

# Notice of Privacy Practices

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## Confidentiality of Substance Use and Mental Health Client Records

The Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

## Uses and Disclosures of Protected Health Information

The confidentiality of alcohol, drug use or mental health patient records maintained by the program is protected by Federal law and regulations. Generally, Greater Seacoast Community Health may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as a person who is in treatment for a substance use or mental health disorder. These are the following exceptions:

1. The patient consents to the disclosure in writing: or
2. For Treatment: Your protected health information may be used and disclosed by staff who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with supervisors and other treatment team members.
3. For payment: We may use and disclose PHI so that we can receive payment for the treatment services provided to you.
4. Health Care Operations: We may use and disclose PHI, as needed, your PHI in order to support our business activities including, but not limited to licensing and conducting or arranging business activities.
5. Judicial and Administrative Proceedings: We may disclose protected health information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2.
6. Medical Emergencies: We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency as defined by it CFR Part 2 and HIPAA laws.

7. Program Audit and Evaluation: We may disclose your protected health information to qualified personnel for research, audit, or program evaluation purposes. We may disclose protected health information to a health oversight agency i.e. state licensure or certification agencies which oversee the health care system and ensures compliance with regulations and standards.
8. Program Research: We may use protected health information without your consent or authorization if our research privacy board approves a waiver of authorization of disclosure.
9. Law Enforcement Officials: We may disclose your protected health information to the police or other law enforcement officials for the purpose of seeking assistance with law enforcement agencies if you commit a crime on the premises or against program personnel or threaten to commit such a crime.
10. Duty to Warn: When the program learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, the program will carefully consider appropriate options which would permit disclosure, subject to 45 CFR 164.512(i).
11. Child/Incapacitated Adult Abuse/Neglect: We are required by law to report suspected child/incapacitated adult abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports and to report deaths as required by law.
12. Threat to Self: We are required to protect your life by informing health officials with or without your consent if you have a specific plan to harm yourself.
13. Incompetent or Deceased Participants: in such cases, authorization of a personal representative guardian or other substituted decision-maker may be given in accordance with 42 CFR Part 2.1th
14. Public Health: If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Some of your protected health care information may be used and disclosed to an insurance company for the purpose of seeking authorization of payment for treatment services. Types of disclosures may include diagnosis of substance use or mental illness, severity of use, symptoms of mental illness, treatment plan, dates of treatment and treatment progress. Treatment data statistics may be required to be reported to the state to apply for and to receive funding. Also, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to the U.S. Attorney in the district where the violation occurs.

**YOUR RIGHTS REGARDING YOUR PHI**

1. Right of access to inspect and copy: You have the right, which can only be restricted in exceptional circumstances, to inspect and copy PHI that is maintained in a clinical record. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies.
2. Right to Amend: If you believe that the PHI we have about you is incorrect or incomplete, you may ask us to amend (revise) the information although we are not required to agree to this change. If we deny your request for this change, you have the right to file a statement of disagreement with us.
3. Right to an Accounting of Disclosures: You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
4. Right to Request Restrictions: You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict the PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
5. Right to Request Confidential Communication: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you to explain why you are making the request.
6. Breach Notification: If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
7. Right to a Copy of this Notice: You have the right to a copy of this notice.

Specifically, your records are protected by two different Federal Laws and regulations: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) concerning individual private health information, and Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2.

I have been advised and understand the Federal Law 42 CFR Part 2 and HIPAA laws, concerning confidentiality and the Notice of Privacy Practices.

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**Patient Signature**

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**Date**

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**Witness Signature**

\_\_\_\_\_  
**Date**