

## Notice of Privacy Practices

Autumn Behavioral Health Center is committed to providing excellent outpatient behavioral healthcare services. An important part of providing these services is protecting your health information according to applicable laws. This Notice of Privacy Practices describes your rights under Federal law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. This notice describes how we may use and disclose your healthcare information. It also describes your rights and our legal obligations with respect to your healthcare information.

Protected Health Information (PHI) includes information about you to include demographic information, which may identify you and that relates to your past, present or future physical or mental health condition, the provision of healthcare services, or the past, present, or future payment for the provision of healthcare services to you.

Autumn Behavioral Health Center is required by law to maintain the privacy of your PHI, provide you with notice our legal duties and privacy practices with respect to you PHI. Autumn Behavioral Health Center is required to notify you following any breach of unsecured PHI related to you. We are required to modify this Notice of Privacy Practices will remain in effect until it is revised. Autumn Behavioral Health Center is required to modify this Notice of Privacy Practices when there are material changes to your rights, our duties, or other practices contained herein.

Autumn Behavioral Health Center reserves the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy practices will be provided as follows upon request, electronically via our website or via other electronic means, or as posted in our facilities.

In addition to the above, we have a duty to respond to your requests in a timely and appropriate manner. We value your rights to privacy and are committed to maintaining reasonable and appropriate safeguards for your PHI.

Substance use disorder client records maintained by Autumn Behavioral Health Center are also protected by Federal law and regulations. These laws and regulations provide that:

Autumn Behavioral Health Center may not disclose to a person outside the treatment program that you are present in the facility, that you are a client in our program or any other information identifying you as having or having had a substance use disorder.

Autumn Behavioral Health Center, except under specific circumstances described in the federal regulations, we will not disclose any of your substance use disorder client information to any person outside of Autumn Behavioral Health Center program unless you consent in writing.

Information related to our commission of a crime on the premises of the treatment facility or against personnel of the treatment facility is not protected and any reports of suspected child abuse and neglect under state law to appropriate state or local authorities in not protected (See 42 U.S. C. 290dd-3 and 42 U.S. C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations).

Violation of the Federal law and regulations by the treatment facility is a crime. Suspected violations may be reported to United States Attorney for the judicial district in which the violation occurs as well as to the Substance Abuse and Mental Health Services (SAMHSA) office responsible for oversight of the treatment center.

### **Permitted Uses and Disclosures**

Uses and Disclosures of your PHI may be permitted, required, or authorized. The following categories describe various ways that Autumn Behavioral Health Center use and disclose PHI.

**Among Autumn Behavioral Health Center staff:** We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of provision of diagnosis, treatment, or referral for treatment of alcohol or drug use, provided such communication is 1) within the treatment center 2) between the treatment center and Autumn Behavioral Health Center. For example, Autumn Behavioral Health Center staff, which includes medical providers, nurses, clinicians, will use your PHI to provide your treatment care. Your PHI may be used in connection with billing statements we send you and in connection with tracking charges and credits to your account. Your PHI will be used to check for eligibility for insurance coverage and prepare claims for your insurance company where appropriate. Autumn Behavioral Health Center may use and disclose your PHI to conduct our healthcare business and to perform functions associated with our business activities, including accreditation and licensing.

**Secretary of Health and Human Services:** Autumn Behavioral Health Center is required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

**Business Associates:** Autumn Behavioral Health Center may disclose your PHI to Business Associates that are contracted by use to perform services on our behalf which may involve receipt, use or disclosure of your PHI.

All of our Business Associate must agree to:

- 1) Protect the privacy of your PHI.
- 2) use and disclose the information only for the purposes for which the Business Associate was engaged;
- 3) be bound by 42 CFR Part 2 and
- 4) if necessary, resist in judicial proceedings any efforts to obtain access to client records except as permitted by law.

**Crimes on premises:** Autumn Behavioral Health Center may disclose to law enforcement officer's information that are related directly to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

**Reports of Suspected Child Abuse and Neglect:** Autumn Behavioral Health Center may disclose information required to report under state law incident of suspected child abuse and neglect to the appropriate state

or local authorities. However, we may not disclose the original client records, including for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.

**Treatment** is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a client and referral of a client by one provider to another.

1. **Payment** encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.
2. **Health care operations** are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation, (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk, (e) business planning, development, management, and administration, and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require an authorization as described below. Obtaining "consent" (written permission from individuals to use and disclose their protected health information for treatment, payment, and health care operations) is optional under the Privacy Rule for all covered entities. The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.

