



PATIENT NOTICE OF PRIVACY PRACTICES

As Required by the privacy rules created as a part of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Health Information Technology for Economic and Clinical Health (HITECH) Act, and associated regulations, and amendments:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO FILE A HIPAA COMPLAINT.

Please review this carefully. If you have questions about this Privacy Notice, please contact the Ridgeview Director of Quality and Compliance (Privacy Officer) at 865-482-1076.

LEGAL OBLIGATIONS

Ridgeview Behavioral Health Services is required to:

- Maintain the privacy of all Protected Health Information (PHI) within its organization.
- Provide this Patient Notice of Privacy Practices to you.
- Inform you of our legal obligations.
- Advise you of additional rights concerning your PHI.

Any individuals affected by a privacy breach have the right to be informed and will receive notification following any breach of unsecured PHI. Ridgeview will follow the privacy practices contained in this Notice from its effective date and continue to do so until this Notice is changed or replaced.

Ridgeview reserves the right to change privacy practices and the terms of this Notice at any time. Any changes made to Ridgeview privacy practices will be effective for all PHI that is maintained by Ridgeview or our Business Associates, including PHI created or received before the changes were made. This Notice applies to the privacy practices of Ridgeview and all health care providers involved in your care and treatment on behalf of Ridgeview. Ridgeview may update our Patient Notice of Privacy Practices in the event revisions are made. The most current version will always be available upon request at any of our locations. You may request a paper copy of this Notice at any time.

WHAT IS PROTECTED HEALTH INFORMATION (PHI)

PHI is individually identifiable health information held by Ridgeview and our business associates in any form including electronic, paper/written, or verbal/oral. Individually identifiable health information or PHI is information including demographic data that relates to:

- Your past, present, or future physical or mental health or conditions
- Delivery of health care to you
- Payment for the delivery of health care to you

- And that identifies you as a client of Ridgeview or could be used to identify you as a client (e.g., name, address, birth date, Social Security Number)

HOW WE MAY USE AND DISCLOSE YOUR PHI

This Notice describes how Ridgeview may use and disclose your PHI to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. Additionally, this Notice describes your rights regarding PHI that we maintain and a brief description of how you may exercise these rights. Ridgeview may use and disclose your PHI as described in each category listed below. Other uses and disclosures not described in this Notice will be made only with your authorization. Even after your authorization has been given, authorization may be revoked by you in writing at any time, except to the extent that Ridgeview has already disclosed PHI, or if the authorization was obtained as a condition to obtain insurance coverage and other laws provide the insurer with the right to contest the claim.

- **Written Authorization.** You may provide written authorization that will permit Ridgeview to disclose your PHI to anyone for any purpose. You may revoke this authorization in writing at any time, but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice. Most uses and disclosures of psychotherapy notes and substance use information will not be disclosed without your written authorization. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to Ridgeview will be made only with your written authorization.
- **Treatment.** Your PHI may be disclosed to a doctor or other health care provider that requests it in connection to providing you psychiatric, medical treatment or services, and to manage and coordinate your psychiatric or medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to, to ensure that the physician, or other health care provider has the necessary information, to diagnose or treat you or provide you with a service. With your written authorization, we may release your health care information, including psychotherapy notes and substance use information to outside providers, such as your primary care physician, your family, or others involved in your care.
- **Payment/Plan Sponsors/Underwriting.** Your PHI may be used or disclosed so that we can bill for the treatment and services you receive from us and can collect payment from you or file a claim with your health plan or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment or pay for certain medications. Your PHI may be disclosed for underwriting, premium ratings, or other activities relating to the creation, renewal or replacement of a contract of health insurance or benefits. If you object in writing, you can exercise your rights under HIPAA that your healthcare providers do not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.
- **Health Care Operations.** Your PHI may be used or disclosed for business purposes and health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to prescribers, advanced practice registered nurses, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes. It may also be used for accreditation purposes or in legal services.

