COMPREHENSIVE BEHAVIORAL HEALTH CENTER OF ST. CLAIR COUNTY, INC.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA") NOTICE OF PRIVACY PRACTICES ("NOTICE")

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. FURTHER DETAILS INCLUDE HOW YOU OR YOUR PERSONAL REPRESENTATIVE MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This Notice describes how **Comprehensive Behavioral Health Center of St. Clair County, Inc. (The Center)** ("**Practice**") and our health care providers, employees, volunteers, trainees and staff may use and disclose your medical information to carry out treatment, payment or health care operations and for other purposes that are described in this Notice. We understand that medical information about you and your health is personal, and we are committed to protecting medical information about you. This Notice applies to all records of your care generated by this practice and to substance use treatment-related records (SUD treatment records) under 42 U.S.C. §290dd-2 and 42 C.F.R. Part 2 (Part 2) that we receive or maintain. We also follow the confidentiality protections of Part 2 for such records. Certain uses and disclosures otherwise permitted by HIPAA are materially limited by Part 2.

This Notice also describes your right to access and control your medical information. This information about you includes demographic information that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services. We are required by law to protect the privacy of your medical information and to follow the terms of this Notice. We may change the terms of this Notice at any time. The new Notice will then be effective for all medical information that we maintain at that time and thereafter. We will provide you with any revised Notice if you request a revised copy be sent to you in the mail or if you ask for one when you are in the office.

I. Uses and Disclosures of Protected Health Information ("PHI"). Your medical information may be used and disclosed for purposes of treatment, payment and health care operations; provided, however, use or disclosure of SUD treatment records for payment and/or healthcare operations generally requires your written consent. The following are examples of different ways we use and disclose medical information. **These are examples only.**

(a) Treatment. We may use and disclose medical information about you to provide, coordinate, or manage your medical treatment or any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your medical information. For example, we could disclose your medical information to a home health agency that provides care to you. We may also disclose medical information to other health care providers who may be treating you, such as a health care provider to whom you have been referred to, to ensure that the health care provider has the necessary information to diagnose or treat you. In addition, we may disclose your medical information to another health care provider, such as a laboratory.

(b) Payment. We may use and disclose medical information about you to obtain payment for the treatment and services you receive from us. For example, we may need to provide your health insurance plan information about your treatment plan for payment of insurance claims.

(c) Health Care Operations. We may use or disclose medical information about you to support the business activities of our practice. These activities include, but are not limited to, reviewing our treatment of you, employee performance reviews, training of personnel, medical students, licensing, marketing and fundraising activities and conducting or arranging for other business activities. We may share your medical information with third party **"business associates"** that perform activities on our behalf, such as billing or transcription for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that asks the **"business associate"** to protect the privacy of your medical information. We may use or disclose your medical information to provide you with information about treatment alternatives, case management or other health-related benefits and services that may be of interest to you. We may also use and disclose your medical information for other marketing activities. You may contact our **Privacy Contact** to request that these materials not be sent to you. We may use or disclose your demographic information and the dates that you received treatment from your health care provider, as necessary, to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our **Privacy Contact** to request that these fundraising materials are not sent to you. If we intend to use or disclose records subject to 42 CFR part 2 for fundraising for the benefit of our practice, you will first be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications

(d) Health Information Exchange. We, along with certain other health care providers and practice groups in the area, may participate in a health information exchange ("**Exchange**"). An Exchange facilitates electronic sharing and exchange of medical and other individually identifiable health information regarding patients among health care providers that participate in the Exchange. Through the Exchange, we may electronically disclose demographic, medical, billing and other health-related

information about you to other health care providers that participate in the Exchange and request such information for purposes of facilitating or providing treatment, payment or health care operations.

II. Other Permitted and Required Uses and Disclosures That May Be Made with Your Consent, Authorization or Opportunity to Object. We may use and disclose your medical information in the following instances. You can agree or object to the use or disclosure of all or part of your medical information. If you are not present or able to agree or object to the use or disclosure of the medical information, then your health care provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the medical information that is relevant to your health care will be disclosed.

(a) Others Involved in Your Health Care. Unless you object, we may disclose to a member of your family, a relative or close friend your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information if we determine that it is in your best interest based on our professional judgment. We may use or disclose medical information to notify or assist in notifying a family member or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your medical information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

(b) Emergencies. We may use or disclose your medical information for emergency treatment. If this happens, we shall try to obtain your consent as soon as reasonable after the delivery of treatment. If the practice is required by law to treat you and has attempted to obtain your consent but is unable to do so, the practice may still use or disclose your medical information to treat you.

