

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Health Information Services Coordinator at 272-3334, ext 210.

This notice describes the practices of Cummins Mental Health Center and that of:

- > All departments;
- > All employees, staff, and other personnel;
- > All locations.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting health information about you. We create a record of the services you receive at Cummins Mental Health Center, Inc. We need this record to provide you with quality services and to comply with certain legal requirements.

This notice will tell you about the ways in which we may use and disclose health information about you, with and without your written authorization. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- > Make sure that health information that identifies you is kept private;
- > Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- > Follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE HEALTH INFORMATION ABOUT YOU WITH AND WITHOUT YOUR AUTHORIZATION.

- > **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- > **To Avert a Serious Threat to Health or Safety.** We will use and disclose health information about you when we have a "Duty to Warn" under state or federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- > **Public Health Risks.** We will disclose health information about you for public health reporting required by federal or state law. These activities generally include the following:
 - o To prevent or control disease, injury or disability;
 - o To report deaths;
 - o To report potential/actual child abuse or neglect;
 - o To report reactions to medications or problems with products;
 - o To notify people of recalls of products they may be using;
 - o To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - o To notify the appropriate government authority if we believe an individual served has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- > **Health Oversight Activities.** These oversight activities include, for example, audits, investigations, inspections, and licensure.
- > **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we will disclose health information about you when properly ordered to do so by a court.
- > **Law Enforcement.** We will release health information if asked to do so by a law enforcement official, and if permitted by law:
 - o In response to a court order;
 - o To identify or locate a suspect, fugitive, material witness, or missing person;
 - o About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - o About a death we believe may be the result of criminal conduct;
 - o About criminal conduct at a Cummins Mental Health Center, Inc. facility or program; and
 - o In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- > **Protective Services for the President and Others.**

OTHER WAYS WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU WITH AND WITHOUT YOUR WRITTEN AUTHORIZATION.

The following categories describe different ways that we use and disclose health information:

- > **Treatment.** We may use health information about you to provide you with clinical treatment or services. We may disclose health information about you to doctors, psychologists, nurses, social workers, therapists, or other Cummins Mental Health Center, Inc. personnel who are involved in providing services to you.
- > **Payment.** We may use and disclose health information about you so that the services you received through Cummins Mental Health Center, Inc. may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your insurance company information about services you received at Cummins Mental Health Center, Inc. so your insurance will pay us. We may also tell your insurance about a service you are going to receive to obtain prior approval or to determine whether your insurance will pay for the service.
- > **For Health Care Operations.** We may use and disclose health information about you for Cummins Mental Health Center, Inc. operations. We may also use or disclose health information about you to another health care provider or health plan, if you have a relationship with that health care provider or health plan and you have given us written authorization to do so. For example, we may use health information to review our services and to evaluate the performance of our staff. We may also combine health information about many of the individuals served by Cummins Mental Health Center, Inc. to identify additional services we may need to offer. We may also disclose information to Cummins Mental Health Center, Inc. staff for review and learning purposes. We may also combine the health information we have with other Health Care Providers to identify opportunities for improvement, though we would remove information that identifies you from this set of clinical information.
- > **Appointment Reminders.** We may use and disclose health information about you to contact you as a reminder that you have an appointment with staff of Cummins Mental Health Center, Inc. You have a right to request confidential communications in a specific manner or at a specific location. Please remember you will need to inform us in writing if you do not wish to be contacted for the purposes of appointment reminders. Staff will be available to assist you on completing this written request.
- > **Treatment Alternatives.** We may use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- > **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release certain limited information about you to a family member who is your parent or guardian as allowed by federal and state law. We may also give information to a parent or guardian that is responsible to pay for the services you are provided through Cummins Mental Health Center, Inc. We may disclose health information about you to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances we may use and disclose health information about you for research purposes. Before we use or disclose health information about you that includes your name, address or other information that reveals who you are, we will obtain your written authorization.

SPECIAL SITUATIONS

- **Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Coroners and Medical Examiners.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify the cause of death.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Inspect and Copy** health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about your care, you must submit your request in writing to the Health Information Services Coordinator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, under some circumstances you may request that the denial be reviewed. Another licensed health care professional chosen by Cummins Mental Health Center, Inc. will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to a Paper Copy** of all authorizations for use and disclosure of PHI for which the individual served is asked to sign by Cummins Mental Health Center, Inc. A paper copy of all such requests shall be provided to the individual served.
- **To Request to Amend** health information we have about you if you feel that it is incorrect or incomplete. You have a right to request an amendment for as long as the information is kept by or for Cummins Mental Health Center, Inc.
 - To request an amendment, your request must be made in writing and submitted to Health Information Services Coordinator. In addition, you must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include the reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not a part of the health information kept by or for Cummins Mental Health Center, Inc.
 - Is accurate and complete.
- **To an Accounting of Disclosures.** This is a list of the disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to Health Information Services Coordinator. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs for providing list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before the cost are incurred.
- **To Request Restrictions** on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend.
We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Health Information Services Coordinator. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have a right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Health Information Services Coordinator. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **To a Paper Copy of This Notice** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Cummins Mental Health Center, Inc. or with the Secretary of the Department of Health and Human Services. To file a complaint with Cummins Mental Health Center, Inc. contact the Executive Vice President for Operations at (317) 272-6363. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health information not covered by this notice or the laws that apply to us 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. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our facilities. The notice will contain on the effective date on the first page at the top of the form. In addition, each time you register at or are admitted to Cummins Mental Health Center, Inc. for services, we will offer you a copy of the current notice in effect.

NOTICE OF PRIVACY RECEIPT STATEMENT

I hereby acknowledge that I have received a paper copy of the Notice of Privacy for Cummins Mental Health Center, Inc. and that my rights, as outlined in the Notice of Privacy, were reviewed with me.

Signature of the Individual Served or Legal Guardian

Date