

Mountain Comprehensive Care Center, Inc.

Acknowledgement of Receipt of Notice of Privacy Practices

This is to acknowledge my receipt of Mountain Comprehensive Care Center's Notice of Privacy Practices with an effective date of April 14, 2003. I received the **Notice of Privacy Practices** on the date stated below.

Signature Client or Personal
Representative

Date

Client's Name Printed

Client's Social Security Number

Personal Representative's Name Printed (If Applicable)

☐ Parent ☐ Guardian ☐ Other _____

Description of Representative's Authority To Act on behalf of Client

MOUNTAIN COMPREHENSIVE CARE CENTER, INC.

NOTICE OF PRIVACY PRACTICES

Effective Date: 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**

If you have any questions about this notice or want to report a problem if you believe we have violated your privacy rights, please contact the Privacy Officer at (606) 886-8572.

Understanding Your Health Record/Information

Each time you visit Mountain Comprehensive Care Center or other healthcare providers, a record of your visit is made. This record contains information about you, including demographic information that may identify you and that relates to your past or present mental health or condition. For example, this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the multi-disciplinary professionals who are involved in your care
- Means by which you or a third-party payor can check that services billed were actually provided.

Your medical record contains Protected Health Information (PHI). State and Federal law protects this information. Understanding that we expect to use and share your health information helps you to:

- Make sure it is correct,
- Better understand who, what, when, where and why others may access your health information, and
- Make more informed decisions when authorizing sharing with others.

Your Health Information Rights

Although your medical record is the physical property of Mountain Comprehensive care Center, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Request a restriction on certain uses and sharing of your information (though we are not required to agree to any such request). This means you may ask us not to use or share any part of your PHI for purposes of treatment, payment or healthcare operation. You may also ask that this information not be disclosed to family members or friends who may be involved in your care.
- Request that we send you confidential communications by alternative means or at alternative locations.
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your medical record originated by us.
- Request that your medical record containing PHI be changed.
- Take back your authorization to use or share medical information except to the extent that action has already been taken.

Examples of How We May Use and Disclose Your Medical Information:

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

Uses and Disclosures for Treatment, Payment and Health Care Operations.

- **For Treatment.**

We may use your PHI to provide, coordinate or manage your health care and related services by us and other health care providers. We may disclose medical information about you to other health care providers and health care facilities that become involved in your care if it is an emergency situation or you are receiving Court Ordered treatment. For example, your PHI will be shared among members of your treatment team or pharmacy staff.

- **For Payment.**

We may use and disclose your PHI about you so we can be paid for the services we provide to you. This can include billing you, your insurance company or third party payors, (for example: Medicaid, Medicare or other government program). For example, your insurance company requires services be described so they will pay for those services.

- **For Health Care Operations.**

We may use and disclose your PHI for our own health care operation to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you.

- **How We Will Contact You.**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave a message for you, for example to remind you of an appointment. If you want to request that we communicate to you in a certain way or at a certain location, see "Right to Receive Confidential Communications" on page 4 of this Notice.

- **Treatment Alternatives or Health Related Benefits and Services.**

We may use and disclose medical information about treatment alternatives that may be of interest to you or to contact you about health-related benefits and services that may be of interest to you.

Uses and Disclosures Specifically Authorized by You.

- **Families, Friends or Others Involved in Your Care.**

Only with your authorization, we may share with these people information directly related to their involvement in your care or for payment for your care.

- **Judicial and Administrative Proceedings.**

If you authorize the release of information, we may disclose your PHI in response to a subpoena, discovery request, or other legal process.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization Or Opportunity To Object. (Except as prohibited by 42CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records)

- **Required by Law.**

We may use or disclose medical information about you when we are required to do so by law.

- **Public Health Activities.**

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease.

- **Victims of Abuse, Neglect or Domestic Violence.**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we have reason to believe you or others are a victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities.**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions.

- **Disclosures for Law Enforcement/Legal Proceeding.**

We may disclose medical information about you to law enforcement official for law enforcement purposes or as directed by any judicial official for purposes:

- a. As required by law.
- b. In response to a court order, or administrative order or warrant.
- c. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- d. About crimes that occur at our facility.
- e. To report to appropriate authorities your PHI in emergency circumstances.

- **Coroners, Medical Examiners, Funeral Directors and Organ Donations.**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death or as required by law. We may disclose medical information about you to funeral directors as necessary for them to carry out their duties. Protected health information may be used and disclosed for organ donation purposes.

- **To Avert Serious Threat to Health or Safety.**

We may use or disclose your PHI if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public

- **For Specific Government Functions.**

We may disclose the PHI of military personnel or veterans in certain situations. We may also disclose PHI to correctional facilities in certain situations and for national security reasons.

