



Addiction Treatment Center

NOTICE OF PRIVACY PRACTICES

The Exclusive Addiction Treatment Center (“the Center”) may use your protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for purposes of providing your treatment, obtaining payment for your care and conducting health care operations.

The Center has established policies to guard against unnecessary disclosure of your health information.

A SUMMARY OF THE CIRCUMSTANCES FOR WHICH YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. The Center may use your health information to coordinate care within the Center and with others involved in your care, which would include both staff and contracted health care professionals who have agreed to assist the Center in coordinating care.

To Obtain Payment. The Center may include your relevant health information to your medical insurance for you to obtain reimbursement.

To Conduct Health Care Operations. The Center may use and disclose health information for its own operations in order to facilitate the function of the Center and as necessary to provide quality care to all clients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Rehabilitation activities from holistic practitioners designed to improve health.
- Individualized treatment planning.
- Professional review of cases.
- Training Programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance Programs.
- Business management and general administrative activities of the Center.

For Aftercare Appointment Reminders. The Center may use and disclose your health information to contact you as a reminder that you have an appointment for a telephone session.

For Treatment Alternatives. The Center may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

A SUMMARY OF THE CIRCUMSTANCES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

When Legally Required. The Center will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. The Center may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect Or Domestic Violence. The Center is allowed to notify government authorities if the Center believes a client is the victim of abuse, neglect or domestic violence. The Center will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

To Conduct Health Oversight Activities. The Center may disclose your health information to a health oversight Program for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Center, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. The Center may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. This is expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Center makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, The Center may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Center has a suspicion that your death was the result of criminal conduct including criminal conduct at the Center.
- In an emergency in order to report a crime.

For Research Purposes. The Center may, under very select circumstances, use your health information for research.

In the Event of A Serious Threat To Health Or Safety. The Center may, consistent with applicable law and ethical standards of conduct, disclose your health information. Disclosure is based on good faith that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize the Center to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. The Center may release your health information for worker's compensation or similar Programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, The Center will not disclose your health information other than with your written authorization. If you or your representative authorizes the Center to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Center maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the disclosure of your health information to someone who is involved in your care or the payment of your care. However, The Center is not required to agree to your request. When you arrive at the Center as a client, you will be presented with multiple forms, in which you can grant or restrict your protected health information to such entities as your health insurance company, outside health providers, and family members. If you wish to make a request or change in restrictions, please contact the Compliance Administrator or a treatment team member.

Right to Receive Confidential Communications. You have the right to request that the Center communicate with you in a certain way. For example, you may ask that communications pertaining to your health information remain private with no other family members present. If you wish to receive confidential communications, please contact the Program Administrator.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Program Administrator. If you request a copy of your health information, the Center may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Health Care Information. You or your representative has the right to request that the Center amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Center. A request for an amendment of records must be made in writing to Program Administrator. The Center may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied 1) if your health information records were not created by the Center, 2) if the records you are requesting are not part of the Center's records, 3) if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, 4) in the opinion of the Center, the records containing your health information are accurate and complete.

Right to An Accounting. You or your representative have the right to request an accounting of disclosures of your health information made by the Center for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Program Administrator. The request should specify the time period for the accounting. Accounting requests may not be made for periods of time in excess of six (6) years. The Center would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice. You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact Program Administrator. You may also obtain a copy of the current version of the Center's Notice of Privacy Practices at its website, www.theexclusivehawaii.org.

RESPONSIBILITIES OF THE CENTER

The Center is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Center will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. The Center will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. The Center is required to abide by the terms of this Notice as may be amended from time to time. The Center reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Notice is changed, the Center will provide a copy of the revised Notice accessible on The Center's website.

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For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CONTACT PERSON

If you have any questions regarding this notice or if you believe your privacy rights have been violated, The Center has designated the Compliance Administrator as its contact person for all issues regarding client privacy and your rights under the Federal privacy standards. You may reach this person at:

Compliance Administrator

Phone: 808-775-0200

Email: intake@TheExclusiveHawaii.com

You can also file a complaint with the Regional Director of Health and Human Services at:

Regional Manager at the Office of Civil Rights

U.S. Department of Health and Human Services

90 7th Street, Suite 4-100

San Francisco, CA 94103

Phone: 415-437-8310

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

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