

Delphi Rise
Notice of Privacy Practices
822 Outpatient Clinic Services

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION, HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF OUR HEALTH INFORMATION OR YOUR RIGHTS CONCERNING YOUR INFORMATION. YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE COMPLIANCE OFFICER AT 585.467.2230 X432

Delphi Rise has adopted the following policies and procedures for protection of the privacy of the people we serve.

Our Obligation to You

We at Delphi Rise respect your privacy. This is part of our code of ethics. Keeping our health information confidential and secure is one of our most important responsibilities. We keep a record of the care and services you receive at Delphi Rise. We need this record to provide you with quality care and to comply with certain legal requirements. We are required by law to maintain the privacy of records, to provide individuals with notice of our legal duties and privacy practices with respect to records, and to notify affected individuals following a breach of unsecured records.

Delphi Rise is required to abide by the terms of the Notice of Privacy Practices that is currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for the records we maintain. We will promptly provide you with a copy of a revised notice when there is a material change to the uses or disclosures, individual rights, our legal duties, or other privacy practices stated in this notice. The revised notice will be provided in an electronic or paper format.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information,” is information about you that may identify you and that relates to your past, present or future physical or condition or care.

Who Will Follow This Notice?

This notice describes the practices of Delphi Rise and that of:

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- Any other facility or program directly operated by Delphi Rise.
- Any student or member of a volunteer group we allow to help while you are in our care.
- All employees, staff, and other personnel of Delphi Rise.
- Contractors, agencies, or other organizations that provide services to us or on our behalf and who have agreed, in writing to protect your information and follow this Notice.

How We May Use and Disclose Health Information About You

Your health information, which includes any information that relates to your past, present, or future substance abuse condition, may be used and released by Delphi Rise for the purposes of providing treatment to you, obtaining payment for services, and for health care operations.

Our Policy:

It is our policy to obtain a general written permission to use and disclose your protected health information for treatment, payment, or health care operations purposes. You will be asked to sign a Consent form to permit all such uses and disclosures of your information. You may provide a single consent for all future uses or disclosures for treatment, payment, and healthcare operations purposes.

We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- Various members of our staff, such as counselors, nurses, physicians, and other clinical staff, may use your health information to determine your plan of care.
- We may provide information to your health plan or another treatment provider to arrange for a referral or clinic consultation.
- We will contact you to remind you of appointments.

We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, we may need to give your health plan information about a clinical exam or medications that you received so your health plan will pay us for treatment or services we provided. Your health plan may require health information to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers a service to you, such as a clinical laboratory, may need information about you to arrange for payment for its services.

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It may also be necessary to use or disclose protected health information for our health care operations or those of another organization that has a relationship with you. For example, our clinical staff review records to be sure that we deliver appropriate and high-quality treatment. Your health plan may wish to review our records to be sure that we meet nations' standards for quality care.

To Keep You Informed: Unless you provide us with alternative instructions, we may contact you about reminders for treatment, appointments, or follow-ups.

To Other Government Agencies Providing Benefits or Services: We may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits or services.

Emergencies: If there is a bona fide emergency, we will disclose your protected health information as needed to enable people to care for you.

Disclosure to Your Family and Friends: If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, we will share information with family members or friends involved in your care as needed to enable them to help you.

Disclosure to Health Oversight Agencies: We are legally obliged to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services. Examples of these activities include audits, inspections, investigations, and licensure.

Disclosures to Child Protection Agencies: We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse.

Other Disclosures Without Written Permission: There are other circumstances in which we may be required by law to disclose protected health information without your permission. This includes disclosures made:

- To medical personnel of the Food and Drug Administration
- To researchers involved in scientific research
- For management audits, financial audits, and program evaluation
- To public health authorities for public health purposes
- As otherwise required by law

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Disclosures With Your Permission: No other disclosure of protected health information will be made unless you give written Authorization for the specific disclosure, including those not described in this notice.

Court Orders: Records, or testimony relaying the content of your records, will not be used, or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on a specific written consent or a court order.

These records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record.

A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate requiring disclosure before the record is used or disclosed.

Further Disclosure: If your records are disclosed by Delphi Rise to another Part 2 Program, covered entity, or business associate pursuant to your written consent for payment, treatment, and health care operations, the records may be further disclosed by the Part 2 Program, covered entity, business associate, without your written consent as long as it is made within federal HIPAA regulations.

Fundraising: Delphi Rise may use or disclose your records to fundraise for the benefit of Delphi Rise but only if you are first provided with a clear and obvious opportunity to choose not to receive fundraising communications.

Your Legal Rights

You have the following rights regarding the health information we have about you:

Right to Request Confidential Communications: You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain phone number or by mail.

To request confidential communications, you must make your request in writing to the Compliance Officer. We will not ask you for the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions on Use and Disclosure of Your Information: You have the right to request restriction on our use of your protected health information for the purpose of treatment, payment, or health care operations, even if you have previously provided written consent.

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We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. There is one exception to this: if you have paid for our treatment in full or out of pocket and request a restriction on disclosures for payment of health care operations purposes to your health plan, we must agree to your request.

To request a restriction, you must make your request in writing to the Compliance Officer. In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply.

Right to Revoke a Consent or Authorization: You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

Right to Review and Copy Record: You have the right to see and obtain records used to make decisions about you. Usually this includes medical and billing records. It does not include information that is needed for civil, criminal, or administrative actions or proceedings. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also remove any protected health information about other people.

At your request, we will make a copy of your record for you. You must submit your request in writing to the Compliance Officer. We will charge a reasonable fee for this service.

We may deny your request to inspect and obtain a copy in very limited circumstances. If you are denied access to your health information, you may request that a denial be reviewed. A Review Committee will review your request and the denial. The person(s) conducting the review will not include the person who denied your request. We will comply with the outcome of the review.

Right to Amend Record: If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

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To request an amendment, your request must be made in writing and submitted to the Compliance Officer. In addition, you must provide a reason that supports your request.

Right to an Accounting: You have the right to receive an accounting of disclosures of electronic records made with your consent in the three years prior to the date of your request. This includes an accounting of disclosures of records for treatment, payment, and health care operations. You also have the right to a list of disclosures by an intermediary for the past three years.

To request this list or accounting of disclosures, you must submit your request in writing to the Compliance Officer. Your request must state a time period, which may not be longer than three years. Your request should indicate in what form you want the list (on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Notice of Breach: if there is a breach of your unsecured protected health information, we must notify you that this has occurred.

Right to a Paper or Electronic Copy of this Notice: You have the right to a paper or electronic copy of this notice, which you may request at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Fundraising Communications: You have the right to elect not to receive fundraising communications. To opt out of receiving fundraising communications, please submit your request in writing to the Compliance Officer.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Compliance Officer. The Compliance Officer can be reached at 585.467.2230 x432.

Personal Representatives: a “personal representative” of a patient may act on their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are “mature minors” may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also

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grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic violence or child abuse.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a Complaint to our Compliance Officer. The Compliance Officer can be reached at 585.467.2230 x432. If you wish, the Compliance Officer will give you a form that you can use to submit a complaint.

In addition, you may submit a complaint to:

Office of Civil Rights:

Phone: 866-OCR-PRIV (866-627-7748)

886-778-4989 TTY

877-521-2172 TDD

Secretary of Health and Human Services

200 Independence Avenue, SW

Washington, D.C. 20201

Toll Free Phone: 1-877-696-6775

www.hhs.gov/ocr/hipaa

We will never retaliate against you for filing a complaint.