

NOTICE OF PRIVACY PRACTICES
Revised, Effective February 12, 2014

This Notice describes your rights concerning Protected Health Information (PHI) and how medical information about you may be used, disclosed and how you can get access to this information. Please review it carefully

Privacy is a priority of South Community, Inc (SCI). SCI is required by law to take certain steps to maintain the privacy of your personally identifiable health information and to notify you of its legal duties and privacy practices. Even prior to recent changes in law, SCI sought to protect the confidentiality of all health information to which it had any access.

1. Permitted Uses and Disclosures of PHI

Certain restrictions apply to SCI's use of protected health information ("PHI"). PHI is any health information which is individually identifiable (*i.e.*, contains your name or other distinguishing information) and which is created, transmitted, or maintained by SCI, whether in oral, written, or electronic form.

SCI may use or disclose PHI as described below.

Treatment, Payment, and Health Care Operations

SCI may use or disclose PHI without seeking your permission, for the following purposes:

- *Treatment:* SCI may use or disclose your PHI in connection with your medical treatment. For example, SCI may disclose PHI to your specialist or other healthcare provider in connection with your treatment.
- *Payment:* SCI may use or disclose your PHI in connection with obtaining or arranging payment for your health care. [This includes, but is not limited to, making coverage determinations and administering tasks such as billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and pre-authorizations.]
- *Health care operations:* SCI may use or disclose your PHI in connection with the administration of health care. Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, and other administrative activities.

In limited circumstances, SCI may disclose PHI for one of the above purposes to your friend or family member if you are either present and do not object to the disclosure, or you are incapacitated or unavailable and SCI determines that the disclosure would be in your best interest.

Other Disclosures without Written Authorization

In some cases, your written authorization will be required before such PHI may be disclosed. However, just as with disclosures for treatment, payment, or health care operations, the use or disclosure of your PHI is allowed without your authorization under the following circumstances:

- When required by law.
- When permitted for certain public health purposes, such as product recalls and control of communicable diseases, or to otherwise prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When authorized by law to report information about abuse or neglect. When there is a need to initiate the "Duty to Protect" process, or domestic violence, when SCI reasonably believes you are a victim of abuse, neglect, or domestic violence and that the disclosure is necessary to prevent serious harm to you or other potential victims. Generally, you must be informed if SCI makes a disclosure like this.
- To a public health oversight agency for oversight activities authorized by law, such as investigations or disciplinary activities.
- When required for judicial or administrative proceedings. If the requesting party is not the court, the requesting party must have made a good faith attempt to inform you of the proceeding and permit you to raise an objection.
- When required or permitted for law enforcement purposes or specialized government functions such as military activities.
- To coroners, funeral directors, and organ procurement organizations in accordance with such entities' needs for PHI about a particular decedent.
- For research, subject to certain conditions.
- When authorized by and to the extent necessary to comply with a workers' compensation law or other similar programs established by law.
- When requested for healthcare continuity of care purposes between the agency and private therapists, psychologists or psychiatrists, primary care providers, health specialists, and Medicaid managed care plans.

Disclosures with Written Authorization

Any other disclosures of your PHI by SCI (other than to you) will be made only with your written authorization, which may be revoked at any time.

Minimum Necessary Standard

SCI will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure, or request. The "minimum necessary" standard will not apply, however, to certain disclosures, such as disclosures of your PHI to you and/or your Primary Care Provider.

Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse client records maintained by SCI is protected by Federal law and regulations (42 CFR Part 2). Generally, SCI employees, student interns, or volunteers may not say to a person outside the agency that a client participates in an AoD program or disclose any information identifying a client as an alcohol or drug abuser:

Unless:

- The client consents in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research (deidentified), audit, or program evaluation.

