

# Southeast Health Group

## Notice of Privacy Practices

**This notice describes how your Protected Health Information (PHI) may be used and disclosed, and how you can get access to this information. Please review it carefully.**

Southeast Health Group (SHG) is committed to protecting your personal and health information. SHG and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by Southeast Health Group and its providers, including the following people and/or organizations:

- Any health care professional that is authorized to enter information in your record.
- Any intern or volunteer that is authorized to help you while you are receiving services.

This notice tells you about the ways in which we may use and disclose your Protected Health Information. It also describes your rights and certain obligations we have regarding the use and disclosure of health and treatment information.

Southeast Health Group is required by law to:

- Make sure that health and treatment information that identifies you is kept private.
- Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment information about you.
- Make sure that SHG, its staff, and its contracted providers follow the terms of the notice currently in effect.

### **How We May Use or Disclose Your Protected Health Information (PHI)**

**For Treatment:** We may use and disclose your Protected Health Information to provide you with physical and behavioral health treatment and/or services. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral health professionals involved in your care. Your primary care physician may need to know what psychiatric medications you are using to coordinate care, or we may need to speak to the pharmacist about your prescriptions. Different departments or groups within SHG may also share information in order to coordinate the services you need, such as medications, individual therapy, group therapy, and case management. We will ask you to authorize a Release of Information for treatment disclosures as a way to inform and involve you with the course of your treatment.

**For Payment:** We may use and disclose your Protected Health Information so we may bill for the services you receive and collect from appropriate payers, such as Medicaid, an insurance company, or other third parties. We may also need to request prior approval or authorization to determine whether your insurance or the responsible payer will cover services. For substance abuse services you will be asked to authorize a Release of Information for payment disclosures.

**For Health Care Operations:** We may use and disclose your Protected Health Information for the business activities of Southeast Health Group and its providers. These uses and disclosures are necessary for administrative functions and to ensure that you receive quality care. We may call you or send you a survey to ask about your satisfaction with services provided by our agency. We may ask you to authorize a Release of Information for healthcare operations disclosures as a way to keep you informed.

**Individuals Involved in Your Care:** We may release your Protected Health Information to a family member who is actively involved in your care or treatment as allowed by Colorado Law (CRS 27-65-121 and CRS 27-65-122). This information is limited and may only be released when it is determined to be in your best interests.

**Research:** Under certain limited circumstances, we may use and disclose your PHI for research purposes. All research projects are subject to special approval. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are. You may participate in research or not, as you wish, without jeopardizing your care.

**Individual's Authorization:** Prior authorization is required for all use and disclosure for marketing, selling PHI, and use or disclosure of psychotherapy notes (if applicable). Other uses and disclosures not described in the notice will be made only with the individual's authorization.

**Fundraising:** Prior authorization is required for all use of PHI in fundraising. SHG will offer an individual an "opt-out" option every time the information is used.

**Appointment:** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or services.

**Health-Related Information or Resources:** We may use and disclose information in order to tell you about other resources or treatment information that may be of interest to you, such as new groups or websites.

**HIV Information:** All medical information regarding HIV is kept strictly confidential and released only in accordance with the requirements of Colorado Law (CRS 25-1-122). Disclosure of any health information referring to an individual's HIV status may only be made with the specific written authorization of the individual. A general authorization for the release of health information is not sufficient for this purpose.

**Rights of Minors:** A person twelve (12) years of age or older may consent to mental health treatment and authorize disclosure of Protected Health Information as if he/she were an adult. In order for parents, legal guardians, and other individuals to obtain access to the minors PHI, the minor must provide written consent. However, pursuant to Colorado law, with or without the minor's consent, the parent or legal guardian may be advised of the services if a professional person involved with the treatment determines that it is appropriate under the circumstances.

If the minor does not consent to services, i.e. does not sign the necessary intake forms, and a parent or legal guardian does, the consenting person has a right to access Protected Health Information.

**Parent/Guardian Access to Protected Health Information (PHI):** Parent/Guardian may access **Mental Health** PHI under these circumstances:

- Mental Health Treatment for an individual less than 12 years of age
- A professional person involved in supervising the treatment determines that it is appropriate under the circumstances to notify parent/guardian.
- If an individual is 12 or older and they designate the person as their personal representative.

Parent/Guardian may access **Medical** information unless individual is an emancipated minor.

**Psychotherapy Notes:** We will not use or disclose your psychotherapy notes without your prior written authorization except for the following: 1) use by the originator of the notes for your treatment, 2) for training our staff, students and other trainees, 3) to defend ourselves if you sue us or bring some other legal proceeding, 4) if the law requires us to disclose the information to you or the Secretary of HHS or for some other reason, 5) in response to health oversight activities concerning your psychotherapist, 6) to avert a serious and imminent threat to health or safety, or 7) to the coroner or medical examiner after you die. To the extent you revoke an authorization to use or disclose your psychotherapy notes, we will stop using or disclosing these notes.

**Rights of Minors:** A person aged 15 or older may consent to substance abuse treatment and authorize disclosure of information as if he/she were an adult. Parents or legal guardians, however, are legally entitled to request and receive information about a minor's treatment without the minor's permission. All other provisions of the privacy notice apply equally to adults and to minors.

