

Notice of Use of Private Health Information

Effective Date: April 14, 2003

For Your Protection

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.

YOUR HEALTH INFORMATION IS PRIVATE

Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The law states:

1. We must keep your health information from others who do not need to know it.
2. You may ask that we not share certain health information. In some instances we may not be able to agree with your request.

WHO SEES MY HEALTH INFORMATION?

Your private health information may be used by the health care providers (such as substance abuse treatment counselors, mental health providers, doctors, etc.) who take care of you. We need this information in order to plan your care. When appropriate we may share health information about you in order to help you get the services you need. We may also use your information to contact you about appointment reminders or to tell you about treatment alternatives.

MAY I SEE MY HEALTH INFORMATION?

You may see your health information unless it is the private notes taken by a mental health/substance abuse provider or it is part of a legal case. Most of the time you may receive a copy if you ask your provider. You may be charged an amount to cover copy costs.

If you think some of the information is wrong, you may ask in writing that certain health information is to be changed or that new information be added. You may ask that the changes or new information be sent to others who have received your health information from us. You may ask for a list of any places where medical information has been sent, unless it was sent for treatment, payment, quality review, or to make sure we are following the laws protecting your privacy.

WHAT IF MY HEALTH INFORMATION NEEDS TO GO SOMEWHERE ELSE?

You may be asked to sign an authorization form allowing your health care information to go somewhere else if:

1. Your health care provider needs to send it to other places;
2. You want us to send it to another health care provider, or
3. You want it sent to another person for you.

The authorization form tells us what, where, and to whom the information must be sent. Your authorization is good for six (6) months or until the date you put on the form. You can cancel or limit the amount of information sent at any time by letting us know in writing.

If you are less than 18 years old your parents and guardians will receive your private health information unless by law you are able to consent for your own health care treatment. If you are, then your private health information will not be shared with parents or guardians unless you sign a consent form.