

NHS HUMAN SERVICES, INC.
PRIVACY NOTICE
REGARDING USE AND DISCLOSURE OF TREATMENT INFORMATION

THIS PRIVACY NOTICE DESCRIBES HOW YOUR TREATMENT INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS TREATMENT INFORMATION. ***PLEASE REVIEW THIS NOTICE CAREFULLY BEFORE SIGNING ANY DOCUMENTS.***

1. **Purpose of this Notice:** In general, any information that concerns your treatment, payment for treatment or related operations is considered confidential and is protected as confidential by NHS Human Services, Inc. (“NHS”). This Privacy Notice describes NHS’ Privacy Practices, specifically- the uses and disclosures NHS may make of your treatment information and what rights you have with respect to your treatment information. Treatment information includes, but is not limited to, your name; address; other personal identifying data; health status; and record of treatment services that have been, are being, and will be provided to you in the future. NHS requires that all programs, employees, staff, and any party in a working or business relationship with NHS comply with NHS’ Privacy Practices.

2. **Use and Disclosure of Medical Information for Treatment, Payment, and Health Care Operations:** Laws governing treatment programs and procedures conducted by NHS allow NHS to use and disclose your personal information for the purposes of treatment, payment, and health care operations.

Treatment means the provision, coordination, or management of health care related and therapeutic services provided completely or in part by NHS. NHS can share your treatment information and records with another provider involved in your health care for the benefit of your coordinated care. Also, NHS may contact you by phone or other means to remind you about an appointment or address a specific aspect of your care.

Please note that relevant laws prohibit certain treatment information, such as Psychotherapy Notes, from being shared without your knowledge. NHS must obtain a written *Authorization* from you before all or part of the treatment information can be used or released. At the time the treatment information is being requested, you will be provided with a written Authorization explaining the specific treatment information requested and the purpose of the request for the specific treatment information. Your signature on the Authorization will provide the consent necessary for the use or release of this information.

Payment refers to reimbursement to NHS by your healthcare insurer for services that have been provided to you. In order to process payment,

your healthcare insurer may require that NHS provide treatment information to confirm your eligibility for services provided, to coordinate benefits with other payers who may be responsible for reimbursement for the services, and as part of the payers claims management procedures which covers billings, collections, appeals, medical necessity review activities, utilization review activities, or for disclosure to consumer reporting agencies. For instance, NHS can disclose the healthcare information required by your insurer's plan to determine whether the services provided to you by NHS were medically necessary.

Health Care Operations cover a range of internal operations performed by NHS or its Business Associates to manage information, data, and services on behalf of NHS and the individuals NHS serves. These operations include, but are not limited to, quality assessment and improvement activities including research; peer review; credentialing and licensing; training programs; legal and financial services; business planning and development; implementing and monitoring NHS' compliance and privacy practices; customer services; internal grievances; creating de-identified or re-identified information for data aggregation and other purposes including research; fundraising, marketing and due diligence activities. Examples of such operations are evaluation of the performance of therapists to ensure that they meet NHS' quality standards and engaging legal counsel or accountants to represent NHS' interests when required.

3. **Consent and Authorization:** NHS must obtain your written *Consent* prior to initiating treatment, payment, or health care operations on your behalf. You will be required to read and give your *Consent* in writing before any treatment services are begun. This *Consent* will remain in effect until completion of your treatment services with NHS. However, you have the right to revoke your *Consent*, in writing, at any time during the course of your treatment services except to the extent that NHS has taken action in reliance on the *Consent*.

A written *Authorization* is required for the use and disclosure of all or part of your treatment information requested by a third party for purposes other than general treatment, payment, and health care operations. For example, Psychotherapy Notes shall not be released without your specific *Authorization*, except when required by law. Only that information that is *minimum and necessary* to accomplish the purpose for which the Psychotherapy Notes are being requested will be released. The *Authorization* will identify the specific information being requested, the purpose for which the requested information is to be used, and the party to whom the information will be released. The *Authorization* will be time restricted and contain a prohibition against the use of the information for any purpose other than the purpose stated on the *Authorization* and against a re-release of the information for any purpose.

4. **The Use and Disclosure of Treatment Information when your Consent or Authorization are Not Required:** Under the following circumstances, NHS is permitted by law to use or disclose your treatment information without further *Consent or Authorization*:
- a. to those caregivers actively engaged in your treatment at NHS or to providers who are actively coordinating with NHS in your care or treatment plan;
 - b. to insurers and those third party payers or co-payers whom you have identified to NHS as being responsible for payment for your treatment services and who require information to verify that services were actually provided (information to be released hereunder is limited to the staff names, the dates, types and costs of therapies or services, and a short description of the general purpose of each treatment session or service);
 - c. to reviewers and inspectors, including the Joint Commission on the Accreditation of Hospitals or similar accrediting agencies and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services;
 - d. to those participating in PSRO or Utilization Reviews;
 - e. to the administrator under required duties pursuant to applicable statutes and regulations;
 - f. to a court or Mental Health Review Officer in the course of legal proceedings authorized by statute or regulations;
 - g. in response to a Court Order when Production of Documents is properly ordered by law;
 - h. to appropriate regulatory agencies responsible for addressing patient or child abuse;
 - i. in response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death (only that specific information minimum and necessary to the relief of the emergency may be released on a non-consensual basis);
 - j. to parents, guardians or other verified personal representatives when necessary to obtain consent to medical treatment; and
 - k. to attorneys assigned to represent the subject of a commitment hearing.

