

OPEN DOOR CENTER NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Approved By: Board of Directors /
HIPAA Task Force

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. If you have any questions, please contact Open Door Center's (ODC) Privacy Officer by telephone at (701) 845.1124.

This Notice applies to your records when services are provided you by ODC, whether made by the ODC work force, business associates, consultants, medical providers, or your medical doctor/provider. We need this information to provide you quality services. Your records may include services provided, symptoms, examination and test results, diagnoses, treatment, plans for future treatment, and billing information.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health/service information and provide you a description of our privacy practices. We will notify you if we cannot agree to a requested restriction. We will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

USES AND DISCLOSURES -how we may use and disclose medical information about you.

For Treatment: We may use medical information about you to provide and coordinate your treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other ODC work force members who are involved in your services. Different departments may share medical information about you in order to coordinate what you may need, such as day and residential services for medication administration, dietary needs, speech, or occupational therapies. We may also provide your physician or subsequent healthcare provider copies of various reports to assist in your treatment if you no longer receive services from ODC.

Treatment, Payment, and Operations (TPO) involving Protected Health Information (PHI) include, but are not limited to, the following:

Forms of any type used/developed for use in the communication of PHI in any manner:

- Admission information
- Behavioral data records
- Billing and payment records
- Case management records
- Discharge information
- Medication administration records
- Medication administration records
- Risk management records
- Program plans
- Progress notes
- Treatment records
- Treatment records from other providers
- Any other records used to make decisions about the individual
- Records from which a particular individual can be identified

Displays on bulletin boards, doors, walls, in newsletters, etc., will be handled on an individual basis.

Verbal consent and/or a specific release of information will be completed and documented on an ongoing basis per occurrence of any display of PHI. Displays of pictures and names used on lockers in work areas will remain for the individuals' personal reference.

Transmittal and electronic reception of PHI will be handled by the receiving party or the office staff authorized to do the routing. For example, a secretary may fax PHI for the nurses, or route PHI received to the nurses.

For Payment: We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to share payment information with County and State Social Services to coordinate billing and/or payment for the treatment/services provided.

For Operations: Members of ODC's work force and/or Individual Program Plan teams may use information in your records to assess your health care, services and outcomes. The results will be used to continually improve the quality of services provided. For example, we may combine medical information about many individuals to evaluate the need for new services, treatment, or equipment. We may disclose information to doctors, nurses, therapists, and others for educational purposes.

We may also use and disclose medical information:

- To business associates with whom we have contracted for services and bill for it;
- To remind you that you have an appointment for medical care;

- To assess your satisfaction with services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as part of fund raising efforts;
- For population-based activities relating to improving health or reducing health care costs;
- For conducting training programs and reviewing competence of health care professionals.

Business Associates: Some services provided at ODC are contracted with business associates, such as speech and occupational therapists. We may disclose your health information to business associates so they can perform their work and bill you or your third party payer for services rendered.

To protect your health information we require business associates to safeguard your information.

Directory: We may include certain limited information about you in an ODC directory while you are here. The information may include your name, location, diagnoses, and billing information. This information may be provided to others, such as members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the ODC directory, please request the Opt-Out Form from the supervisor or ODC Privacy Officer.

People Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your care or who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

Future Communications: We may communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which ODC participates.

Organized Health Care Arrangement: Information will be shared as necessary to carry out treatment, payment, and service operations. Physicians and caregivers may have access to protected health information to assist in reviewing past treatment as it may affect current/future treatment.

Protected health information is any information about you that identifies your past, present, and future services/health care for treatment, payment, or operations in our provision of services. For example, we may share information with nursing, dental, or occupational therapy students and instructors who assist in your assessments and treatment.

As Required by Law: We may use or disclose your medical information when required and as limited by federal, state or local law to the following (this list is not all-inclusive):

- funeral directors; coroners; medical examiners;
- organ procurement organizations - for procuring, banking, or transplanting tissue/organs;
- the Food & Drug Administration (FDA) - relative to adverse events with respect to food, supplements, product and product defects or post-marketing surveillance information to enable product recalls, repairs or replacement;
- Workers Compensation or other similar programs;
- public health or legal authorities charged with preventing or controlling disease, injury or disability; or for threats to your health and safety;
- correctional institutions (should you be an inmate, as necessary for your health, and the health and safety of others); and
- law enforcement, in judicial or administrative proceedings; or in response to a valid subpoena.

Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more individuals, workers, or the public.

YOUR HEALTH INFORMATION RIGHTS

Although your health/service records are the physical property of ODC or the facility/practitioner that compiled it, you have the **Right to:**

Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually this includes medical and billing records, but not psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances.

If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by ODC will review your request and the denial.

The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by ODC. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

Request an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures we make of medical information about you.

Request Restrictions: You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about surgery you had. 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 emergency treatment.

Request Confidential Communications: You have the right to request that we communicate about medical/service matters in a certain way or at a certain location. We will agree to the request to the extent that it is reasonable for us to do so. For example, you can ask that we use an alternative address for billing purposes.

A Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website at www.odcvc.com.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. The revised notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will

be posted at ODC sites with the effective date. In addition, each time you are admitted to ODC for services, we will offer you a copy of the current notice in effect.

COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with ODC by contacting (701) 845.1124 and asking for the ODC Privacy Officer.

You may also contact:

Region VIII - Office for Civil Rights
US Department of Health & Human Service
1961 Stout St. – Rm. 1185
Denver, CO 80294-3538

Phone: (303) 844-2024
Fax: (303) 844-2025
FOB TDD: (303) 844-3439

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

If you have questions or would like more information, please contact the Privacy Officer:

Mary Simonson, Executive Director
Open Door Center
209 Second Street SE
Valley City, ND 58072

E-mail: msimonson@odcvc.com
Fax: (701) 642-6049
Phone: (701) 845.1124