(c) Communication Barriers. We may use and disclose your medical information if the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and, in our professional judgment, you intended to consent to use or disclosure under the circumstances.

III. Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object. We may use or disclose your medical information in the following situations without your consent or authorization. These situations include:

(a) Law Enforcement. We may use or disclose your medical information when federal, state or local law requires disclosure. You will be notified of any such uses or disclosure.

(b) Public Health. We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. This disclosure will be made for the purpose of controlling disease, injury or disability.

(c) Communicable Diseases. We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

(d) Health Oversight. We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government agencies to oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

(e) Abuse or Neglect. We may disclose your medical information to a public health authority that is authorized by law to receive reports of child / elder abuse or neglect. In addition, we may disclose your medical information to the governmental entity authorized to receive such information if we believe that you have been a victim of abuse, neglect or domestic violence as is consistent with the requirements of applicable federal and state laws.

(f) Legal Proceedings. We may disclose medical information during any judicial or administrative proceeding, when required by a court order or administrative tribunal, and in certain conditions in response to a subpoena, discovery request or other lawful process.

(g) Law Enforcement. We may disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (i) responding to a court order, subpoena, warrant, summons or otherwise required by law; (ii) identifying or locating a suspect, fugitive, material witness or missing person; (iii) pertaining to victims of a crime; (iv) suspecting that death has occurred as a result of criminal conduct; (v) in the event that a crime occurs on the premises of the practice; and (vi) responding to a medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

(h) Coroners, Funeral Directors, and Organ Donors. (We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to funeral directors as necessary to carry out their duties.

(i) Research. We may use and disclose your medical information for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when an Internal Review Board ("**IRB**") or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) the use or disclosure involves no more than a minimal risk to your privacy based on the following: (A) an adequate plan to protect the identifiers from improper use and disclosure; (B) an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and (C) adequate, written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; (ii) the research could not practicably be conducted without the waiver; and (iii) the research could not practicably be conducted without access to and use of the PHI.

(j) Criminal Activity. Consistent with applicable federal and state laws, we may disclose your medical information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

(k) Military Activity and National Security. If you are a member of the armed forces, we may use or disclose medical information, (i) as required by military command authorities; (ii) for the purpose of determining by the Department of Veterans Affairs of your eligibility for benefits; or (iii) for foreign military personnel to the appropriate foreign military authority. We may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the protective services to the President or others legally authorized.

(l) Workers' Compensation. We may disclose your medical information as authorized to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illness.

(m) Inmates. We may use or disclose your medical information if you are an inmate of a correctional facility and our practice created or received your health information while providing care to you.

(n) Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500, et seq.

(o) Imminent Threat to Health and Safety. As allowed by law, we may make disclosures of medical information if we believe you pose a risk to your own health and safety or the health and safety of another person.

IV. The Following Is a Statement of Your Rights with Respect to Your Medical Information and a Brief Description of How You May Exercise These Rights.

(a) You have the right to inspect and copy your medical information. This means you may inspect and obtain a copy of medical information about you that has originated in our practice. We may charge you a reasonable fee for copying and mailing records. To the extent we maintain any portion of your PHI in electronic format, you have the right to receive such PHI from us in an electronic format. We will charge no more than actual labor cost to provide you electronic versions of your PHI that we maintain in electronic format. After you have made a written request to our Privacy Contact at the address designated below, we will have thirty (30) days to satisfy your request. If we deny your request to inspect or copy your medical information, we will provide you with a written explanation of the denial. You may not have a right to inspect or copy psychotherapy notes. In some circumstances, you may have a right to have the decision to deny you access reviewed. Please contact **Privacy Contact** if you have any questions about access to your medical record.

(b) You have the right to request a restriction of your medical information. You may ask us not to use or disclose part of your medical information for the purposes of treatment, payment or health care operations. You may also request that part of your medical information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. You must state in writing the specific restriction requested and to whom you want the restriction to apply. You have the right to restrict information sent to your health plan or insurer for products or services that you paid for solely out-of-pocket and for which no claim was made to your health plan or insurer.

(c) We are not required to agree to your request. If we believe it is in your best interest to permit use and disclosure of your medical information, your medical information will not be restricted; provided, however, we must agree to your request to restrict disclosure of your medical information if: (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (ii) the information pertains solely to a health care item or service for which you (and not your health plan) have paid us in full. If we do agree to the requested restriction, we may not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment. Your written request must be specific as to what information you want to limit and to whom you want the limits to apply. The request should be sent, in writing, to our Privacy Contact.

(d) You have the right to request to receive confidential communications from us at a location other than your primary address. We will try to accommodate reasonable requests. Please make this request in writing to our Privacy Contact.

