



House of Hope, Inc.

Mankato

Notice of Privacy Practices for House of Hope, Inc.

Introduction

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

We are required by federal law to maintain the privacy of your treatment information and to give you our Notice of Privacy Practices (this “Notice”) that describes our privacy practices, our legal duties and your rights concerning your treatment information.

This notice applies to House of Hope, Inc. The Notice applies to and will be followed by: (1) all employees, staff, volunteers, students and other personnel of the House of Hope, Inc. Facility, and (2) other practitioners who are not employed by the Facility, but who are members of the Facility’s organized health care arrangement.

How We May Use And Disclose Your Treatment Information

EXCEPT WHERE SUCH USE OR DISCLOSURE IS OTHERWISE PROHIBITED BY STATE OR FEDERAL LAW, THE FACILITY IS PERMITTED OR REQUIRED TO USE OR DISCLOSE YOUR TREATMENT INFORMATION WITHOUT YOUR AUTHORIZATION (PERMISSION) IN THE FOLLOWING SITUATIONS. SOME BUT NOT ALL, SPECIFIC EXAMPLES OF THE DIFFERENT TYPES OF DISCLOSURES HAVE BEEN LISTED.

TREATMENT, To provide you with medical treatment or services (e.g. provide information to doctors, nurses, students or personnel who are involved in your care).

PAYMENT, To collect payment from you, an insurance company or a third party for the treatment and services you receive (e.g., submitting a claim to your insurance company/electronic billing on MN-ITS secured website).

APPOINTMENT AND HEALTHCARE SERVICES, To provide you with appointment reminders or to notify you of possible treatment alternatives or health-related benefits or services.

FRIENDS AND FAMILY, To a friend or family member involved in your treatment or payment for your treatment. If you are available, such disclosures will be made only if we have obtained your

House of Hope, Inc.’s mission is to provide integrated residential and non-residential treatment services to adults. Our goal is to increase their desire for ongoing recovery from substance use and mental health disorders.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict the use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

permission, if you do not object to the disclosure after having the opportunity, or if it is reasonable for us, based on circumstances, to assume you have no objection to such disclosure. If you are unavailable, incapacitated or in an emergency situation, the Facility may disclose limited information to these persons if the Facility determines disclosure is in your best interest.

HEALTH CARE PROVIDERS. To another health care provider involved in your treatment in order for that provider to treat you, bill for its services and conduct certain of its health care operations.

PUBLIC HEALTH ACTIVITIES. To public health authorities for public health activities as permitted or required by law (e.g., to report births, deaths, child abuse and neglect, immunizations and communicable diseases).

ABUSE, NEGLECT AND DOMESTIC VIOLENCE. The Facility may notify the appropriate government authority if it believes you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law, the Facility will only make this disclosure if you agree or under other limited circumstances when such disclosure is authorized by law.

HEALTH SAFETY RISK. Under certain circumstances, when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

MILITARY AND NATIONAL SECURITY. If you are a member of the armed forces, as required by military command authorities. We may also release treatment information about foreign military personnel to the appropriate foreign military authority. The Facility may also release your treatment information to authorized federal officials for intelligence, counterintelligence, and other authorized national security activities.

HEALTH OVERSIGHT ACTIVITIES. To a health oversight agency for activities authorized by law to monitor the health care system, government programs and compliance with civil rights laws (e.g., fraud and abuse investigations, inspections and licensure, or disciplinary actions).

LEGAL PROCEEDINGS. If you are involved in a lawsuit or dispute, in response to a court or administrative order. The Facility may also disclose treatment information about you in response to a subpoena or other lawful process by someone else involved in the dispute, but only if the party seeking the information demonstrates that reasonable efforts have been made to notify you of the request or to obtain a protective order from the court.

LAW ENFORCEMENT. To law enforcement authorities for law enforcement purposes, such as (1) in response to a court order, subpoena, warrant, summons or similar process, (2) to identify or locate a suspect, fugitive, material witness or missing person, (3) if you are the victim of a crime, but only if your agreement is obtained or in response to a subpoena, (4) about a death which is believed to be the result of criminal conduct, (5) to report a crime that occurred on Facility premises, and (6) in emergency circumstances, to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime. The Facility must comply with federal and state laws in making such disclosures.

