



NOTICE OF

ViaQuest Behavioral Health

PRIVACY PRACTICES

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.

ViaQuest Behavioral Health must maintain the privacy of your personal health information and give you this notice that describes our legal duties and privacy practices concerning your personal health information. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice.

However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our privacy practices, you will receive a revised copy.

Without your written authorization, we can use your health information for the following purposes:

1. **Payment:** In order for Medicaid or Medicare to pay for your treatment, we must submit a bill that identifies you, your diagnosis, and the treatment provided to you.
2. **Health Care Operations:** We may need your diagnosis, treatment, and outcome information in order to improve the quality of care we deliver in accordance with our internal quality assurance procedures.
3. **As required or permitted by law:** Sometimes we must report some of your health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may have to report abuse, neglect, hospitalizations and other incidents to government agencies in accordance with the law.
4. **For public health activities:** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. This may include using your medical record to report certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration. We may also have to report to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety.
6. **For health oversight activities:** We may disclose your health information to authorities so they can monitor, investigate, inspect, discipline or license those who work for government benefit programs.
7. **For activities related to death:** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
8. **For organ, eye or tissue donation:** We may disclose your health information to people involved with obtaining, storing or transplanting organs, eyes or tissue of cadavers for donation purposes if applicable.
9. **To avoid a serious threat to health or safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public's health or safety.
10. **For law enforcement custody:** If you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

NOTE: Except for the situations listed above, we must obtain your specific written authorization for any other release of your health information.

Your Health Information Rights

You have several rights with regard to your health information. If you wish to exercise any of the following rights, please contact your Administrator/Director. Specifically, you have the right to:

1. **Inspect and copy your health information:** With a few exceptions, you have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example.

2. **Request to correct your health information:** If you believe your health information is incorrect, you may ask us to correct the information. You may be asked to make such requests in writing and to give a reason as to why your health information should be changed. However, if we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

3. **Request restrictions on certain uses and disclosures:** You have the right ask for restrictions on how your health information is used or to whom your information is disclosed. However, we are not required to agree in all circumstances to your requested restriction.

4. **As applicable, receive confidential communication of health information:** You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We must accommodate reasonable requests.

5. **Receive a record of disclosures of your health information:** In some limited instances, you have the right to ask for a list of the disclosures of your health information we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must comply with your request for a list within 60 days, unless you agree to a 30-day extension, and we may not charge you for the list, unless you request such list more than once per year. In addition, we will not include in the list disclosures made to you, or for purposes of treatment, payment, health care operations, our directory, national security, law enforcement/corrections, and certain health oversight activities.

6. **Obtain a paper copy of this notice:** Upon your request, you may at any time receive a paper copy of this notice.

7. **Complain:** If you believe your privacy rights have been violated, you may file a complaint with us and with the federal Department of Health and Human Services. We will not retaliate against you for filing such a complaint. To file a complaint with either entity, please contact your Director, who will provide you with the necessary assistance and paperwork.

Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact your Administrator/Director.

This Notice of Medical Information Privacy is Effective April 1, 2003.
This consent expires 1 year from date signed.

Guardian/Date