

## Legacy Behavioral Health Services NOTICE OF PRIVACY PRACTICES (HIPAA)

***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.***

### **Introduction**

This notice of Privacy Practices, effective February 1, 2021, describes how we may use and disclose medical information about you, referred to in this notice as protected Health information (PHI). This notice also describes your rights and certain obligations we have regarding the use and disclosure of PHI and a brief description of how you may exercise these rights.

We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to PHI. We are also required to comply with the terms described in the notice currently in effect. We will post a copy of our Notice at each Legacy Behavioral Health Services site and on our website.

### **How We May use and Disclose medical Information About You**

We may use and disclose your PHI as described in each category listed below without obtaining written authorization from you.

**For Treatment.** We will use and disclose your PHI to provide and coordinate your health care, and any related services, including the disclosure of PHI for treatment activities of another health care provider. In addition, we may disclose your PHI without authorization to another health care provider (EMS, your primary care physician, or a laboratory) working outside of LBHS for purposes of your treatment.

**For Payment.** We will use and disclose your PHI in order to bill and collect payment for treatment and services provided to you. We may also disclose PHI to our business associates, such as billing companies and others that assist in processing health claims. We may also disclose PHI to other health care providers and health plans for payment activities of such providers or health plans.

**For Health Care Operations.** We may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, and compliance and risk management activities.

**Research.** We may disclose your health information to researchers when their research has been approved by the at DBHDD Institutional Review Board.

**As Required by Law and Law Enforcement.** We will disclose PHI about you when required to do so by applicable law or when ordered to do so in a judicial or administrative proceeding.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you to law enforcement personnel or other appropriate persons when necessary to prevent serious and imminent threat to your health or safety or to the health or safety of the public or another person.

**Incidental Disclosures.** Some treatment occurs in an open setting. For example, some treatment may be offered as group counseling or group education sessions. Disclosures that occur in such treatment settings are permitted without individual authorization.

**Public health activities.** We may disclose PHI about you as necessary for public health activities including disclosures to report to public health authorities for the purpose of preventing or controlling disease injury or disability; reporting abuse and neglect as required by law; reactions to medications or product defects or problems.

**Natural Disasters.** We may disclose PHI about you in the event of a natural disaster to assist in disaster relief and ensure that the proper medical care is received.

**Health Oversight Activities.** We may disclose PHI about you to a health oversight agency for activities authorized by law.

**Coroners, Medical Examiners or Funeral Directors.** We may provide PHI about a deceased consumer to coroners, medical examiners, and funeral directors for the purpose of identifying deceased persons, to determine the cause of death in certain circumstances or as otherwise necessary for these parties to carry out their duties consistent with applicable law.

**Military and Veterans.** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs.

**National Security and Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institutional or law enforcement official for treatment, payment or for the protection of the health and safety of you or others or for the safety and security of the correctional institution.

**Workers Compensation.** We may disclose PHI about you to comply with the state Workers' Compensation law or similar laws.

**Appointment Reminders, Health-related Benefits and Services, Marketing.** We may use and disclose your PHI to contact you and remind you of an appointment at LBHS, or to inform you of treatment alternatives or other health related benefits and services that may be of interest to you.

**Disclosure to you or for HIPAA Compliance Investigations.** We must disclose your PHI to the Secretary of the United States Department of Health and Human Services when requested in order to investigate LBHS's compliance with federal privacy regulations.

**Disclosures to Individuals Involved in your Healthcare or Payment for your Healthcare.** Unless you object, we may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your healthcare or payment for your health care. We may

also notify these people about your location or condition.

**Uses and Disclosures of Your Health Information with Your Permission.**

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization in writing at any time. If you revoke your authorization, we will not make any further uses or disclosures of your PHI under that authorization unless we have already taken an action relying upon the uses of disclosures you have previously authorized.

**Your Rights Regarding Your Health Information**

**Right to Inspect and Copy.** You have the right to request an opportunity to inspect or copy your PHI that we retain and use to make decisions about your care whether they are decisions about your treatment or payment of your care. You must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying or collecting information per your request. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If you prefer, we will prepare a summary or an explanation of your health information for a fee. We may deny your request to inspect or copy your PHI if the treating physician determines that disclosure would be detrimental to your physical or mental health. If we deny access to your PHI, we will explain the basis of denial and your opportunity to have your request and the denial reviewed by a licensed health care professional designated as a reviewing official.

**Right to Amend.** If you believe that your PHI maintained by us is inaccurate or incomplete you may ask us to correct your PHI. Your amendment must be written or typed on a separate sheet of paper and specify why you believe the information is inaccurate or incorrect. You may contact the Privacy Office using the information listed at the end of this Notice. If your request is denied, we will provide you a written denial that explains the reason for the denial and your rights.

**Right to an Accounting of Disclosures.** You have the right to request and receive a list of disclosures we have made of your PHI we have made at any time during the last six (6) years prior to the date of the request. The list will not include disclosures made at your request, with your authorization, and does not include uses and disclosures to which this notice already applies. To request an accounting of disclosures you must submit your request in writing to the Privacy Officer. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

**Right to Request Restrictions.** You have the right to request that we restrict the use or disclosure of your PHI. We are not required to agree to a restriction but if we do, we will abide by your agreement unless it is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your care only by a particular means or at particular locations. You must make the request in writing. You must specify the alternative means or location and provide satisfactory explanation of how payments will be handled under the alternative means or location you request.

**Right to a Paper Copy of This Notice.** You have a right to obtain a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically or on our website, you may still obtain a paper copy.

**Confidentiality of Substance Abuse Records**

For individuals who have received treatment, diagnosis, or referral for treatment for a drug or alcohol abuse program, federal law and regulations protect the confidentiality of drug or alcohol abuse treatment records. As a general rule, we may not disclose to a person outside the program that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless you authorize the disclosure in writing; the disclosure is authorized by an appropriate court order; the disclosure is made to medical personnel in a medical emergency, to qualified personnel for research, audit or program evaluation purposes, or if you threaten to commit a crime either at a drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs. Federal law and regulations governing confidentiality of drug or alcohol abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 and 42 CFR Part 2)

**Questions and complaints**

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have communication with you by alternative means or at alternative location, you may share your concerns with us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint. We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer:

Legacy Behavioral Health Services Privacy Officer-Marcy Crews

Telephone: (229) 424-3139 Fax: (229) 671-6775

E-mail: [mcrews@bhsga.com](mailto:mcrews@bhsga.com)

Address: 3120 N. Oak Street Extension Suite C, Valdosta, GA 3160