(e) You may have the right to have us amend your medical information. If you feel that medical information we have about you is incorrect or incomplete, you may request we amend the information. If you wish to request an amendment to your medical information, please contact our Privacy Contact. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us.

(f) You have the right to receive an accounting of disclosures we have made, if any, of your medical information. This applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It excludes disclosures we may have made to you, family members or friends involved in your care, or for notification purposes. To receive information regarding disclosures made for a specific time no longer than six (6) years and after April 14, 2003, please submit your request in writing to our Privacy Contact. We will notify you in writing of the cost involved in preparing this list. To the extent we maintain your PHI in electronic format, you may request an accounting of all electronic disclosures of your PHI for treatment, payment, or health care operations for the preceding three (3) years prior to such request.

(g) Uses and Disclosures of Protected Health Information Based upon Your Written Authorization. Other uses and disclosures of your medical information not covered by this Notice or required by law will be made only with your written authorization. For example, the following uses and disclosures require your authorization: (1) Most uses and disclosures of psychotherapy notes; (2) Uses and disclosures of PHI for marketing purposes unless the communication (i) occurs face-to-face; (ii) consists of marketing gifts of nominal value; (iii) is regarding a prescription refill reminder that is for a prescription currently prescribed or a generic equivalent; (iv) is for treatment pertaining to existing condition(s) and we do not receive any financial remuneration in either cash or cash equivalent; and/or (v) communication from us to recommend or direct alternative treatments, therapies, health care providers or settings of care when we do not receive any financial remuneration for making the communication; and (3) Disclosures that constitute a sale of PHI and other than those described in this Notice, require authorization. You may revoke this authorization at any time, except to the extent that our practice has taken an action in reliance on the use or disclosure indicated in the prior authorization.

(h) Right to be Notified of a Breach. You have the right to be notified if our practice (or a Business Associate of ours) discovers a breach of unsecured protected health information.

(i) Complaints: You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated, as follows: 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 https://www.hhs.gov/hipaa/filing-a-complaint/index.html. You may file a complaint with us by notifying our Privacy Contact in writing. We will not retaliate against you for filing a complaint.

(**j) Redisclosure:** Information that is disclosed to third-parties pursuant to the HIPAA Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.

IV. State Law. Applicable state law(s) may have certain requirements that govern the use or disclosure of your PHI. For us to release information about mental health treatment, genetic information, your AIDS/HIV status, alcohol or drug abuse treatment, or other specific medical information or conditions, you may be required to sign an authorization form unless state law allows us to make the specific type of use or disclosure without your authorization.

V. Applicability. This Notice and the obligations of Practice herein shall apply only to the extent that the information to be created, used and/or disclosed by Practice is PHI (as defined by HIPAA) and subject to HIPAA protections. By providing this Notice, Practice is neither conceding nor admitting that any such information qualifies as PHI.

VI. Substance Abuse Treatment. We are required to protect the privacy and security of your substance use disorder patient records in accordance with 42 U.S.C. § 290dd–2 and 42 C.F.R. Part 2, the Confidentiality of Substance Use Disorder Patient

Records ("**Part 2**"), in addition to HIPAA and applicable state law. In a civil, criminal, administrative, or legislative proceeding against an individual, we will not use or share information about your SUD treatment records unless a court order requires us to do so (after notice and an opportunity to be heard is provided to you, as provided in 42 CFR part 2) or you give us your written permission You may report suspected violations to the U.S. Attorney for the judicial district in which the violation occurs. Contact information for the U.S. Attorney office where we operate is below:

Office of U.S Attorney, Southern District of Illinois
9 Executive Drive
Fairview Heights, IL 62208
Phone: (618) 628-3700

Suspected violations by an opioid treatment program may be reported to the Substance Use and Mental Health Services Administration (SAMHSA), Opioid Treatment Program Compliance Office by phone at 204-276-2700 or online at OTP-extranet@opiod.samhsa.gov.

Contact Information

Privacy Officer: Brian Rowe

Address: 505 S. 8th Street
East Saint Louis, IL 62201

Phone: (618) 482-7330

Email: thecenter@cbhc1.org

To File a Complaint with HHS:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Phone: 1-877-696-6775

Website: www.hhs.gov/ocr/privacy/hipaa/complaints/

ACKNOWLEDGMENT OF RECEIPT

I acknowledge that I have received a copy of Comprehensive Behavioral Health Center's Notice of Privacy Practices.

Patient Name (Print): _____

Patient Signature : _____

Date: _____

If signed by personal representative, please describe relationship to patient and authority to act on patients' behalf:

_____