Treatment information made available shall be limited to that information which is *minimum and necessary* to the purpose for which the information is sought. Treatment information may not be released to additional parties or entities or used for additional purposes without your consent.

5. **Authorization for Other Uses and Disclosures of Treatment Information:** NHS is prohibited, by law, from using or disclosing your treatment information without a written *Authorization* for any purpose other than those purposes listed above. For purposes other than those listed above, NHS must obtain a signed *Authorization* and disclose only that treatment information which is *minimum and necessary* to the specific purpose requested.

An *Authorization* serves as a written permission that specifically identifies the information being sought for use or disclosure and clearly states the purpose for which the use or disclosure is being requested. Further, you may revoke your *Authorization* at any time except: (1) to the extent that the treatment information has been used or disclosed in reliance on your *Authorization* or (2) your *Authorization* was obtained as a condition of obtaining insurance coverage.

Please note that NHS cannot absolutely guarantee that once your treatment information has been released to the third party named in an *Authorization*, that the third party will abide by the rules stated in NHS' Privacy Notice.

6. **Individual Rights with respect to Treatment Information:** An individual of appropriate age and legal capacity, who understands the nature of the treatment information and the purpose for which treatment information may be used or disclosed, shall control *access* to his or her personal treatment information.
 - a. **Access** refers to *physical examination* of treatment information, but *does not include physical possession of the information*. A person who has received or is receiving treatment *may request access* to treatment information including records, but *shall be denied such access* to all or part of the treatment information if:
 - (1) upon documentation by the treatment team leader it is determined that granting such access will constitute a substantial detriment to the treatment process; and/or
 - (2) when disclosure of specific treatment information will reveal the identity of persons, or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality.
 - (3) The limitations on access to treatment information are applicable to parents, guardians, and others who may otherwise have the right to control access over treatment records, except that the possibility of substantial detriment to the parent, guardian, or other person may also be considered.

(4) The treatment team leader retains absolute discretion in receiving and reviewing the treatment information requested in writing in advance of granting access to the treatment information, and may be present or designate an appropriate party to be present when the treatment information is being reviewed.

- b. **Restrictions** on the use and disclosure of your treatment information for treatment, payment, and operational purposes may be requested by you. NHS shall be bound by all reasonable and appropriate requests for such restrictions which it agrees in writing, except in emergency circumstances. NHS reserves the right to request the withdrawal of certain restrictions at any time during treatment. However, *NHS is not bound to accept your requested restrictions* if the treatment team does not believe that it reasonably can or should comply with the requested restrictions. NHS reserves the right to its treatment teams to exercise such discretion and give a written refusal in response to your request for restrictions.

Please address any written requests for restriction to the Director or Medical Records Department at your treatment site.

- c. **Confidential Communications** may be requested by you about how NHS communicates information regarding your treatment, health care services, and payment for services. For example, you may request that all communication be directed to your home and not to you at work. Also, as a part of NHS quality improvement practices, NHS may call to remind you about an appointment or follow up by phone after services have been provided to confirm the service and the quality of the service provided. On such phone calls, NHS may appear on your “Caller ID” service. You may request that NHS call you on a phone which will not identify NHS on your “Caller ID”.

Such request for confidential communication must be made in writing. NHS will do its best to reasonably accommodate such requests. Please address any requests for confidential communications to the Director or the Medical Records Department at your treatment site.

- d. **Amendments** to your documented treatment information may be requested in writing. Amendments agreed to by NHS shall be documented within sixty (60) days of your written request. However, *NHS reserves the right to deny requests for amendments* when the treatment team finds that: (1) the existing documented treatment information is accurate; (2) NHS is not the author of the treatment information requested to be amended; or (3) the request to amend changes or alters the accuracy of the treatment information. You may appeal any denial of your request for amendments within thirty (30) days of receipt of NHS’ denial of your requested amendment. All appeals must be made in writing.

Please direct any requests for amendments and appeals to the Director or Medical Records Department at your treatment site.

- e. **Accounting** of any and all disclosures made of your treatment information for the six (6) years prior to the date of your request shall be available to you within sixty (60) days of the date of your written request. These disclosures do not include those made for certain treatment payment, or operational purposes. The right to an accounting is subject to the effective date of regulatory laws and statutes.

Please direct requests for accountings to the Director or Medical Records Department at your treatment site.

- f. **Complaints** alleging inappropriate use or disclosure of your treatment information by NHS employees or agents may be directed to the NHS Privacy Officer or to the Secretary of the federal Department of Health and Human Services. Under no circumstances shall NHS retaliate against you for filing a complaint.

If you wish to file a complaint, please contact the Director or Medical Records Department at your treatment site.

NHS has the non-delegable duty to maintain the privacy of your documented treatment information and to provide you with Notice of its legal obligations and Privacy Practices with respect to your treatment information. NHS must date and comply with the Privacy Notice currently in effect. NHS reserves the right to amend and/or update its Privacy Notice from time to time upon change of practices or revision of laws. If its Privacy Notice is revised, copies of the revised and dated Privacy Notice shall be posted in the NHS service areas. NHS hereby reserves the right to implement the changes prior to issuing the revised Privacy Notice.

By my signature or initials below on this _____ day of _____, 20____, I verify that I have received and been given the opportunity to read the NHS Privacy Notice.

Client Signature

Witness

Parent or Guardian Signature