



An Association of Independent Practitioners  
Westerville | Dublin | New Albany  
www.ColumbusBehavioralHealth.com  
614.360.2600

## NOTICE OF PRIVACY PRACTICES

Effective 12/12/2014; Revised 6/29/2020

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.

### OUR RESPONSIBILITY

Your health information is personal and we are committed to keeping your Protected Health Information (PHI) safe. This notice tells you the ways we may use and disclose your PHI; your privacy rights; and our duties regarding PHI. We are required by law to make sure that your PHI is kept private; give you this Notice of our legal duties and privacy practices; notify you of a breach of unsecured PHI; and follow the terms of the Notice that is currently in effect.

### YOUR RIGHTS

*Right to request restrictions:* You have the right to request restrictions on certain uses and disclosures of protected health information. If you have paid your health care provider in full for a particular health care service or item and specifically request that we not disclose information about this health care item or service to your health plan for payment or healthcare operations purposes, we are required to honor your request. Otherwise, although we will consider your request, federal law states that we are not required to agree to or abide by your request. You must make your request for limitations or restrictions in writing to: Medical Information Management, Columbus Behavioral Health, 635 Park Meadow Road, Suite 101, Westerville, OH 43081. In your request, you must tell us 1) what PHI you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limitations to apply.

*Right to receive confidential communications:* You have the right to request that we communicate with you about your PHI in a certain way or in a certain location. For example, you may ask that we only contact you on your cell number and not at work. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests. You must make your request for confidential communications in writing to: Medical Information Management, Columbus Behavioral Health, 635 Park Meadow Road, Suite 101, Westerville, OH 43081.

*Right to review and copy:* You have the right to review or obtain a copy (or both) of PHI that may be used to make decisions about your care, not including psychotherapy notes. Under certain circumstances, we may deny you access to PHI. For example, a provider may decide for clear treatment reasons that sharing your PHI with you will likely have an adverse effect on you. If your request is denied, you can appeal in writing to Medical Information Management.

*Right to amend:* If you feel the health information we have about you is incorrect or incomplete, then you may ask us to change the PHI. You have a right to request a change for as long as the information is kept on file. Your request must be made in writing and must include a reason that supports your request. Submit your request to Medical Information Management, Columbus Behavioral Health, 635 Park Meadow Road, Suite 101, Westerville, OH 43081. You will be notified in writing if your request is denied. We may deny your request if you ask us to change PHI that was not created by us; is not part of our records; is not part of the PHI which you would be permitted to see and get a copy of; or we believe is accurate and correct.

*Right to an accounting of disclosures:* You have the right to receive a list of disclosures we have made of your PHI for purposes other than routine treatment, payment or operations activities. Your request must be submitted in writing to Medical Information Management, Columbus Behavioral Health, 635 Park Meadow Road, Suite 101, Westerville, OH 43081 and must include the calendar dates you want to see (the time period may include up to six years of information prior to the date of the request).

*Right to a paper copy of this Notice:* You have a right to receive a paper copy of this Notice at any time. To obtain a paper copy, contact Medical Information Management, Columbus Behavioral Health, 635 Park Meadow Road, Suite 101, Westerville, OH 43081

## **WAYS WE MAY USE AND DISCLOSE YOUR PHI**

Federal law allows us to use or disclose your PHI **without your permission** for the following purposes:

### *For Treatment*

We may use or disclose your PHI in order to provide treatment to you. This may include, but is not limited to, disclosing your PHI internally to other providers at the practice for case consultation or to other staff at the practice who help with your care; coordinating with external providers for services you need such as prescriptions, lab work or to otherwise help carry out your treatment services; contacting you for appointment reminders; contacting you to obtain paperwork/consent for treatment; contacting you about health related benefit and services; updating your health care providers about the care you receive.

### For Payment

We may use or disclose your PHI in order to bill you, your insurance company or a member of your family for charges related to treatment and services we provide to you. Payment may include verifying eligibility and benefit coverage, coordinating benefits with insurance payors, or billing and collecting for services provided.

### For Health Care Operations

We may use or disclose your PHI for our other operational procedures which may include, improving quality of care; performance evaluation; compliance reviews; developing, maintaining and supporting computer systems; managing, budgeting and planning activities and reports; improving health care processes, reducing health care costs and assessing organizational performance.

## **ADDITIONAL USES AND DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED BY HIPAA**

### As Required by Law

We will disclose PHI about you when required to do so by federal, state, or local law.

### Public Health Risks

As required by law, we may use or disclose your PHI to the appropriate public health entities and authorities to prevent or control disease, injury or disability. Examples include reporting communicable diseases or infection exposure when notification is required and reporting negative reaction or problem resulting from a drug.

### In Cases of Child Abuse

If we know or have reason to suspect that a child is being neglected or abused, or that a child has been neglected or abused within the preceding three years, we must immediately report this to the local welfare agency, police or sheriff's department. We may need to disclose PHI to adequately and accurately report the abuse.

