

**Alcohol & Drug FREEDOM CENTER of Knox County (“Freedom Center”)  
NOTICE OF PRIVACY PRACTICES  
Effective: March 13, 2023**

**THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL  
INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU  
CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Your information regarding your health care is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996, (“HIPAA”), 45 C.F.R. Part 160 and Subparts A and E of Part 164, and the Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2.

**PURPOSE OF THIS NOTICE**

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Freedom Center is required to protect your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. At the Freedom Center we understand that medical information about you and your health is personal. We are committed to protecting medical information about you and safeguarding that information against unauthorized use or disclosure. We are required by law to: 1) assure medical information that identifies you is kept private; 2) give you Notice of our legal duties and privacy practices with respect to medical information about you; and, 3) follow the terms of the Notice that is currently in effect. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. The Notice applies to all of the records that we have related to your care.

**USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

By becoming a patient, or client of the Freedom Center, you are giving consent for the Freedom Center to use your protected health information for certain activities, including treatment, payment and other health care operations. First of all, we may use and disclose protected health information about you so that the Freedom Center and its healthcare professionals can treat you. For example, we may disclose information about your symptoms, examination, test results, or diagnosis to consult with other medical professionals outside the Freedom center in order for that entity to perform a function on your behalf. In these situations, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. We may also use and disclose protected health information about you so that we may be paid for the medical treatment we provide you. For example, we may send your protected health information to your insurance company, Medicare, Medicaid, the County Mental Health and Recovery Board and other governmental bodies and agencies to obtain payment for services we render to you. We may also use and disclose protected health information about you for the Freedom Center's health care operations, in other words, those other tasks that we need to perform to make sure that you are provided the highest quality of medical care. For example, we may submit information about you to others for purposes of assessing whether or not we have provided you quality care, determining what we can do to make sure that we continue to provide you quality care or improve the level of care we provide, and developing guidelines and training programs for our employees.

## **PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

The following uses of your protected health information may be made by the Freedom Center without any additional authorization from you (not every use or disclosure is listed, but be assured that all uses and disclosures made by the Freedom Center are only those which are permitted under the law):

**For treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your care. For example, your PHI will be shared among members of your treatment team. Your PHI may also be shared with outside entities performing services relating to your treatment, such as lab work or for consultation. Your PHI may be shared with community services providers or the local Mental Health and Recovery Board and/or health care providers involved in delivering or coordinating your health care.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, or the Mental Health and Recovery Board and/or a private insurer to get paid for services that we delivered to you.

**For health care operations:** We may use/disclose your PHI in the course of health care operations. For example, we may use your PHI in evaluating the quality of services provided. Release of your PHI to state agencies might also be necessary to determine your eligibility for publicly funded services.

**Appointment reminders:** We may use and disclose your medical information to contact you as a reminder that you have an appointment at our offices. Unless you provide us with alternative instructions, we may call you or leave a voicemail to remind you about your appointments.

**For participation in Health Information Exchanges:** We participate in the CliniSync Health Information Exchange. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the receptionist or a member of our administrative team.

## **USES AND DISCLOSURES REQUIRING AUTHORIZATION**

For uses and disclosures beyond treatment, payment and healthcare operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations may be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action based upon your authorization.

## **USES AND DISCLOSURES OF PHI FROM MENTAL HEALTH RECORDS NOT REQUIRING CONSENT OR AUTHORIZATION**

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse or neglect, criminal activity, or in response to a court order. We also must disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to the protection and advocacy agency, or another agency responsible for monitoring the health care system or the Medicaid program.

**Relating to decedents:** We may disclose PHI relating to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations.

**To avert threat to health or safety:** To avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, or to federal agencies for national security purposes, such as protection of the President. We may disclose PHI of military personnel and veterans in certain situations.

#### **USES AND DISCLOSURES OF PHI FROM ALCOHOL AND OTHER DRUG RECORDS NOT REQUIRING CONSENT OR AUTHORIZATION**

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI related to suspected child abuse and neglect, when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

#### **USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT**

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

**To families, friends or others involved in your care:** We may share information with these people directly related to their involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights relating to your protected health information:

**To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but, generally, are not legally bound to agree to the restriction except where the disclosure is to a health plan and you have paid “out of pocket” in full for the item or service. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your request, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive cost information prior to copies being made. If your record is available electronically, you may request a copy in an electronic format to be delivered to you or to someone you choose.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our records, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the record is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your record. If we approve the request for amendment, we will change the record and so inform you, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** You have a right to get a list of dates, recipients, purposes, and contents of any of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes or to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures occurring during the past seven years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**To get notice of any breach:** You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI has not been encrypted or otherwise made unreadable to such unauthorized recipients.

**To receive this notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

**Right to Choose someone to act for you:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about

your health information. We will make sure the person has this authority and can act for you before we take any action.

To exercise any of your rights described in this paragraph, please contact the Quality Improvement Director at the address or phone number listed below.

Pam Craycraft  
106 East Gambier Street  
Mount Vernon, OH 43050  
740-397-2660  
[PamC@freedomctr.net](mailto:PamC@freedomctr.net)

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice at the Agency. The Notice will contain on the first page in the top center, the effective date. In addition, each time there is a change in the Notice, you will receive a copy by mail at the last known address we have in our plan enrollment file.

### **COMPLAINTS**

If you have a complaint about our Privacy policies and procedures or you believe your privacy rights have been violated, you may file a complaint with the Agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the Board, contact the Privacy Officer at the address below. If you wish to file a complaint with the Secretary, you may send the complaint to:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

### **OTHER USES OF PERSONAL HEALTH INFORMATION**

Other uses and disclosures of your personal health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

### **QUESTIONS?**

If you have any questions regarding this notice, please contact our Quality Improvement Director at:

Pam Craycraft  
106 East Gambier Street  
Mount Vernon, OH 43050  
740-397-2660  
[PamC@freedomctr.net](mailto:PamC@freedomctr.net)