

NOTICE OF PRIVACY PRACTICES
THE GREGORY KISTLER TREATMENT CENTER FOR CHILDREN, INC.

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY

The Gregory Kistler Treatment Center is dedicated to maintaining the privacy of individually identifiable health information as protected by law, including the Health Insurance Portability and Accountability Act (HIPAA). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. This information is referred to as protected health information or PHI. We are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our organization concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

This notice contains the following required information:

- How we may use and disclose your PHI
- Your privacy rights and PHI
- Our obligations concerning the use and disclosure of your PHI

The terms of this notice apply to all records containing your PHI that are created or retained by our organization. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our organization has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our organization will post a copy of our current Privacy Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Privacy Officer
Jennifer Kistler, Executive Director
The Gregory Kistler Treatment Center
3304 South M Street
Fort Smith, AR 72903
479-785-4677

C. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING WAYS:

1. **Treatment** – Our organization may use your PHI to treat you. For example, we may ask you to have evaluations and we may use the results to help us develop an individual plan for services. Many of the people who work for our organization including, but not limited to, our therapists may use or disclose our PHI in order to treat you or to assist others in your treatment. Additionally, we may also disclose your PHI to your primary care physician or other outside health care providers for purposes related to your treatment.

Finally, we may disclose your PHI to family members or others who may assist in your care.

2. **Payment** – Our organization may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer, including Medicaid, to certify that you are eligible for benefits and what range of benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We may disclose your PHI to Medicaid and other payors or providers to coordinate and assist their billing efforts. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items.
3. **Health Care Operations** – Our organization may use and disclose your PHI to operate our business. For example, we may use your PHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization. We may disclose your PHI to other health care providers and entities to assist in their health care operations.
4. **Appoint Reminders** – Our organization may use and disclose your PHI to contact you and remind you of an appointment.
5. **Treatment Options** – Our organization may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services** – Our organization may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Fundraising** – You may be contacted to raise funds for our organization.
8. **Release of Information to Family/Friends** – Our organization may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a guardian, caretaker, or friend may accompany the individual to therapy and participate in the therapy session.
9. **Disclosures Required By Law** – Our organization will use and disclose your PHI when we are required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your protected health information (PHI):

1. **Public Health Risks** – Our organization may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury, or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease
 - Reporting reactions to drugs or problem with products or devices
 - Notifying individuals if a product or device they may be using has been recalled
2. **Health Oversight Activities** – Our organization may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities may include, but are not limited to, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights, and the health care system in general.

3. **Lawsuits and Similar Proceedings** – Our organization may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement** – Our organization may release PHI if asked to do so by a law enforcement official. Examples include, but are not limited to:
 - Regarding a crime victim in certain situation, if we are unable to obtain the person's agreement
 - Concerning a death we believe has resulted from criminal conduct
 - Regarding criminal conduct at our facility
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive, or missing person
 - In an emergency, to report a crime including, but not limited to, the location or victim(s) of the crime, and the description, identity, or location of the perpetrator
5. **Deceased Persons** – Our organization may release PHI to a medical examiner or coroner to identify cause of death.
6. **Research** – Our organization may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain your written authorization to use your PHI for research purposes except when Internal or Review Board, or Privacy Board has determined that the waiver of your authorization satisfies the following: 1-the use or disclosure involves no more than a minimal risk to your privacy based on the following: a- an adequate plan to protect the identifiers from improper use and disclosure; b-an adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and c-adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted; 2-the research could not practicably be conducted without the waiver; and 3-the reason could not practicably be conducted without access to and use of the PHI.
7. **Serious Threats to Health or Safety** – Our organization may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.
8. **National Security** – Our organization may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
9. **Workers Compensation** – Our organization may release your PHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding the protected health information (PHI) that we maintain about you:

1. **Confidential Communications** – You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For example, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate **reasonable** requests. You do not need to give a reason for your request.

- 2. Requesting Restrictions** – You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members, guardians, and friends. **We are not required to agree to your request.** However, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to the Privacy Officer. Your request must describe in a clear and concise fashion:

 - The information you wish restricted
 - Whether you are requesting to limit our organization's internal use, outside disclosure or both
 - To whom you want the limits to apply
- 3. Inspection and copies** – You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to the Privacy Officer in order to inspect and/or obtain a copy of your PHI. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our organization may deny your request to inspect and/or copy in certain limited circumstances. However, you may request a review of our denial. Another licensed health care professional chosen by us will conduct review.
- 4. Amendment** – You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request and reason in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: a-accurate and complete; b-not part of the PHI kept by or for our organization; c-not part of the PHI which you would be permitted to inspect and copy; or d-not created by our organization, unless the individual or entity that created the information is not available to amend the information.
- 5. Accounting of Disclosures** – All of our persons served have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain non-routine disclosures our organization has made of your PHI. For example, for non-treatment, non-payment, or non-operations purposes. It is not required that we document use of your PHI as part of the routine care in our organization. For example, the therapists sharing information with each other and the physician, and the billing department using your information to file your insurance claim. Also, we are not required to document disclosures made pursuant to an authorization signed by you. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests for an accounting of disclosures must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge. Our organization may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests and you may withdraw your request before you incur any costs.
- 6. Right to a Paper Copy of This Notice** – You are entitled to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the Administrative Assistant or Privacy Officer.

7. **Right to File a Complaint** – If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the Privacy Officer. We urge you to give us the opportunity to address your concerns and to file your complaint with us first. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures** – Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, however, that we are required to retain records of your care.

If you have any questions regarding this notice or our health information privacy policies, please contact the Privacy Officer.