

# Haven Behavioral Hospital of Dayton

## Notice of Privacy Practices

April 14, 2022

**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.**

If you have any questions about this Notice, our policies, or practices please contact the Haven Behavioral Hospital Privacy Officer at the following:

Address: **One Elizabeth Place, 9th Floor Dayton, OH 45417**

Phone number: **937-234-0100**

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### **Who Will Follow This Notice**

This Notice describes our organization's practices and those of:

- Healthcare professionals who are members of our workforce authorized to access and/or enter information into your protected health information (PHI).
- All departments and units of this facility.
- All employees, volunteers and other facility personnel considered a part of our workforce.
- Any Haven Behavioral owned or affiliated healthcare entities and medical offices.

### **Our Pledge Regarding PHI**

We understand that information about you and your health is personal. We are committed to protecting your PHI. We create a record of the care and services you receive at our facility. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and charges or bills for services related to your care. These records are used to provide you with quality care and to comply with certain legal requirements.

This Notice applies to all of your PHI that is generated or maintained by the facility, whether made by facility personnel or your personal care provider. Your personal care provider (for example, your primary care physician, etc.) may have different policies or Notices regarding the provider's use and disclosure of your PHI created in the practice office or clinic.

This Notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.

We are required by law to:

- Make sure that PHI is kept private,
- Give you this Notice of our legal duties and privacy practices with respect to PHI about you;
- Follow the terms of the Notice that is currently in effect; and
- Notify affected individuals following a breach of unsecured PHI.

## **How We May Use and Disclose PHI About You**

The following categories describe different ways we use and disclose PHI. Not every use or disclosure in a category will be listed. Your PHI may be stored in paper, electronic or other form and may be disclosed electronically and by other methods. To the extent that there are more stringent state or federal restrictions, we will only use and disclose your PHI as permitted by those stricter requirements. For example, substance use disorder patient records may be further protected by the federal Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 (“Part 2”). Additional information about how we may use and disclose PHI that is governed under Part 2 is provided below.

**For Treatment.** We may use your PHI to provide you with medical and behavioral health treatment or services. We may disclose your PHI to doctors, nurses, healthcare technicians, healthcare professional students, or other facility personnel who are involved in taking care of you at our facility. For example, a psychiatrist treating you may need to know if you have allergies to certain psychotropic medications. The psychiatrist may need to contact your primary care physician to obtain that information. In addition, the doctor may need to tell the dietician if you have diabetes so we can arrange for appropriate meals. Different departments within the facility may also share your PHI in order to coordinate the services you need, such as prescriptions, lab work, x-rays and therapy. We also may disclose PHI about you to people outside the facility who may be involved in your medical care after you leave the facility, such as family members, or other healthcare professionals.

**For Payment.** We may use and disclose your PHI so that the services you receive may be billed and payment may be collected from you, an insurance company or other third party. For example, we may need to disclose PHI to your health plan so your health plan will pay us or reimburse you for the services. We may also disclose PHI to your health plan to obtain prior approval or to determine whether your plan will pay for the treatment. We may also provide PHI about you to another healthcare provider or facility for their payment activities. For example, we may provide information about you to your doctor’s office so they can bill you or your insurance company.

**For Health Care Operations.** We may use and disclose your PHI for health care operations. These uses and disclosures are necessary to run the facility and make sure all of our patients receive quality care, including such activities as quality improvement, care coordination, case management, providing appointment reminders, communicating about treatment alternatives and services that may be of interest to you and arranging for legal services. For example, we may combine PHI about many facility patients to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose PHI to doctors, nurses, therapists and other facility personnel for review and learning purposes. If you elect to be included in a facility directory, we can disclose limited PHI about you to clergy and to others who ask about you by name.

**Business Associates.** There are some services provided in our organization through contracts with third parties known as “business associates” that provide services to us. Examples may include billing and consulting service providers. When these services are contracted, we may disclose your PHI to our business associate so they can perform the job we have asked them to do. To protect your PHI, however, we require the business associate to appropriately safeguard your PHI.

**Health Information Exchanges.** We may participate in one or more Health Information Exchanges (HIEs) and may electronically share your PHI for treatment, payment, health care operations and other permitted purposes with other participants in the HIE. HIEs allow your health care providers to efficiently access and use your PHI as necessary for treatment and other lawful purposes.

**Limited Data.** We may remove most information that identifies you from a set of data and use and disclose this limited data set for research, public health and health care operations, provided the recipients of the data set agree to keep it confidential. We may also make incidental disclosures of limited PHI. Unless you object, we may disclose limited PHI to a family member or other individual who is involved in your medical care or payment for your care, and we may disclose an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** Under certain circumstances, including when a privacy waiver has been obtained, we may use and disclose PHI about you for research purposes.

**As Required By Law.** We will disclose your PHI when required to do so by federal, state or local laws. For example, we may disclose PHI about you to the U.S. Department of Health and Human Services if it requests such information to determine that we are complying with federal privacy law.

**To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or other person. Any disclosure would be to someone able to help prevent the threat.

**Organ and Tissue Donation.** We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military Personnel.** If you are a member of the armed forces, active or reserve, we may release your PHI as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release PHI as necessary to comply with laws related to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Public Health.** We may disclose PHI for public health activities. These activities include disclosures to prevent or control disease, injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and to notify a person who may have been exposed to a disease, or who may be at risk for contracting or spreading a disease or condition.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws as authorized by law, including audits, investigations, inspections and licensure activities.

