Your Information.
Your Rights.
Our Responsibilities.

You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

See page 2 for more information on these rights and how to exercise them.

You have some choices in the way that we use and share information as we:
- Tell family and friends about your condition
- Facilitate your access to mental health care
- Facilitate disaster relief
- Include you in a directory
- Market our services and sell your information
- Raise funds

See page 3 for more information on these choices and how to exercise them.

We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Bill for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

See pages 3 and 4 for more information on these uses and disclosures.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.
## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<table>
<thead>
<tr>
<th>Get a copy of health and claims records</th>
<th>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We will provide a copy or a summary of your health records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask us to correct health and claims records</th>
<th>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</td>
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</table>

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<thead>
<tr>
<th>Request confidential communications</th>
<th>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ask us to limit what we use or share</th>
<th>You can ask us not to use or share certain health information for treatment, payment, or our operations.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We are not required to agree to your request, and we may say “no” if it would affect your care.</td>
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</tbody>
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<thead>
<tr>
<th>Get a list of those with whom we’ve shared information</th>
<th>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Get a copy of this privacy notice</th>
<th>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</th>
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</table>

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<thead>
<tr>
<th>Choose someone to act for you</th>
<th>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We will make sure the person has this authority and can act for you before we take any action.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>File a complaint if you feel your rights are violated</th>
<th>You can complain if you feel we have violated your rights by contacting us using the information on page 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We will not retaliate against you for filing a complaint.</td>
</tr>
</tbody>
</table>
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

**Treat you**
- We can use your health information and share it with professionals who are treating you.
  
  **Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

**Run our organization**
- We can use and share your information to run our practice, improve your care, and contact you when necessary.
  
  **Example:** We use your information to contact you about your treatment and services.

**Bill for your services**
- We can use and share your health information for billing and payment.
  
  **Example:** We give information about you to a person you designate so that they can pay for your services.

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**In these cases, you have both the right and choice to tell us to:**
- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**
- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**
- We may contact you for fundraising efforts, but you can tell us not to contact you again.
How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [https://www.hhs.gov/hipaa/for-individuals/index.html](https://www.hhs.gov/hipaa/for-individuals/index.html).

| Help with public health and safety issues | We can share health information about you for certain situations such as:  
| --- | --- |
| • Preventing disease  
| • Helping with product recalls  
| • Reporting adverse reactions to medications  
| • Reporting suspected abuse, neglect, or domestic violence  
| • Preventing or reducing a serious threat to anyone’s health or safety |
| Do research | We can use and share your information for health research. |
| Comply with the law | We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with state and federal privacy law. |
| Respond to organ and tissue donation requests | We can share health information about you with organ procurement organizations. |
| Work with medical examiner or funeral director | We can share health information with a coroner, medical examiner, or funeral director when an individual dies. |
| Address workers’ compensation, law enforcement, and other government requests | We can use or share health information about you:  
| • For workers’ compensation claims  
| • For law enforcement purposes or with a law enforcement official  
| • With health oversight agencies for activities authorized by law  
| • For special government functions such as military, national security, and presidential protective services |
| Respond to lawsuits and legal actions | We can share health information about you in response to a court or administrative order, or in response to a subpoena. |
Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We 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.

For more information see: [www.hhs.gov/hipaa/for-individuals/index.html](http://www.hhs.gov/hipaa/for-individuals/index.html).

Other Privacy Issues Unique to HD Reach

- You can review all of our policies and practices regarding your privacy at [www.hdreach.org/find-help/confidentiality](http://www.hdreach.org/find-help/confidentiality).
- Disclosure to Health Insurers: HD Reach provides our services at no or low cost to our clients and patients. Your provider will tell you if services involve cost to you and expected fees. We do not bill insurance companies for our services and will not release information to insurance companies without your written consent.
- Referral to another provider or organization: Referrals to other organizations typically involve sharing of health insurance information to facilitate pre-authorizations. We will ask you to sign a release of information when we send information during referrals to a provider outside HD Reach. You may decline to provide insurance information to HD Reach and handle referral arrangement yourself or through another provider.
- Written release of information: Unless required by law, we will ask you to complete a specific written release of health information before we release health records including information about mental health care, substance abuse services, genetic testing results or genetic risk.
- Psychotherapy notes: Unless required by law, we do not release psychotherapy notes.
- Directories: HD Reach does not create or publish directories.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective date: September 15, 2018

This Notice of Privacy Practices applies to the following organizations. HD Reach