

Patient Privacy Statement

Notice Regarding the Use and Disclosure of Protected Health Information Effective 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.

This notice has been prepared by Behavioral Healthcare Partners of Central Ohio, Inc. It tells you how protected Health Information about you can be created, shared, protected and maintained.

What is my Protected Health Information (PHI)?

- Anything from the past, present or future
- About your medical or physical health or condition
- That is spoken, written, or electronically recorded and is:
- Created by or given to anyone providing care to you; a health plan; a public health authority; your employer, your insurance company; your school or university; or anyone who processes health information for you.

What Rights Do I have About My Protected Health Information (PHI)?

- You have the right to consent to the use and disclosure of the PHI for the limited purpose of diagnosing you and administering and paying for your treatment.
- You have the right to see and receive a copy of your PHI. Exceptions to this information are psychotherapy notes if disclosure may result in an adverse effect, information prepared for certain legal proceedings; and information maintained by clinical laboratories.
- You have the right to request that we amend your PHI.
- You have the right to be informed about and to share your PHI in a confidential manner chosen by you. The manner you choose must be possible for us to do.
- You have the right to restrict how we use and disclose your PHI. We do not have to agree to your restrictions under certain circumstances. If we do agree, we must follow your restrictions.
- You have the right to obtain a copy of a record of certain disclosures of your PHI that we make. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other office supplies associated with your request.
- You have the right to have a copy of this Privacy Notice. We may change the terms of the Privacy Notice from time to time. You can always get a copy of the current Privacy Notice by requesting it from the Privacy Officer or Receptionist.

Consent

What can be done with my Information if I consent to disclose it for my diagnosis or administer and pay for my treatment?

- With your consent, we can share information about your health with other specialists so that you can receive the most appropriate care.
- With your consent, we can share information about when and for what purpose you were seen, so that we can be paid for treating you.
- With your consent, we can share information with other healthcare entities to ensure that you obtain the correct diagnosis.

Can I revoke my consent?

- Yes. You can revoke your consent. You must do so in writing and bring it to us so that we can stop using and disclosing your PHI. We are permitted to use and disclose your PHI based on the consent until we receive your revocation in writing. However, if you revoke your consent, we reserve the right to refuse to provide further treatment to you on a basis of your refusal to allow us to share your information for purposes of treatment, payment, and healthcare operations.

Authorization

What can be done with my information if I authorize its disclosure for other purposes?

- With your permission, we can share your PHI for reasons other than to diagnose you and to administer payment for your treatment.

Can I revoke my authorization?

- Yes. You can revoke your authorization. You must do so in writing and bring it to us so that we can stop using your PHI. We are permitted to share your PHI based on your authorization until we receive your revocation in writing.

Are there any circumstances when my Information can be shared without my consent or authorization?

- Yes. Your PHI can be shared without your prior consent or authorization.
 1. In an emergency as long as consent is obtained as soon as possible.
 2. When required by the law.
 3. When there are substantial communication barriers and it is reasonable to believe that you are giving consent or authorization.
 4. When required to do so to administer payment for your treatment.

What about any other uses of my medical Information?

- Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we're required to retain records of the care that we provided you.

What will you do with my health information?

- We will maintain the privacy of your PHI as required by law. At your request, we will provide you with a Privacy Notice containing your legal responsibilities and privacy practices regarding PHI.
- We will follow the terms of the Privacy Notice currently in effect.
- We reserve the right to change the terms contained in this Privacy Notice. If we do this, it will affect all PHI maintained by us. We will notify you that we have changed the Privacy Notice by posting it in our offices.

What can I do if I have questions or want to complain about the use and disclosure of my Protected Health Information (PHI)?

- All Questions and complaints about the use and disclosure of your PHI may be sent to the Privacy Officer at 740-522-8477 or 1-877-593-6330.
- We may not retaliate against you for complaining about the use and disclosure of your Protected Health Information.