- **Fundraising and Marketing Activities.** Your PHI may be used to contact you with information about health benefits and services or treatment alternatives that may be of interest to you. Ridgeview may contact you regarding fundraising activities. You have the right to opt out of receiving fundraising or marketing communications. Contact the Privacy Officer to opt-out.
- **Minors.** We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law. Patients aged sixteen (16) and older have the right to privacy of their protected healthcare information and must give consent for its release.
- **Personal Representative:** Your PHI may be provided to a personal representative such as someone with medical power of attorney, conservatorship, or legal guardianship. This person can exercise your rights and make choices about your care and health information. Ridgeview will make efforts to verify that the person named does have authority before actions are taken to share PHI. Your PHI may be disclosed to a family member or other person to the extent necessary to help with your care or payment but only if authority has been verified or written authorization has been provided by you.
- **Research.** Your PHI may be used and disclosed for research purposes in limited circumstances, but only if the research has been reviewed and approved by an authorized Institutional Review Board (IRB) or Privacy Board. These boards ensure that the research meets strict standards and that appropriate safeguards are in place to protect the privacy of your PHI. We may use and disclose a limited data set that does not contain specific, readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual. You can opt-out of participating in research.
- **As Required by Law.** Your PHI may be used or disclosed as required by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** Your PHI may be used and disclosed when necessary to prevent a serious threat to your health or safety, or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy of and ensure the security of your PHI.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Workers' Compensation.** Your PHI may be used or disclosed for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury, or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate authorities if there is reasonable assumption for us to believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees, or we are required or authorized by law to make that disclosure.
- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes.** We are required to notify you if any of your personal information is accidentally shared. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.
- **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These requirements include:
 - In response to a court order, subpoena, warrant, summons, or similar process.
 - To identify or locate a suspect or fugitive, material witness or missing person.
 - Information about the victim of a crime if the victim agrees.
 - Information regarding a death that is believed to be the result of criminal conduct.
 - Any criminal conduct at or on Ridgeview premises.
 - In emergency circumstances, to report a crime, including the location of the crime or the victims, and the description and/or location of the individual who committed the crime.
- **Military Activity and National Security.** If you are involved with military, national security, or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties. PHI of a deceased person may only be disclosed to a coroner, medical examiner, funeral director or organ procurement organization upon receipt of a judicial subpoena or court order or upon receipt of an authorization signed by the deceased executor or personal representative.
- **Disaster Relief.** Your PHI may be disclosed to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

YOUR RIGHTS:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **10 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare

professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.
- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record (EMR) or an electronic health record (EHR)), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.
- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI. The HIPAA Breach Notification Rule requires HIPAA covered entities such as Ridgeview and their business associates to provide notification following a breach of unsecured PHI.
- **Request Amendments.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer (Director of Quality and Compliance) and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- **Accounting of Disclosures.** You have the right to ask for an “accounting of disclosures,” which is a list of the disclosures we made of your PHI. Ridgeview is required to provide accounting of disclosures for the previous 6 years for certain types of disclosures, not all. To request this list, or accounting of disclosures, you must submit your request in writing to the Privacy Officer (Director of Quality and Compliance).
- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer (Director of Quality and Compliance). Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure, and to whom you want the restriction to apply.
- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make such a request in writing, and you must specify how or where we are to contact you.
- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice.
- **Changes to This Notice.** We reserve the right to make changes this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future.
- **Other Disclosures may be made with your written permission.** You may revoke that permission in writing at any time. If you revoke that permission, information will no longer be released. However, we are unable to take back any information released prior to the revocation of that permission. We are required by law to retain records of the care you are provided.

CONFIDENTIALITY OF SUBSTANCE USE RECORDS

Substance Use Disorder (SUD) patient records are subject to more stringent protections by law as compared to other types of health information. SUD records include information that may be used to identify a patient as someone who abuses alcohol or drugs. Certain federal laws and regulations protect the confidentiality of SUD patient records. Ridgeview may not inform others outside of an SUD program or service that you attend, or disclose any information identifying you as having a substance use disorder unless:

- You authorize the disclosure in writing.
- The disclosure is permitted by a court order with subpoena.
- The disclosure is made to medical personnel in a medical emergency.
- The disclosure is to qualified personnel for research, audit or program evaluation purposes according to law and regulation.
- You threaten to commit a crime either at the substance use disorder program or against any person who works for our substance use disorder programs.
- The disclosure is made pursuant to an agreement with a third-party service provider, as allowed by law and regulation.

You may report suspected violations of the Substance Use Disorder Laws and Regulations to the United States Attorney for the judicial district in which the violation occurs, and in the case of an opioid treatment program you may also report suspected violations to the Substance Abuse and Mental Health Services Administration office responsible for oversight of opioid treatment programs. You should include your contact information along with any report of a violation. The following types of information are not protected by Substance Use Disorder Laws and Regulations: (1) information about a crime committed either at a Ridgeview location or against any person who works for Ridgeview or any threat to commit either type of crime, and (2) information about suspected child abuse or neglect. Substance Abuse Laws and Regulations include the laws in 42 United States Code § 290dd-2 and the regulations of 42 Code of Federal Regulations Chapter I, Subchapter A, Part 2.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to:
Secretary of the U.S. Department of Health and Humans Services
200 Independence Ave., S.W.
Washington, D.C. 20201.

Call (202) 619-0257 or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information.

You will not be penalized for filing a complaint.