

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE IS EFFECTIVE AS OF APRIL 14, 2003.

Introduction

At ABH Addiction & Behavioral Health Services, Inc. (ABH), we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information.

Understanding Your Health Record/Information

Each time you visit or when you stay at ABH, a record of your visit or stay is made. Typically, this record contains your treatment history, evaluation and test results, diagnoses, treatment plan, and recommendations for on-going treatment or transition of care.

ABH uses health information about you for treatment, to obtain payment for treatment, to evaluate the quality of care you receive, and for other administrative and operational purposes. Your health information is contained in a case record that is the physical property and responsibility of ABH. At the point treatment is initiated or in the course of treatment, ABH may request that a client sign a written consent for communication with outside professionals or entities that may be necessary to provide adequate and on-going care. Additionally, a client may request that a consent be completed so that information can be transferred to an outside professional or entity of their choice. In regards to written consent, ABH follows all federal regulations as stated in 45 CFR and 42 CFR Part 2. This notice specifically outlines terms and conditions in which we can disclose information without prior consent and your rights as a client in regards to your record.

Your Health Information Rights

You have the following rights with respect to health information about you:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524. Your request must be in writing. If you request a copy of your health information, we will charge you a fee to cover the costs of copying and mailing the information. In certain very limited circumstances, we may deny your request to inspect and copy your health information. If you are denied access to your health information, we will explain our reasons in writing.
- Amend your health record as provided in 45 CFR 164.528.
- Request a detailed listing of certain disclosures of your health information. The time period covered by the accounting is limited. Your request must be in writing. If you request an accounting more often than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. For more information see 45 CFR 164.528,
- Request that we communicate in a certain way or at a certain location. Your request must be in writing. We will agree to the request to the extent that it is reasonable for us to do so. For example, you may request that we use an alternative address for billing purposes. We will not send clinical case records via email. For more information about this right, see 45 CFR 164.522(b).
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. Your request must be in writing.

Our Responsibilities

ABH is required to:

- maintain the privacy of protected health information,
- provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- abide by the terms of this notice,
- notify you if we are unable to agree to a requested restriction, and
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- report information related to victims of abuse, neglect or domestic violence
- aid law enforcement officials in the event that a criminal act is being committed.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a revised notice.

Organized Health Care Arrangement. In our facilities, care and services are provided to you by our facility staff as well as by other service providers. Although these providers may be independent, they cooperate to provide an integrated system of care to you. This is called an organized health care arrangement (“OHCA”) under the HIPAA Privacy Standards. We may share your health information with OHCA providers for treatment, payment and health care operations. We participate in an OHCA with pharmacy, nursing, psychological and psychiatric providers. You may receive separate notices of privacy practices from each of the other participants in the OHCA.

Examples of disclosures for treatment, payment and health operations without written consent

We will use your health information for treatment.

For example: Information obtained by a staff member, OCHA provider, therapist, dietitian or other persons involved in your care will be documented in your record and used to determine the course of treatment that should work best for you. Treatment team members will utilize documented information in your record to determine your progress and continuing course of treatment.

We will use your health information for payment.

For example: A bill may be sent to you, your parent and/or guardian or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and additional expenses.

We will use your health information for regular operations.

For example: Members of the administrative boards or management may use information in your case record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the care and services we provide. Other business operations in which your health care information may be used include:

- Business Associates – In the course of day-to-day business, we contract with business associates, such as accountants, consultants and attorneys. When such services are contracted, we may disclose health information about you to our business associates so that they can perform the tasks that we have assigned to them. To protect your health information, we require the business associate to appropriately safeguard health information about you.
- Appointment Reminders – Healthcare information may be disclosed when we provide appointment reminders.
- Research - We may disclose information to researchers when their research has been approved by an institutional review board and/or the Board of Directors. The client will be notified in advance of any research conducted at ABH.
- Medical Examiners and Others - We may disclose health information about you to medical examiners, coroners or

funeral directors to allow them to perform their lawful duties. If you are an organ or tissue donor, we may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.

- Required by law – We may use and disclose health information about you as required by federal, state, or local law.
- Food and Drug Administration (FDA) – We may use or disclose health information for purposes of notifying the FDA of adverse events with respect to food, supplements, product and product defects.
- Public health - As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- Law enforcement - We may disclose health information for law enforcement purposes in the event a criminal act is being committed or in response to a valid subpoena and/or court order.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the ABH Privacy Officer or with the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Information

If you have any questions, requests or concerns about your ABH related health information rights or our use and disclosure of health information, please contact the Privacy Officer, ABH Addiction & Behavioral Health Services, Inc. 5835 N 90th Street, Omaha, Nebraska 68134. (402) 573-5111.

NOTICE OF PRIVACY PRACTICES

FOR

ABH ADDICTION & BEHAVIORAL HEALTH SERVICES, INC.

Effective: April 14, 2003

Revision Number 1.0