

Health Solutions

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records. You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records. You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications. You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share. You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice. You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated. **You can complain if you feel we have violated your rights by contacting our Privacy Officer at 41 Montebello Rd, Pueblo, CO 81008 (719)545-2746.** You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. **We will not retaliate against you for filing a complaint.**

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in payment for your care; Share information in a disaster relief situation. *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.* In these cases we *never* share your information unless you give us written permission: Marketing purposes; Sale of your information

Uses and Disclosures The medical record is the property of this medical practice, but the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

Treatment. Help manage the health care treatment you receive. We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Healthcare Operations. We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. *Example: We use health information about you to develop better services for you.*

Pay for your health services. We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your plan. We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

Appointment Reminders. We may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine.

Sign In. We may use and disclose medical information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

Notification and Communication with Family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or, unless you had instructed us otherwise, in the event of your death.

Marketing. We will not use or disclose your medical information for marketing purposes or accept any payment for other marketing communication without your prior written authorization.

Health Information Exchange (HIE). An HIE is an organization that enables the sharing of electronic protected health information among more than two unaffiliated entities for treatment, payment or health care operations purposes. You will have an option to opt-out of us sharing information with HIE's in your first appointment.

Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as: Preventing disease; Helping with product recalls; Reporting adverse reactions to medications; Reporting suspected abuse, neglect, or domestic violence; Preventing or reducing a serious threat to anyone's health or safety; In the event of a disaster

Breach Notification. In the case of a breach of unsecured protected health information, we will notify you as required by law.

Research and Audits. We can use or share your information for health research and audits.

Comply with the law. We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director. We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests. We can use or share health information about you: For workers' compensation claims; For law enforcement purposes or with a law enforcement official; With health oversight agencies for activities authorized by law; For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions and court orders. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance Use Disorder Privacy. There are few limited exceptions when providers can make disclosures without a client's written consent, including: Internal communications; Medical emergencies; Reports of alleged child abuse or neglect; Reports of a crime on program premises or against program personnel; Qualified audits or evaluations of the program; research; Qualified service organization agreements

Our Responsibility

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of this Notice. We can change the terms of this notice, and the changes will apply to all information we have about you regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available at each appointment

Citations. 45 CFR Health Insurance Portability and Accountability Act of 1996; 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records

General Information Regarding your Therapy at Health Solutions

Crisis Services – If you are in need of emergency services, you should first attempt to contact your assigned clinician. If your assigned clinician is not available, tell the receptionist that you have an emergency and need to speak with a Crisis Services Clinician. Health Solutions' phones are staffed 24 hours per day, seven days a week. If you are having an emergency, you may either call us or come to the Crisis and Assessment Building to be assessed. The Crisis Building is located at 1310 Chinook Lane, Pueblo, CO 81001. The telephone number is 719-545-2746.

To Reschedule or Cancel Appointments – In the event you need to reschedule or cancel your appointment, please call scheduling as soon as possible. Clients who do not attend scheduled appointments, or cancel with less than 24 hours' notice will be considered a "no show". If your chart is closed, you will not be able to see the psychiatrist to continue your medications. **You will have to go through the enrollment process again.**

Childcare – Foster grandparents, volunteer through SRDA, provide limited childcare for children over the age of two and able to use the restroom without assistance. There is a limit to number of children who can be seen, so please make other arrangements when possible.

Your Therapy and Other Services – You and your assigned clinician will work together to decide what services will be most beneficial to you. You and our clinician may decide an evaluation for medication management may be indicated, and an appointment can be scheduled with one of our prescribers. Health Solutions is committed to providing the best possible customer service to our clients; however, it is the policy of Health Solutions not to certify and/or determine disability or competency in the treatment of our clients therefore, most third party forms will be looked at on a case-by-case approval system.

Emergency Procedures. In the event of an emergency, we will have a designated employee to guide you through safety procedures if the need arises. Evacuation maps are posted in prominent places in all buildings. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Substance Abuse – Health Solutions is a comprehensive behavioral health center, with substance abuse and co-occurring mental and substance abuse treatment available. Health Solutions complies with 42 CFR Part 2 Substance Abuse Privacy Regulations.

Confidentiality – Your treatment at Health Solutions is confidential. No information will be given out unless one of the following occurs: 1) A signed release of information. 2) Mandated report of abuse to the Department of Social Services and/or the police department. 3) If a consumer is an imminent danger to self or other, or is gravely disabled as a result of mental illness. If you have any concerns about your confidentiality please speak with your assigned clinician. Health Solutions complies with all 45 CFR Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Health Solutions is dedicated to providing consumers with the best care in the least restrictive setting. If at any time you have concerns, please let your assigned clinician know. If you are uncomfortable speaking with your assigned clinician, please feel free to contact the Client Advocate, at 719-423-1381.