

Volunteer Behavioral Health Care System

SUMMARY NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

(Revised July 2, 2019)

Our Responsibility: We are required by law to protect the privacy of your health information, inform you if there is an unauthorized release of your protected health information, provide this notice, follow the privacy practices described in this notice, and ensure your acknowledgment of receipt of this notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time.

Who Will Follow This Notice? Volunteer provides services jointly with physicians, nurse practitioners, psychologists, counselors and case manager, in additions to a number of program specialists. The privacy practices described in this notice will be followed by:

- Any professional, counselor, case manager or program specialist that treats you at any location,
- All employees, trainees, students, or volunteer at any of our locations,
- All employees, providers, trainees, students or volunteers that are a part of our system of care that may require access to patient health information to perform a service or related activity,
- Any business associate of the Volunteer System.

What Information Is Protected? We are committed to protecting the privacy of information we gather about you while providing medical or clinical services and related activities. Some examples are:

- Information indicating that you are a client of the Volunteer System,
- Information about your diagnosis or medical conditions,
- Information about services you have received or may receive in the future (such as a special program);
- Information about your health care benefits under an insurance plan or other 3rd party payor,
- Information about services paid out of pocket, to your health plan unless required for treatment or by law.

When combined with:

- Demographic information (such as your name, address, or insurance status),
- Other types of information that may identify who you are,
- Unique numbers that may identify you (such as social security number, phone number or driver's license number).

How We May Use and Disclose Your Information: Each time you visit a Volunteer location a record is made of your visit. The information in that record can be called your "Protected Health Information". After collecting your visit information the record is the property of Volunteer. The information in the record belongs to you. We use this information as follows:

- To remind you of an appointment; to inform you of potential treatment alternatives or options,
- To diagnosis, treat and create a plan of care for you, which would include a guardian or personal representative that is directly responsible for your care,
- As a legal document describing the services you received; as directed by your treatment, legal proceeding, law enforcement or as required by State or Federal disclosure laws and regulations,
- As a means of communicating with other health care professionals who contribute to your care, some may be by unsecured e-mail providing the requesting individual is informed of the risk and accepts,
- As a way to verify services billed were actually provided.

- An information source for health oversight activities, public health officials charged with improving the health of the nation, schools requiring childhood immunization information, where an “informal agreement” exists, and other civil and administrative requirements.
- As a tool for us to work to improve the care we provide,
- As a source of data for medical research,
- Certain disclosures of a deceased client which will follow the same rules as when the person was alive.

Understanding what is in your record and how it is used helps you to:

- Make certain it is correct
- Better understand who, what, where, and why others may access your health information,
- Make more informed decisions when you give permission to disclosure of information to others.

If you believe your privacy rights have been violated or you have a question, you may contact Volunteer’s Privacy Officer, as listed at the end of this notice. Complaints must be submitted in writing. You will not be penalized for expressing a concern or filing a complaint.

You Have The Following Rights To Access And Control Your Health Information:

- To inspect and obtain a copy of your medical and billing records, subject to some special requirements for substance and alcohol abuse, genetic, psychotherapy notes, mental health and HIV related data, within 30 days of your request, for which there may be a charge,
- To request a copy of your medical and billing records in a mutually agreeable electronic medium, a hard copy may be provided if no agreed format can be decided for the electronic protected health information,
- To request restrictions on certain uses or disclosures of your medical information,
- To request an accounting of Volunteer’s disclosures of your medical information,
- To add an addendum to your medical record,
- To request that we communicate with you in a certain way or at a certain location,
- To receive a copy of the full version of our Notice of Privacy Practices,
- To opt out of fundraising or marketing activities and the sale of your protected health information,
We retain the right to disclose your protected health information for treatment or payment for a reasonable cost based fee.

Privacy Complaint or Questions: If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. This person can also answer any particular question that you may have about this notice and provide you with a complete copy of Volunteer’s Notice of Privacy Practices.

If we cannot answer your questions or resolve your concerns you may send a written complaint to the Department of Health and Human Services, Office of Civil Rights. The person listed below can provide you with the appropriate address upon request.

Summary of Privacy Practices: This document represents a summary of Volunteer’s Privacy Practices. The complete Notice of Privacy Practices can be provided upon request from the person listed below, your provider, or the receptionist at the front desk.

If you have questions or complaints, please contact:

Samanthia Hollandsworth- HIPAA Privacy
Officer Volunteer Behavioral Health Care
System

Phone Number: 931-250-4921

Fax # 931-250-8411