### In Cases of Adult and Domestic Abuse

If we have reason to believe that a vulnerable adult is being or has been maltreated, or if we have knowledge that a vulnerable adult has sustained an injury which cannot be reasonably explained, we must immediately report that information to the appropriate county or law enforcement agency. A "vulnerable adult" is someone who possesses a physical, mental or emotional infirmity or dysfunction that impairs their ability to care for themselves without assistance or protect themselves from maltreatment. We may need to disclose PHI to adequately and accurately report the maltreatment.

### Health Oversight Activities

We may disclose your PHI to a health oversight agency for activities permitted by law. For example, these activities may include audits, investigations, inspections or licensure. Health care oversight agencies include government agencies that oversee the health care system, government benefits program and agencies that enforce civil rights laws.

### Judicial and Administrative Proceedings

We may disclose your PHI in the course of judicial or administrative proceedings, such as in response to a court order or subpoenas permitted by state and federal law.

### Law Enforcement

We may disclose your PHI to a law enforcement official if required or permitted by law.

### Serious Threat to Health or Safety

We may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or to the public. We must also do so if a member of your family or someone who knows you well has reason to believe you present an imminent threat of harm to yourself or others. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

### Business Associates

We will share your PHI with business associates that assist us in business and other administrative operations. Business associates include people or companies outside of Columbus Behavioral Health who provide services to us. For example, health information may be disclosed to a vendor to send statements and process payment for services rendered. Our business associates must comply with HIPAA laws and we have agreements with them to protect the privacy and security of your PHI.

### Research

We may use or disclose PHI for research purposes under certain limited circumstances. We will obtain written authorization from you in these cases unless an Internal Review Board has determined that your authorization may be waived. This may only happen if the following conditions have been met: The disclosure involves no more than a minimal risk to your privacy as demonstrated by a plan to protect and destroy identifying information at the earliest opportunity, and written assurances that PHI will not be re-used; The research could not be conducted without the waiver; The research could not be conducted without the use of PHI; Your participation in research is voluntary. Your treatment will not change in any way if you do not agree to allow use of your treatment record information or do not allow us to contact you regarding research study participation. You may request at any time, in writing, to have your information not used in research studies or to not be contacted for future studies.

## **OTHER USES AND DISCLOSURES MADE ONLY WITH YOUR WRITTEN PERMISSION**

All other uses and disclosures not described in this Notice will need a written authorization from you. Most uses and disclosures of psychotherapy notes require your authorization. Authorization can be provided using our *Authorization for Release of Protected Health Information (ROI)* form where you will specify the entity to which you are authorizing us to disclose information, which information you are authorizing us to disclose, and the purpose of the disclosure to that entity. The electronic form is

available on our website <https://www.columbusbehavioralhealth.com/forms.html> or directly through JotForm <https://hipaa.jotform.com/build/200865563403049> and is submitted online. A paper copy can be obtained from your provider and returned to the front desk or to your provider. Any written authorizations you provide expire after one year unless otherwise specified. You may revoke your permission at any time, in writing. If you revoke your permission then we will no longer use or disclose PHI about you for the reasons covered by your written permission, except to the extent that we have already used or disclosed your PHI.

## **NOTICE OF CONFIDENTIALITY OF SUBSTANCE USE DISORDER INFORMATION**

The confidentiality of substance use disorder records and information maintained by this program is protected by Federal law and rules (42 C.F.R. Part 2) and in some cases, State law. These protections go above and beyond the protections described in this general Notice of Privacy Practices. Information about you may be used by personnel within the program in connection with their duties to provide you with diagnosis, treatment or referral for treatment for substance use disorder. Generally, this program may not reveal to a person outside of the program that you attend a substance use disorder treatment program or disclose any information that would identify you as having a substance use disorder, *unless*:

- The program obtains your written authorization;
- The disclosure is allowed by a court order and permitted under Federal and State confidentiality laws and regulations;
- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified researchers without your written authorization under certain limited circumstances set forth in 42 C.F.R. Part 2. When required by law, we will obtain an agreement from the researcher to protect the privacy and confidentiality of your information;
- The disclosure is made to a qualified service organization that performs certain treatment services (such as lab analyses) or business operations (such as bill collection) for the program. The program will obtain the qualified service organization's agreement in writing to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to a government agency or other qualified non-government personnel to perform an audit or evaluation of the program. The program will obtain an agreement in writing from any non-government personnel to protect the privacy and confidentiality of your information in accordance with Federal and State law;
- The disclosure is made to report a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; or
- The disclosure is made to report child abuse or neglect to appropriate State or local authorities.

**NOTICE CHANGES**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. The current copy of this Notice will be posted on our website [www.ColumbusBehavioralHealth.com](http://www.ColumbusBehavioralHealth.com).

**COMPLAINTS**

If you are concerned that we have violated your privacy rights or you disagree with a decision that we made about access to your records, you may make a complaint to Columbus Behavioral Health Privacy, 635 Park Meadow, Suite 101, Westerville, OH 43081. You will not be penalized for filing a formal complaint. You may also call us at 614.360.2600 to discuss your complaint or any privacy-related questions you may have. You may also make a written complaint to the Secretary of the Department of Health and Human Services.