

**HARBOR BEHAVIORAL HEALTHCARE
NOTICE OF PRIVACY PRACTICES EFFECTIVE APRIL 14, 2003**

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.

This Notice has been prepared by Harbor Behavioral Healthcare.
It tells how Protected Health Information (PHI) about you can be created, shared, protected and maintained.
The terms of this Notice apply to all Harbor Behavioral Healthcare operated facilities.

We have a legal obligation to protect your health information. We are required by law to:

- Assure medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the Notice that is currently in effect.

You may request a copy of this Notice at any time by contacting our Complaints/Patient Rights Officer.

Harbor Behavioral Healthcare collects health information from you and stores it in a paper chart and on a computer.
How we may use and disclose your health information is explained below:

A. Use and disclosures that require your consent or authorization:

1. **Consent or authorization:** With your consent or authorization, we may use or disclose your Protected Health Information (PHI) to anyone with your written permission. Unless you give us written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice. If you request, we will fax or email the information to the recipient identified on the authorization. However, the privacy of either of these alternate delivery methods cannot be assured by Harbor.
2. **To Your Family, Friends, Employers or Others:** We may disclose your PHI to a family member, friend, employer or other persons to the extent necessary to help with your health care or with payment of your health care if you give us written authorization to do so.

B. Use and disclosure that do not require your consent or authorization.

1. **For Treatment.** We may use medical information about you to provide you with behavioral health and medical treatment or services. We may disclose information to other agency personnel such as doctors, nurses, counselors, etc., or people outside the agency who may be involved in your care.
2. **For Payment.** We may use and disclose medical information about you to our Billing Department and to your health plan so that the treatment and service you receive from us may be billed to and payment may be collected from you, your insurance company or a third party.

3. **For Healthcare Operations.** We may use and disclose information about you necessary to operate our business and to make sure that all our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. ***We may use and disclose information about you to health oversight agencies for audits, surveys, inspections, certification, investigations.***

4. **When required by federal, state or local law, judicial or administrative proceedings, or law enforcement.** We will disclose your information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect or domestic violence, in response to a court order, when necessary to avert serious threat to your health and the safety and health of another person or the public.

5. **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services at Harbor. We will contact you by telephone at the number you provide us to confirm appointments; and if you are not available, we will leave a message regarding an appointment or for you to call Harbor unless you tell us not to call.

6. **Eligibility Determination/Enrollment.** We may disclose medical information for eligibility determination or enrollment into public benefit programs according to specific requirements.

7. **Health-Related Benefits and Services/Treatment Alternative.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you or tell you about or recommend possible treatment options or alternatives that may be of interest to you.

8. **For Public Health Activities.** To report information about births, deaths and various diseases to government officials in charge of collecting that information.

9. **Coroners, Medical Examiners, Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

0. **Organ Donation.** We may disclose information to organ/eye/tissue organizations according to specific requirements.

11. **Correctional Institutions/Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
12. **Specific Government Functions.** We may disclose your information to authorized federal officials for intelligence, counterintelligence, and other national security activities such as protective services for the President and others.
13. **Workers' Compensation.** We may disclose medical information about you for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illness.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU...

- a. You have the right to consent to the use and disclosure of your PHI for the limited purpose of diagnosing you and administering and paying for your treatment.
- b. You have the right to authorize the sharing of your PHI for other purposes.
- c. You have the right to inspect and obtain a copy of your PHI. Your request must be in writing on the appropriate Harbor form. Harbor will respond to your request within 30 days from the date of your request. If your request to receive a copy of your PHI is approved, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with the request. Exceptions to this information are information prepared for legal proceedings and information maintained by clinical laboratories. In certain situations we may deny your request. If we do, we will let you know, in writing, our reason why and explain how you can have the denial reviewed.
- d. You have the right to request that we amend your PHI created by Harbor if you believe the information we have about you is incorrect or incomplete. You have the right to request an amendment as long as the information is kept by or for Harbor. Your request, including a reason for the amendment, must be in writing on the appropriate Harbor form. Harbor will respond to your request to amend your PHI within 60 days from the date of your request. We may deny your request to amend your PHI in certain situations. If we do, we will let you know, in writing, our reason why and explain how you can have the denial reviewed.
- e. You have the right to request confidential communication about medical matters in a certain way or at a certain location. We will accommodate all reasonable requests. Your request must be in writing and specify how or where you wish to be contacted.
- f. You have a right to restrict how we use and disclose your PHI. We do not have to agree to your restrictions. If we do agree, we must follow your restrictions.

- g. You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you. Your request must be in writing on an appropriate Harbor form and given to the receptionist. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free.
- h. You have the right to have a copy of this Privacy Notice.

CHANGES TO THIS NOTICE:

If our privacy policies and practices should change at any time in the future, we will promptly change and post the new Notice. We reserve the right to apply any changes to our privacy policies or this Notice to all of the protected health information that we maintain including information collected before the date of the change.

We may not retaliate against you for complaining about the use and disclosure of PHI.

REVOCACTION:

You may revoke your consent or authorization for us to use and disclose PHI. You must do so in writing on the appropriate Harbor form. For patients receiving alcohol and drug addiction services, revocation may be provided verbally or in writing. We are permitted to use and disclose your PHI based on your consent or authorization until we receive your revocation. However, if you revoke your consent, we reserve the right to refuse to provide further treatment to you, on the basis of your refusal to allow us to share your information for the purposes of treatment, payment, and healthcare operations.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. Patients receiving alcohol and drug addiction services may provide verbal or written revocation.

If you revoke your authorization, we will no longer use or disclose 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 authorization, and that we are required to retain our records of the care that we provide to you.

FOR QUESTIONS OR COMPLAINTS...

If you have any questions about this Notice or complaints about our privacy practices, please contact:

Harbor Behavioral Healthcare
 Complaints/Patient Rights Officer
 4334 Secor Road, Toledo, Ohio 43623
 Telephone: 419-475-4449

Or you may complain to: Region V, Office for Civil Rights, U.S. Dept. of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601. Voice Phone 312-886-2359. FAX 312-886-1807. TDD 312-353-5693.