

# DaySpring Behavioral Health Services - Notice of Privacy Practices © 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.*

DaySpring Behavioral Health Services is committed to protecting the privacy of your health care information and to provide you with a notice of privacy practices. We are required by law to protect health information about you. We give you notice of our legal duties and privacy practices, and follow the terms of the notice currently in effect.

DaySpring reserves the right to change our privacy practices at anytime. If privacy practices change, a revised notice will be posted on our website and you will also be provided a paper copy of the revised notice on your next visit following the change.

## **What is this document?**

This Notice of Privacy Practices describes how DaySpring may use and disclose your medical information. It also describes your rights to access and control your medical information.

We may use and disclose your protected health information without written authorization in the following circumstances. Your protected health information may be used and disclosed by DaySpring staff that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of DaySpring, and any other use required by law.

**Treatment:** We may use and disclose Protected Health Information about you to provide, coordinate, or manage your health care and related services with our agency. This may include communicating with other DaySpring providers regarding your treatment and coordinating and managing your health care with others. **EXAMPLE:** A clinician treating you may also need to share your PHI in order to coordinate different services with other DaySpring staff members. We may also disclose PHI about you to professionals outside the Agency who may be involved in your care after you leave our services, such as service providers or others who may provide services that are part of your continued care.

**Payment:** We may use and disclose PHI about you for our payment activities. Common payment activities include, but are not limited to: determining eligibility or coverage under a health plan, billing and collection actions through such departments. We may disclose your PHI to another health care provider or covered entity for its payment activities.

**Healthcare Operations:** We may use or disclose your PHI in order to support the business activities of DaySpring. These operations are necessary to operate our healthcare business and to make sure consumers receive quality care. Common operation activities include but are not limited to: conducting quality assessment and improvement activities: reviewing the competence of health care professionals: training health care professionals, arranging for legal or auditing services, business management and planning and communicating with you about the services you received by DaySpring providers. For example, we may use your PHI to conduct internal audits to verify billing being conducted properly or to contact you for the purpose of conducting satisfaction surveys.

We may use and disclose protected health information without your authorization.

DaySpring may be required to use and disclose your PHI without your consent when:

- 1 The use and/or disclosure is required by law**
- 2 The use and/or disclosure is necessary for public health activities**
- 3 The disclosure relates to victims of abuse, neglect or domestic violence**
- 4 The use and or disclosure is for health oversight activities**
- 5 The disclosure is for judicial and administrative proceedings**
- 6 The disclosure is for law enforcement purposes**
- 7 The use and/or disclosure relates to decedents**
- 8 The use and/or disclosure is to avert a serious threat to health or safety**
- 9 The use and/or disclosure relates to specialized government functions**
- 10 The use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations.**

We must obtain a separate, specific authorization from you to use and/or disclose your PHI for any purpose not covered by this Notice or the laws that apply to us. In other words, the consent you already provided will not be enough to use and/or disclose your information for any purpose that is not described in this Notice.

You have the right to revoke this authorization, at any time, in writing. After we receive your cancellation, we will not disclose PHI about you except for disclosures that were being processed before receipt of your cancellation.

Your rights regarding your protected health information are described below. You are required to submit a written request to exercise any of these rights.

**Right to inspect and copy.** You have the right to inspect and obtain a copy of your protected health information that is used to make decisions about your care. This right does not apply to a very narrow category of information referred to as "psychotherapy notes".

Oklahoma law permits a fee of \$1.00 for first page and \$0.50 thereafter. We also may charge postage if you request that we mail the information. We may deny your request to inspect and/or copy your PHI in certain limited circumstances. If you are denied access, you may request that the denial be reviewed by a licensed health care professional chosen by us. We will comply with the outcome of the review. **Right to amend.** If you feel that PHI that we created is incorrect or incomplete, you may request an amendment, through clarifying language limited to 250 words. We cannot delete or destroy any information already included in your PHI. You must provide a reason that supports your amendment request.

We may deny your request if you ask to amend information that:

- 1 - We did not create, unless you prove that the creator of information is not longer available to amend the record
- 2 - The information is not part of the records that we maintain
- 3 - The information is not part of the information that you would be permitted to inspect and copy; or
- 4 - The information is accurate and complete.

**Right to a Listing of Disclosures.** You have the right to request a written list of disclosures we have made, if any, regarding your PHI. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as described in this notice. Your request must state a time period that cannot be longer than six (6) years and cannot include any dates before April 14, 2003. If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee.

**Right to Request Restrictions.** You have the right to request that we restrict the use and disclosures of your Protected Health Information. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your requested restrictions. If we agree, we will comply with your request unless the information is otherwise required by law, or needed to provide emergency treatment to you.

**Right to a Request Confidential Communications.** You have the right to request that we communicate with you about protected health information in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of this Notice.** You have the right to a paper copy of this Notice. Copies of this Notice will be posted and available for distribution at each location where services are provided and on our website.

If you have questions or need to report a problem: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

To file a complaint with us, or if you would like more information about our privacy practices, contact our Privacy Officer at (918) 712-0859. The Privacy Officer's mailing address is: 2761 E. Skelly Drive, Suite 703, Tulsa, Oklahoma 74105-6285.

To file a complaint with the Secretary of the Department of Health and Human Services, you must submit a written complaint within 180 days of when you should have known of the circumstances that led to the complaint.

You will not be penalized for filing a complaint.