### **Uses and Disclosures with Opportunity to Agree or Object**

Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

1. **Facility Directories** It is a common practice in many health care facilities, such as hospitals, to maintain a directory of client contact information. A covered health care provider may rely on an individual's informal permission to list in its facility directory the individual's name, general condition, religious affiliation, and location in the provider's facility. The provider may then disclose the individual's condition and location in the facility to anyone asking for the individual by name, and also may disclose religious affiliation to

clergy. Members of the clergy are not required to ask for the individual by name when inquiring about client religious affiliation.

2. **For Notification and Other Purposes:** A covered entity also may rely on an individual's informal permission to disclose to the individual's family, relatives, or friends, or to other persons whom

the individual identifies, protected health information directly relevant to that person's involvement in the individual's care or payment for care. This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the client. Similarly, a covered entity may rely on an individual's informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual's care of the individual's location, general condition, or death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

### **Incidental Use and Disclosure**

The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as "incident to," an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the "minimum necessary," as required by the Privacy Rule. See "Incidental Uses and Disclosures."

### **(5) Public Interest and Benefit Activities**

The Privacy Rule permits use and disclosure of protected health information, without an individual's authorization or permission, for twelve national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

1. **Required by Law** Covered entities may use and disclose protected health information without individual authorization as *required by law* (including by statute, regulation, or court orders).
2. **Public Health Activities** Covered entities may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees,

when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law. See OCR "Public Health" Guidance, CDC Public Health and HIPAA Guidance.

3. *Victims of Abuse, Neglect or Domestic Violence* In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.
4. *Health Oversight Activities* Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
5. *Judicial and Administrative Proceedings* Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.
6. *Law Enforcement Purposes* Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

*Decedents* Covered entities may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.

7. *Cadaveric Organ, Eye, or Tissue Donation* Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.
8. *Research* "Research" is any systematic investigation designed to develop or contribute to generalizable knowledge. The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual's authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of

individuals' authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought. A covered entity also may use or disclose, without an individuals' authorization, a limited data set of

protected health information for research purposes (see discussion below). See OCR "Research" Guidance; NIH Protecting PHI in Research.

9. *Serious Threat to Health or Safety* Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.
10. *Essential Government Functions* An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.
11. *Workers' Compensation* Covered entities may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses. See OCR "Workers' Compensation" Guidance.

### **Limited Data Set**

A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed. A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

## **SMS Privacy Policy**

### **Overview:**

At Autumn Behavioral Health Center ("we," "us," "our"), we value your privacy and are committed to protecting your personal information. This Privacy Policy explains how we collect, use, disclose, and safeguard your information when you opt-in to receive SMS/text messages from us.

### **Information We Collect**

When you sign up for our SMS/texting services, we may collect the following information:

- Phone Number: Required to send you SMS/text messages.
- Name: Optional, but helps personalize our messages.
- Consent Records: To document your opt-in to our SMS/texting services.

### **How We Use Your Information**

We use the information we collect to:

- Send you updates via SMS/text messages.
- Respond to your inquiries and provide customer support.
- Monitor and analyze trends, usage, and activities related to our SMS/texting services.
- Improve our services and develop new features.

### **Sharing Your Information**

We do not sell, trade, or otherwise transfer your personal information to third parties or affiliates for marketing purposes. We may share your information with:

- Service Providers: Third-party vendors who assist us in operating our SMS/texting services and conducting our business.
- Legal Compliance: When required by law, such as to comply with a subpoena, or similar legal process.
- Business Transfers: In connection with a merger, sale of company assets, or other business transaction.

### **Your Choices**

You may opt out of receiving SMS/text messages from us at any time by:

- Texting "STOP" to the number from which you received the message.
- Contact us at [contact email/phone number].

### **Data Security**

We implement a variety of security measures to maintain the safety of your personal information. However, no method of transmission over the Internet or method of electronic storage is 100% secure.

### **Children's Privacy**

Our SMS/texting services are not intended for individuals under the age of 13. We do not knowingly collect personal information from children under 13. If we become aware that we have collected information from a child under 13, we will take steps to delete such information.

### **Changes to This Privacy Policy**

We may update this Privacy Policy from time to time. We will notify you of any changes by posting the new Privacy Policy on our website. You are advised to review this Privacy Policy periodically for any changes.

The information will be viewed by staff and any legally licensed Medication Assisted Treatment facility in the United States when you present and request enrollment and/or emergency medication services. In addition, the above-described information could be released to any duly appointed State Opioid Treatment Authority and their staff for the purposes of monitoring dual enrollment verifications.