

## YOUR HEALTH INFORMATION RIGHTS

You have the right:

To a paper copy of this *Notice of Privacy Practices*,

To request restrictions on certain uses and disclosures of your health information by written request indicating what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision,

To request that you receive health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.

To obtain access to or a copy of your health information, with limited exceptions. A reasonable fee may be charged for making copies. Under current Oklahoma law, fees of \$1.00 for the first page and 50¢ per page for following pages are allowed. We may also charge for postage if the copies are to be mailed. If we deny your request for access or copies, you will be told of your rights to appeal our denial.

To request that we amend your health information you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information and if we do not, we will provide you with information about this agency's denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to two hundred and fifty (250) words concerning any statement or item you believe to be incomplete or incorrect.

You have the right to request and receive a list of disclosures of your health information made by this program, except for disclosures made for treatment, payment, and health care operations. You have the right to revoke your authorization to use or disclose health information except to the extent that this use or disclosure has already occurred.

### OBLIGATIONS OF THIS AGENCY

We are required to maintain the privacy of your confidential health information. We are obligated to provide you with this notice detailing our legal duties and privacy practices concerning your health information, and we will abide by the terms outlined in this notice. Should we be unable to agree to a requested restriction on the use or disclosure of your information, we will inform you accordingly. We will also accommodate reasonable requests to communicate health information through alternative means or locations. Your written authorization is required for any use or disclosure of your health information that is not listed in this notice or otherwise permitted by law. We reserve the right to change or amend this *Notice of Privacy Practices* at any time. After an amendment is made, the revised *Notice of Privacy Practices* will apply to all health information that we maintain. A copy of any Revised *Notice of Privacy Practices* will be made available to you at each appointment.

### CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations under 42 CFR Part 2. Generally, the program may not disclose any information identifying a individual as a client of Red Rock BHS or as having or having had a substance use disorder unless: (1) The client consents in writing; (2) the disclosure is allowed by a court order meeting the requirements of 42 CFR Part 2 (3) the disclosure is

made to healthcare personnel in a healthcare emergency (4) The disclosure is made to qualified personnel for research, audit, or program evaluation. (5) The disclosure is for reporting suspected child abuse and neglect to appropriate State or local authorities.

Any disclosure made under these conditions must be limited to the minimum necessary information. Violation of the Federal law and regulations by a program is a crime. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the U.S. Attorney for the judicial district in which the violation occurs. Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

### COMPLAINTS

**You will not be penalized for filing a complaint.** Complaints about this *Notice of Privacy Practices* or how this agency handles your health information should be directed to:

RRBHS Attn: Privacy Officer  
4400 North Lincoln Blvd.  
Oklahoma City, OK 73105  
(405) 424-7711

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

The Department of Health and Human Services  
Office of Civil Rights

Herbert H. Humphrey Building, Room 509 F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

# Notice of Privacy Practice

## Red Rock Behavioral Health Services

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH, ALCOHOL AND OTHER DRUG RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Red Rock Behavioral Health Services (BHS) maintains a record of the health care we provide for you and may receive health care records from others regarding you. We use these records to provide or help other health care providers to provide quality health care, to obtain payment for services provided, and for administrative and operational purposes. The health record is the property of this agency, Red Rock BHS.

## How we may use or disclose your health information:

**For Treatment:** We are committed to maintaining the privacy of your confidential health information, including substance use disorder records protected under 42 CFR Part 2. We may disclose health information to our employees and others who are involved in providing the care you need. For example, we may share your health information with a pharmacist who needs it to fill a prescription for you or a laboratory that performs testing. We may also disclose health information to members of your family or others who can help you when you are sick or injured.

We may disclose your health information directly related to your treatment at Red Rock to any other health care providers or health information exchanges. You have the right to request in writing a restriction on certain uses and disclosures of your information as provided by law including those involving substance use disorder records under 42 CFR Part 2. Such requests may restrict your PHI from being sent to the health information exchange. For example, 1) we may send your health information to a physician who needs it to consult in your care or provide follow-up care, and 2) we may send your health information to a health information exchange for use by other providers in your medical diagnosis and treatment.

**For Payment:** We use and disclose health information about you to obtain payment for the services you receive. For example, a bill may be sent to you and/or to a third-party payor, such as an insurance company, health plan or the State.

**For Health Care Operations:** We may use and disclose health information about you to operate this agency. For

example, we may use and disclose this information to review and improve the quality of care we provide, or the competence of our professional staff. We may use and disclose health information about you to get your health plan to authorize services or referrals. We may also share your health information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your health information.

**Appointment Reminders:** We may use and disclose health information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**Sign-In Sheet:** We may use information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Notification and Communication with Family:** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care in the event of your death or an emergency situation. In the event of a disaster, we may disclose information to a relief organization so they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose health information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable and unavailable to agree or object, our professional staff will use their best judgment in communication with your family and others.

**Required by Law:** We may use/disclose health information about you as required by law. For example, in certain circumstances, we may be required to disclose information for the following purposes: To report information related to victims of abuse, neglect or domestic violence; To assist law enforcement officials in their duties; To respond to judicial and administrative proceedings or, in the course of judicial proceedings, if you have waived your rights to confidentiality under Oklahoma law; and, to help health oversight agencies during the course of audits, investigations, inspections,

licensure, and other proceedings, subject to the limitations imposed by federal and Oklahoma law.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. If the lawsuit is a health negligence action, your health information may be disclosed without a court order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawsuit process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Public Health and Safety:** Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities prevent or control disease, injury, or disability, or for other health oversight activities. Your health information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public

**Specialized Government Functions:** We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**Coroners/Funeral Directors:** We may disclose health information to coroners or funeral directors in connection with their investigations of death to enable them to carry out their duties.

**Workers' Compensation:** Your health information may be used or disclosed as necessary in order to comply with laws and regulations related to workers' compensation.

**Change of Ownership:** In the event this agency is sold or merged with another organization, your health information will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another provider.

**Marketing:** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We will not use or

disclose your health information for marketing purposes without your written authorization.

**Research:** We may use your health information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your health information and has approved the research.

**Organ or Tissue Donation:** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

By Oklahoma law we are required to notify you that your health information used or disclosed as described in this *Notice of Privacy Practices* may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

## WHEN WE MAY NOT USE/ DISCLOSE YOUR HEALTH INFORMATION

Except as described in this *Notice of Privacy Practices*, this agency will not use or disclose health information that identifies you without your written authorization. You may revoke your consent in writing at any time, except to the extent that the program has already acted in reliance on it. Revocation will be effective for future uses and disclosures and is not effective for any information that may have been released prior to receiving your written revocation.