DECEASED INDIVIDUALS. To a coroner or medical examiner as necessary to carry out their duties (e.g., to identify a deceased person or determine the cause of death), or to funeral directors as authorized by law.

CORRECTIONAL INSTITUTIONS. To a correctional institution where you are an inmate or a to a law enforcement official who has custody of you for certain limited purposes (e.g., to provide you with healthcare).

RESEARCH, For research-related activities that meet all privacy law requirements.

LIMITED TREATMENT INFORMATION, Limited treatment information to a third party for research purposes and public health activities. The party to whom we disclose the information is required to keep it confidential.

REQUIRED BY LAW, When required to do so by federal, state or local law (e.g., to report child or vulnerable adult abuse and violent wounds).

INCIDENTAL DISCLOSURES, Occasional incidental, unintended disclosures of your treatment information which might occur during a permitted use or disclosure (e.g., information overheard during a discussion regarding your care with you or a member of your family). We will take reasonable steps to avoid these types of disclosures.

BUSINESS ASSOCIATES, Some of the activities described above are performed through contracts with outside persons or organizations, such as legal services. It may be necessary for the Facility to provide some of your treatment information to outside business associates who assist the Facility in these activities. The Facility requires that its business associates appropriately safeguard the privacy of your information.

YOU AND YOUR AUTHORIZATION, The Facility must also disclose your treatment information to you, as described later in this Notice. Uses and disclosures of treatment information not covered by this Notice or the laws that apply to use will be made only with your written permission. If you give us permission to use or disclose treatment information about you, you may revoke (take back) that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose treatment information about you for the reasons set forth in your written authorization. We are unable to take back any disclosures we have already made with your permission.

Your Rights

ACCESS TO TREATMENT INFORMATION, You may request to inspect and copy much of the treatment information we maintain about you, with some exceptions. This includes most treatment and billing records, but does not include psychotherapy notes. We may charge a fee for the costs of copying, mailing and other supplies associated with your request.

REQUEST FOR RESTRICTIONS, You have the right to request a restriction on how we use or disclose your medical information for treatment, payment, or health care operations, or to certain family members or friends indemnified by you who are involved in your treatment or the payment of your treatment. We are not required to agree to your request, but will notify you if we are unable to agree.

AMENDMENT, You may request that we amend certain portions of your treatment information if you believe that it is incorrect or incomplete. We may require you to give a reason to support your request. We are not required to make all requested amendments, but we will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

ACCOUNTING, You have the right to receive a list of certain disclosures of your treatment information made by us or our business associates. You must state the time period for your request, which may not be longer than six years and may not include dates before April 14, 2003. The first list in any 12

month period will be provided to you for free; you may be charged a fee for each subsequent list you request within in the same 12-month period.

CONFIDENTIAL COMMUNICATIONS. You have the right to request that we communicate with you about treatment matters in a different manner or at a different place. We will agree to your request if it is reasonable, and you specify an alternative means or location to contact you.

PAPER NOTICE. You are entitled to receive a written copy of the Notice at any time.

HOW TO EXERCISE THESE RIGHTS. All requests to exercise these rights must be in writing. We will follow written policies to handle request, and we will notify you of our decision or actions and your rights. Contact the Executive Director of the Facility at the contact information at the end of this Notice for more information or to obtain request forms.

COMPLAINTS. If you believe your privacy rights have been violated, you may file a complaint with the Facility using the contact information at the end of this Notice. You may also submit a complaint to the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

QUESTIONS. If you have questions about this Notice, please contact the Executive Director or the Business Manager at the contact information at the end of this Notice.

About This Notice

The Facility is required to abide by the terms of the Notice currently in effect. The Facility reserves the right to change the terms of the Notice and make the new Notice provisions effective for all of your treatment information that it maintains, including that which it created or received while the prior notice was in effect. If the Facility makes a material change to its privacy practices, it will amend its Notice. We will post a copy of the current Notice in the Facility. The Notice will state the effective date.

Contact Information

The Executive Director or Business Manager for House of Hope, Inc. may be reached by mail or by telephone:

EXECUTIVE DIRECTOR

House of Hope, Inc.

PO Box 291

Mankato, MN 56002-0291

Phone Number: 507-625-4373

Effective date: April 14, 2003