

ADVANTAGE BEHAVIORAL HEALTH

Privacy Notice

Effective 10-15-15

This notice describes how medical information about you may be used and disclosed and how you may get access to this information.

Please review this notice carefully. You may request a written copy of it at any time.

You may also view this Notice on the Advantage web site: www.advantagebhs.org

Under the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations, Advantage Behavioral Health (ABH) and all similar health care providers are required by federal law to maintain the privacy of your **protected health information ('PHI')**, including electronic PHI, provide you with notice of our legal duties and privacy practices relating to PHI, and notify you in the event of a breach of unsecured PHI. Advantage must follow the terms of this Notice and give you a copy of it.

Advantage (ABH) may use your PHI in rendering treatment to you. For example, we are permitted to use your PHI in providing you with care or treatment when you receive our services. Under federal law, we may also disclose your PHI to third parties for treatment purposes. For example, if we refer you to a specialist, we may forward your medical information to that specialist. We may also disclose your PHI for payment purposes. For example, this may include disclosure when a health insurance plan requires information before it approves or pays for healthcare services. Advantage may also use or disclose your PHI to support the health care operations of ABH, as in reviewing services provided to you for medical necessity. We may also disclose your PHI when required by the Secretary of the U.S. Department of Health and Human Services when required to determine ABH's compliance with HIPAA requirements.

Unless disclosure is expressly permitted or required under federal law, we are prohibited from disclosing your PHI without your written authorization.

In accordance with the specific requirements of the HIPAA rules, healthcare providers (including ABH) may use or disclose your PHI without needing to obtain your written authorization if any of the following instances occur:

1. For your care or treatment in any emergency, or
2. When clinically required to a person who may be at risk of contracting a communicable disease,
3. When required for public health purposes,
4. When disclosure is required about victims of abuse or neglect,
5. When required by a health oversight agency for oversight activities authorized by law,
6. When required in the course of certain judicial or administrative proceedings,
7. When required for a law enforcement purpose to a law enforcement official,
8. When required by a coroner, medical examiner, and/or the legal representative of your estate,
9. When disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

YOUR RIGHTS

You have the right to expect that Advantage will maintain the privacy and security of your PHI in compliance with state and federal law at all times.

You have the right to review or obtain a copy [fees will apply for copies], of your medical information that ABH maintains. Requests for review may be delayed or denied if the treating professional documents a clinical need to protect the client from potential harm as a result of the review. You will be informed if such a delay or denial is necessary, and will be provided with information of any further rights you may have about the denial.

You have the ability to request that we send confidential communications to an alternative location (or different address).

You have the right to allow a documented legal guardian exercise your rights and make choices about your PHI.

You have the right to request restrictions on certain uses and disclosures of your PHI to a family member, relative, or a close personal friend. However, ABH is not required by federal law to agree to your requested restriction unless the request is to restrict disclosure of PHI to a health plan for the purpose of carrying out payment or health care operations and the PHI pertains solely to health care services or items for which you have fully paid individually, except where such a disclosure is required by law.

You have the right to request an amendment of your PHI for as long as it is kept by ABH. ABH may deny your request, and if it does so will provide information as to any further rights you may have about the denial.

You have the right to request an accounting of certain disclosures ABH has made of your PHI. This right applies only to disclosure for purposes other than treatment, payment or healthcare operations, and does not apply to any disclosure ABH made to you; to family members or friends or representatives, as defined in the GA Mental Health Code, who are involved in your care; to anyone based on written authorization by you (or by your guardian, parent or court-appointed custodian, or healthcare agent as applicable); or for national security, intelligence or notification purposes.

OUR RESPONSIBILITIES

Advantage will never sell the protected health information of any individual, or use the protected health information of any individual for marketing purposes.

The confidentiality of alcohol and drug abuse patient records maintained by Advantage is protected by Federal law. 42 C.F.R. Part 2 generally prohibits medical facilities from making any disclosure of alcohol or drug diagnosis or treatment unless it is expressly permitted by the written consent of the person to whom it pertains, the disclosure is allowed by a court order, or the disclosure is made to medical personnel in a medical emergency. Federal law restricts any use of such information to criminally investigate or prosecute any alcohol or drug patient. Although HIV infection is required to be reported or disclosed in some circumstances under state law, AIDS confidential information, including HIV status or testing information is generally confidential under state law.

If you provide Advantage with an authorization to release PHI, you have the ability to revoke such authorization at any time by providing ABH with a written revocation. However, if we have already released such information pursuant to your prior authorization, the revocation will be effective for all future disclosures. We may contact you via mail (with Satisfaction Surveys, letters, etc.) or phone to remind you of appointments with our office or to discuss treatment alternatives.

You may file a complaint with the Advantage Privacy Officer regarding our use of your PHI or a disclosure by Advantage if you feel that your privacy rights have been violated. Please contact the ABH Privacy Officer at telephone number 1-866-778-2247 to file a complaint. The ABH Privacy Officer may also be contacted by mail at: 250 North Avenue, Athens, GA 30601. Please understand that Advantage (ABH) may not retaliate against you in any way for filing a complaint. You may also contact the Secretary of Health and Human Services in order to file a complaint by calling 1-877-696-6775, or by writing: 200 Independence Avenue, S.W., Washington, D.C., 20201.

Client / Legal Guardian signature

Date