Violation of the Federal law and regulations by SCI employees, student interns, or volunteers is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either in an AoD program or against any person who works for SCI or about any threat to commit such crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

2. **Your Rights With Respect to Your PHI**

You have certain rights with respect to your PHI, including:

- The right to request additional restrictions on certain uses and disclosures of your PHI. If, however, the use or disclosure is otherwise authorized by law, SCI is not required to agree to your request.
- The right to restrict disclosure of PHI to your Health Care Plan for services for which you paid out of pocket “in full”.
- The right to receive, upon your request, communications of your PHI in an alternative manner if you would be endangered by the normal method of communication.
- The right to inspect and copy your PHI.
- If you believe any part of your PHI is in error, you have the right to request *in writing* an amendment to your PHI.
- The right to receive an accounting of most disclosures of PHI by SCI other than those which were for purposes of treatment, payment, or health care operations, or which were authorized by you.
- The right to receive your electronic PHI in the electronic form and format agreed upon between you and the agency.
- The right to request your e-PHI be transmitted to a third party.
- If you (client, parent, legal guardian or authorized representative) so choose to have South Community Inc. utilize electronic communications, please be advised of the following:
 - There are possible risks of using e-mail, such as technology failure (time lags, hardware defects, power outages) and confidentiality/security risks (lack of encryption, third party interception, misdirected e-mail).
 - E-mail is treated with a high level of confidentiality, but is also subject to SCI’s internal monitoring procedures for quality improvement.
 - If an e-mail address is shared with others, such a spouse, significant other, friend, etc., the individual may be privileged to your PHI and your confidentiality will be compromised.
 - You (client) should not use e-mail or text messaging to communicate crises or emergencies. Staff member will advise you or his/her parent, legal guardian or authorized representative of emergency procedures including 24-hour phone access.
 - E-mail communications become part of your medical record as appropriate.
- The right to receive a paper copy of this Notice upon request.
- The right to refuse to participate in or be a part of the appointment reminder process at SCI as indicated on your consent to treat.
- Currently SCI does not engage clients in marketing or for fund raising purposes if this would change, you would be notified and given the opportunity to refuse.
- The right to be notified regarding a breach of your PHI.

3. **SCI’s Confidentiality and Security Practices**

It is SCI’s policy to restrict employee access to nonpublic personal information about you to those employees who need to know that information in order to provide your treatment or other related services or functions. SCI maintains physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

4. **Contact Person**

You may make inquiries about SCI’s privacy practices or request assistance regarding how to file a complaint by contacting the staff below. This contact person will either respond to your inquiry directly or direct you to the appropriate outside party to handle your request.

PAM KAISER, Privacy Officer; 3095 Kettering Boulevard; Dayton, Ohio 45439; 937 534-1358

5. **Complaints**

If you have concerns about SCI’s privacy policies and procedures (including its breach notification policies and procedures) or about SCI’s compliance with those procedures, you may file a complaint with SCI or with the U.S. Department of Health and Human Services. You may also file a complaint if you feel that your privacy rights have otherwise been violated or if you feel that you have not appropriately received notification of a breach of unsecured protected health information.

To file a privacy complaint with SCI, submit a detailed written description of the problem to the Contact Person identified above. To file a privacy complaint with the U.S. Department of Health and Human Services, submit a detailed written description of the problem to your regional Office for Civil Rights. Your description must name the covered entity (SCI) and what action (or lack of action) you believe has violated HIPAA. Your privacy complaint must be submitted within 180 days of when you knew or should have known of the problem, unless this deadline is waived by the Office for Civil Rights. You can find the address for your regional office at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index>.

No one may retaliate against you in any way because you have filed a complaint.

6. **Effect of this Notice**

SCI is required to abide by the terms of this Notice currently in effect. SCI, however, reserves the right to change the terms of the Notice and the new Notice provisions may be made effective with respect to all PHI maintained by SCI at such time. If SCI does make such a change, SCI will make available a revised version of this Notice to affected individuals within 60 days of the effective date of any material change to the uses or disclosures, the individual’s rights, the duties of SCI, or other privacy practices stated in this Notice. The use of PHI is governed by a Federal law known as the Health Insurance Portability and Accountability Act of 1996, or “HIPAA.” These rules are at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize portions of the HIPAA regulations; the regulations will control in the event of any discrepancy between the information in this Notice and the regulations.