**To Report Abuse, Neglect or Domestic Violence.** As authorized by law, we may notify government authorities if we believe an individual is the victim of abuse, neglect, or domestic violence and certain conditions are met.

**Lawsuit and Disputes.** We may disclose PHI about you in response to a court or administrative order. We may also disclose PHI in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the PHI requested.

**Law Enforcement.** We may release PHI to law enforcement in certain circumstances, including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the facility; and
- 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.

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner and to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may disclose PHI about you to an authorized federal official so they may provide protection to the President, other authorized persons, and foreign heads of state or to conduct special investigations.

#### **Other Uses and Disclosures of PHI: Authorizations**

Other uses and disclosures of PHI not listed above will be made only with your written authorization. Subject to compliance with limited exceptions, we will not use or disclose any psychotherapy notes, use or disclose your PHI for marketing purposes or sell your PHI unless you have signed an authorization. If you authorize us to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization.

#### **Your Rights Regarding PHI**

You have the following rights regarding your PHI we maintain. If you have given another individual a medical power of attorney, if another individual is appointed as your legal guardian or if another individual is authorized by law to make health care decisions for you (known as a “personal representative”), that individual may exercise any of the following rights listed below.

**Right to Inspect and Copy Your PHI.** You have the right to inspect and copy your medical records, billing records and other medical information that may be used to make decisions about your care, but **not** any psychotherapy notes.

To inspect and obtain a copy of your information, you must submit your request in writing to Haven Behavioral Hospital, Record Custodian, **One Elizabeth Place, 9th Floor Dayton, OH 45417**. 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 this information in certain limited circumstances. If you are denied access, you may make a request, in writing to the Haven Behavioral Hospital of **Phoenix**, Privacy Officer, that the denial be reviewed. Another licensed healthcare professional chosen by the facility 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 Amend Your PHI.** If you feel that PHI about you is incorrect or incomplete, you may ask us to amend the information. You have a right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to Haven Behavioral Hospital of Dayton, Record Custodian, **One Elizabeth Place, 9th Floor Dayton, OH 45417** or call **937-234-0100**. 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 if it does not include a 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 part of the medical or billing information kept by or for the facility
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures”. This is a list of certain disclosures we made of PHI about you, except for those disclosures to carry out treatment, payment, or healthcare operations; disclosures made to you; disclosures you have authorized; or certain other disclosures.

To request an accounting of disclosures, you must submit your request in writing to the Haven Behavioral Hospital of **Dayton** Privacy Officer. Your request must state a time period, which may not be longer than six years. This first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the uses and disclosures of your PHI for treatment, payment or healthcare operations. You also have the right to request a restriction on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. We are not required to agree to your request, unless your request is that we not disclose information for payment or healthcare operations activities, if the disclosure is not otherwise required by law, and the PHI pertains solely to a healthcare item or service for which you, or a person on your behalf, has paid in full. If we cannot agree to your requested restriction, we will notify you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We may terminate our agreement for a restriction if we inform you and you agree.

To request restrictions, you must make your request in writing to the Privacy Officer for Haven Behavioral Hospital of **Dayton**.

**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. For example, you can ask that we contact you at a different phone number or address.

To request confidential communications, you must make your request in writing to Haven Behavioral Hospital of **Dayton** Privacy Officer. 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.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even if you have previously requested to receive the notice electronically. You may ask us to give you a copy of this Notice at any time, or you may contact our Privacy Officer at **937-234-0100**.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with the Haven Behavioral Hospital of **Dayton** Record Custodian, **One Elizabeth Place, 9th Floor Dayton, OH 45417** or with the Secretary of Health and Human Services at 200 Independence Ave. S.W., Washington, D.C. 20201, or by phone 1-877-696-6775. You will not be retaliated against or penalized for filing a complaint.

### **Changes to This Notice**

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for medical and billing information we already have about you as well as any information we receive in the future. The effective date of the revised Notice will be in the heading on the first page. As of the effective date, distribution of the revised Notice that is in effect will be the same as above in the section describing your rights to receive a paper copy of the Notice.

### **Part 2 and Confidentiality of Substance Use Disorder Records**

The confidentiality of substance use disorder patient records we maintain may also be protected by the federal Part 2 regulations. If applicable, we may not say to a person outside our program that an individual attends the program, disclose any information identifying an individual as having or having had a substance use disorder or disclose any other protected information except as permitted by Part 2 or with a patient's written consent. For example, Part 2 also requires us to obtain written consent before we can disclose information for payment purposes. In most cases, Part 2 patients must sign a written consent before we can share information for treatment purposes outside the program or for healthcare operations. Part 2 does not protect information related to a patient committing a crime on our facility's premises or against our personnel and does not prevent reports of suspected child abuse or neglect. A violation of Part 2 by a program is a crime and suspected violations may be reported to the United States Attorney for the judicial district in which the violation occurred ([www.justice.gov](http://www.justice.gov)) and to the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) ([SAMHSAInfo@samhsa.hhs.gov](mailto:SAMHSAInfo@samhsa.hhs.gov); 877-SAMHSA-7 (726-4727); <https://www.samhsa.gov>).