (Ridgeview does not have to agree)
- c. Right to an Accounting of Disclosures (any non-disclosures)
- d. Right to Restrict Information
- e. Right to Request Confidential Communications
- f. Right to Have a Copy of the Notice of Privacy Practices

**Ridgeview Psychiatric Hospital & Center, Inc.**  
**HIPAA SUMMARY NOTICE**  
**OF PRIVACY PRACTICES**

Case:

**PATIENT ACKNOWLEDGEMENT FORM**

Our notice of Privacy Practices provides information about how we may use and disclose health information about you. You have the right to review our notice before signing this acknowledgement. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy at any Ridgeview clinic reception office.

By signing this form, you acknowledge our use and disclosure of protected health information about you as has been explained to you in the Notice of Privacy Practices. You have the right to revoke this acknowledgement, in writing, except where we have already made disclosure in reliance on your prior acknowledgement.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent, Guardian, or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date