**Right to Restrict:** You have the right to restrict certain disclosures of protected health information to a health plan where the individual pays out of pocket in full for the health care item or service.

## **Special Circumstances**

Federal and state laws allow or require Southeast Health Group and its providers to disclose health or treatment information about you, other than HIV information, without your written authorization in certain special circumstances, if they occur, as listed below:

**Public Health Risks (Health and Safety for You and/or Others).** We may disclose your Protected Health Information for public health activities, when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the general public. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report births or deaths
- To report child abuse or neglect
- To report abuse of the elderly or at-risk adults
- To report reactions to medications
- To notify people of recalls of medications they may be using
- To notify a person who may have been exposed to a disease or who may be at risk for contracting a disease
- To avert a serious threat to the health or safety of a person or the public
- When required by law, to inform the appropriate authorities if we believe an individual has been the victim of abuse, neglect, or domestic violence.

**Health Oversight Activities:** We may disclose PHI about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government-funded programs, and compliance with civil rights and other laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or legal action, we may disclose PHI about you in response to a court or administrative order from a judge. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. If you have filed a complaint or lawsuit against your therapist or the agency, health information about you may be disclosed to resolve the matter.

**Law Enforcement:** We may disclose health information about you if asked to do so by law enforcement for one of the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar lawful process.
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization.
- About a death we believe may have been the result of criminal conduct.
- About criminal conduct at any SHG office, in any SHG program, or against a staff member, visitor, or another individual.
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.

**Coroners, Health Examiners, and Funeral Directors:** We may disclose information to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release PHI about individuals to funeral directors when necessary to carry out their duties.

**National Security and Intelligence Activities:** We may disclose Protected Health Information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President of the United States, other authorized persons, or foreign heads of state.

**As Required By Law:** We will disclose Protected Health Information about you when required to do so by federal, state, or local law.

## **Your Rights Regarding Health Information About You**

**Right to Inspect and Copy:** You have the right to inspect and request a copy, in the format of your choice, of the health information that may be used to make decisions about your care. This may include electronic access to evaluations/assessments, treatment plans, progress notes, and billing information. To inspect or request a copy of your health information, you must submit your request in writing by filling out the Protected Health Information Request Form. You may be charged a reasonable fee for the costs of copying your records.

Your request to inspect and receive a copy of your Protected Health Information may be denied in certain very limited circumstances. In those circumstances, SHG retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your PHI, you may request that the denial be reviewed. Instructions on how to initiate that review process will be provided in writing at the time of any denial of your access to information.

**Right to Amend:** If you feel any health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your health information is kept by Southeast Health Group. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Is accurate and correct.
- Is not part of the health information kept by SHG or its providers.
- Is not part of the health information which you would be permitted to inspect or copy.
- Was not created by us.
- Was created by an individual that is no longer available to make the amendment.

To request an amendment of your health information, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Protected Health Information disclosed about you. SHG is not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment for you. In your request, you must tell us what information to limit, and to whom you want the limit to apply. To request a restriction or limitation of your health information, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

**Right to an Accounting of Disclosures:** You have the right to request an accounting or list of disclosures of health information made about you. Your request must state a period of time for the accounting that may not be longer than three years prior to the date of the request. To request an accounting or list of disclosures of your health information, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. You may ask that we only contact you at a certain telephone number or address. Your request must indicate when or where you wish to be contacted. SHG will accommodate all reasonable requests. To request confidential communications, you must submit your request in writing by filling out the Protected Health Information Change Request Form.

The organization shall keep information obtained and records prepared about individuals confidential. Confidential information may be disclosed only after individual's parents (for individuals under 12 years of age) or legal guardian give informed, written consent unless otherwise authorized by law or court order. The organization shall document the legal basis for the release of information and the individual shall be informed what information was released and to whom, in the absence of consent.

**Right to A Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice of Privacy Practices. You may ask for a copy at any time.

**Right to Breach Notification:** SHG is required by law to maintain the privacy of your Protected Health Information. SHG will notify you of any breach of your unsecured PHI.

**Right to Revoke:** If you authorize a use not contained in this notice, you may revoke your authorization at any time by notifying us in writing that you wish to do so.

## **Changes to This Notice**

Southeast Health Group reserves the right to change this notice. We reserve the right to make the updated Notice of Privacy Practices effective for all Protected Health Information we already have about you, as well as for any information we receive in the future. We will post a copy of the current notice in each office location. SHG will make you aware of any revisions by posting a revised notice in each office location.

## **Complaints and Assistance**

If you need assistance to understand this notice or your rights, and if you need assistance in filing requests, you may contact the SHG individual Advocate, Kristie Roe. If you believe your privacy rights have been violated, contact the Compliance Officer for Southeast Health Group by mail at 711 Barnes, La Junta, CO, 81050, or by calling 719-384-5446. If your concern is not resolved, you have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services.

If you have a concern regarding a violation of substance use disorder information that has not been resolved by SHG, you have a right to file a written complaint with the United States Attorney for Colorado, 1801 California Street, Suite 1600, Denver, CO 80202, (303) 454-0100.

## **Other Issues**

Other uses and disclosures of health information not covered by this notice or the laws that apply to SHG will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. You understand that SHG is unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care and services we provide you.