- **Workers Compensation.**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws or programs established by law.

- **Mental Health or Chemical Dependency Records.**

If we receive health information about you from a health care provider, we will not redisclose or otherwise reveal any mental health or chemical dependency records contained in that information, without first obtaining your written authorization or as required by law.

- **Other Uses and Disclosures.**

Other uses and disclosures will be made only with your written authorization. You may revoke an authorization at any time by notifying Staff on site in writing; however, it will not have any affect on previous actions taken by us.

Your Rights With Respect to Medical Information About You.

You have the following rights with respect to medical information that we maintain about you.

- **Right to Request Restrictions.**

You have the right to request that we restrict the uses or disclosures of medical information about you at any time to carry out treatment, payment, or health care operations. Should you request that your insurance, or any other payer, not be notified of your treatment, you then become responsible to pay in full on the date service is provided. You also have the right to request that we restrict the uses or disclosures we make to public or private entities for disaster relief efforts.

If you request a restriction, you should do so to Medical Records Staff or Support Staff on site and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disaster relief). *We are not required to agree to any requested restriction.* If we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. You or we can later terminate the restriction, with written notification, except to the extent action has already been taken. Restrictions should be submitted in writing.

- **Right to Receive Confidential Communications.**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work.

If you want to request confidential communication, you must do so in writing to Support Staff on site and your Service Provider. Your request must state how or where you can be contacted. We will accommodate any reasonable request. However, we may, when appropriate, require information from you how concerning communication or payment will be handled.

- **Right to Inspect and Copy.**

You have the right to inspect and/or obtain a copy of your medical record, with a few exceptions. You must submit your request in writing to your Service Provider. You are entitled to one (1) free copy. We may charge a fee for the costs of additional copies and mailing, if requested. We will act on your request within thirty (30) calendar days after we receive your request, or forty-five (45) days if the record is located in another location.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding where the agency is a party;

If we deny your request, we will inform you of the basis for the denial and how you may have our denial reviewed. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Amend.**

You have the right to ask us to amend medical information about you, so long as the medical information is maintained by us. To request an amendment, you must submit your request in writing to your Service Provider on site. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant

your request, in whole or in part. we will inform you and provide access and copying. At that time, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information. We may deny your request if it:

- a. Is not in writing;
- b. Does not provide a reason in support of the amendment.
- c. The information was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- d. Is not part of the medical information maintained by us;
- e. Would not be available for you to inspect or copy; or,
- f. Is accurate and complete.

You will be informed of a denial and basis for the denial. You will have the right to submit a statement disagreeing with our denial. Your statement may not exceed 3 pages. We may prepare a rebuttal to that statement. All statements will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also will have the right to report a problem or concern about our denial of your request.

- **Right to an Accounting of Disclosures.**

You have the right to receive a list of disclosures of your PHI. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incidental to use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for disaster relief purposes;
- f. Disclosures for national security or intelligence purposes;
- g. Disclosures to correctional institutions or law enforcement officials having custody of you;
- h. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to ____ Medical Records Staff on site. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, there will be a \$5 fee charged to provide the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice.**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time from any MCCC Staff member on site. You may obtain a copy of our Notice of Privacy Practices over the Internet at website, www.mtcomp.org.

Right to Confidentiality of Alcohol and Drug Abuse Patient Information

If you are receiving alcohol or drug abuse services from MCCC, information that would identify you as a person seeking assistance for a substance abuse problem is protected under a separate set of federal regulations. This is the "Confidentiality of Alcohol and Drug Abuse Patient Records", 42 C.F.R. Part 2. Under certain circumstances these regulations provide your health information with additional privacy protections. Your specific written consent is required before any information identifying you is disclosed.

Exceptions to this rule include court orders to release health information, in an emergency to medical personnel, and for qualified personnel conducting audits or program evaluations. The regulation does allow MCCC to comply with Kentucky statute requiring the reporting of necessary information related to suspected child abuse or neglect to the appropriate authorities or other Kentucky statute mandated reporting requirements.

Our Duties

- **Generally.**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information. We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices.**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices.**

A copy of our current Notice of Privacy Practices will be posted in a prominent location in each facility. A copy of the current notice also will be posted on our web site, www.mtcomp.org. In addition, each time you are admitted to services at MOUNTAIN COMPREHENSIVE CARE CENTER, a copy of the current notice will be made available to you.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting Support Staff on site.

- **For More Information or to Report a Problem.**

If you have any questions, want more information or to report a problem with us, contact the **Privacy Officer**, 104 South Front Ave., Prestonsburg, KY 41653, (606) 886-8572. All complaints should be submitted in writing.

To report a problem to the United States Secretary of Health and Human Services, contact: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.