



## GLAD House, Inc.

### AMENDED NOTICE OF PRIVACY PRACTICES (Replacing Notice that was effective April 13, 2003)

This Notice describes how medical information about you or your child may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

We, at GLAD House are required by law to maintain the privacy of clients' clinical information (also known as "PROTECTED HEALTH INFORMATION"). In other words, we must make sure that clinical information that identifies you or your child is kept private. We are committed to protecting clients' privacy rights, and will only use or disclose clients' health information as permitted by law.

This is a formal notice, as required by law, explaining how we may use and disclose clients' PROTECTED HEALTH INFORMATION (or "PHI"). It also describes clients' rights to access and control PHI. If you have any questions about this Notice, how we use or disclose clients' PHI, or any of clients' Rights, please contact the Privacy Officer/Client Rights Officer, Kelly Chipemba at 513-641-5530, ext. 109.

**A. WE MAY USE AND DISCLOSE PHI WITHOUT CLIENTS' WRITTEN AUTHORIZATION FOR FREQUENT AND ROUTINE USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.** Specifically, we may use or disclose, without clients' consent, clients' PHI for the following purposes:

**FOR TREATMENT** We may use PHI to provide, coordinate or manage mental health care and any related services. This includes communication with GLAD House clinical team members and outside mental health agencies, therapists, physicians, or providers of services who also provide healthcare or mental services to our clients. For example, a therapist needs to provide medical information to another therapist to coordinate clients' care, or share information with the Clinical Director to get a supervisory opinion.

**FOR PAYMENT.** We may use PHI to obtain payment, for treatment and services your child receives at this office, from you, Medicaid or other insurance company or any third party that reimburses us for services provided to clients. This may include pre-treatment reviews or, authorizations, determinations of eligibility and coverage, reviewing services provided to your child for medical necessity, and insurance utilization activities. For example, we may contact Medicaid to determine the need for precertification or to determine whether your/your child's plan will cover the services.

**HEALTH CARE OPERATIONS.** We may use or disclose PHI (only the minimum necessary) in order to support the business activities of GLAD House. These include, but are not limited to, employee review activities, clinical improvement, program quality improvement, outcomes

reporting, training or education of staff, accrediting, insurance and licensing activities, and conducting or arranging for other business activities. For example, we may share clients' PHI with the Council on Accreditation ("COA"), which accredits us, or an outside agency that we utilize to audit our finances or clinical records.

**APPOINTMENTS AND SERVICES.** We may contact you (and provide as little PHI as possible) as a reminder that you or your child has an appointment at GLAD House or for a home visit. You have the right to request that we contact you at a different location or in a different way than you listed on the registration form you completed in the past. For example, if you request that reminders or results not be left on voice mail or sent to a particular address, we will attempt to accommodate reasonable requests. You must request this in writing, either by designating alternatives on the registration form, or by form completion.

**BUSINESS ASSOCIATES.** We will share clients' PHI with third party 'business associates' that perform various activities (e.g., billing, file auditing) for GLAD House. Whenever an arrangement between us and a business associate involves the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of this PHI.

**OTHERS INVOLVED IN CLIENTS' HEALTHCARE.** Unless you object, we may disclose, to a member of clients' or the client's family, relative, or close friend or any other person you identify, PHI that directly relates to that person's involvement in the client's health care. If you are unable to agree or object to such a disclosure (for example, in an emergency situation or if the client is incapacitated), we may disclose such information as necessary if we determine that is in the client's best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for the patient or the client's location, and general condition.

**B. WE MAY USE AND DISCLOSE PHI IN THE FOLLOWING OTHER SITUATIONS WITHOUT CLIENTS' CONSENT OR AUTHORIZATION:**

**AS REQUIRED BY LAW.** We may disclose PHI when required to do so by federal, state or local law. Some areas that require release include suspected abuse and neglect, as well as the following:

**PUBLIC HEALTH.** If applicable to the services we provided, we may disclose health information about your child for public health reasons in order to prevent or control disease, injury or disability, deaths, non-accidental physical injuries, reactions to medications (for example, in cooperation with the FDA) or problems with products.

**HEALTH OVERSIGHT.** We may disclose PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the healthcare system, government programs, and compliance with civil rights laws.

**LEGAL PROCEEDINGS.** If we follow certain steps, we may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court, subpoena, discovery request of other lawful process.

**LAW ENFORCEMENT.** We may release PHI if asked to do so by a law enforcement official in response to a subpoena, warrant, summons or similar process, subject to all applicable legal

requirements. This may include limited information requests for identification and location purposes, information pertaining to victims of crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on our premises, or regarding a medical emergency (not on our premises) where it is likely that a crime has occurred.

**CORONERS MEDICAL EXAMINERS AND FUNERAL DIRECTORS.** We may disclose PHI for identification purposes, determining cause of death or for these persons to perform their duties as authorized by law.

**IMMINENT THREAT TO CLIENT OR OTHERS.** We may disclose PHI, if permitted by federal and state laws, if we believe that this information is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**RESEARCH.** We may use or disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of this PHI.

**C. USES OF CLIENTS' PHI WHICH REQUIRE CLIENTS' AUTHORIZATION.** *Except as set forth in A or B*, above, other uses and disclosures of PHI will be made only with clients' (guardian's) written Authorization. For example, although we are unlikely to ever do so, if we share clients' health care information for marketing purposes or if clients' health care information includes psychotherapy notes, we must get clients' written authorization before using or disclosing such information. If you choose to authorize use or disclosure, you can later revoke that Authorization by notifying us in writing of your decision.

**D. CLIENTS' RIGHTS.** The following is a statement of clients' rights with respect to clients' PHI.

**You have the right to inspect and obtain a copy of your child's PHI (in most cases).** You may inspect and obtain a copy of PHI about your child that is kept by GLAD House. All requests must be in writing and signed by the client's parent or legal guardian if the client is a minor. We will charge for all copies and postage, if mailed. However, under federal law, you may not have a right to inspect or copy certain types of PHI. In some cases, you may have a right to a review of our decision to deny you access to such PHI.

**You have the right to request limits on the use and disclosure of PHI.** You may ask us not to use or disclose any part of PHI for the purposes of treatment, payment or healthcare operations (for example, all items in part A). For example, you may also ask that PHI not be disclosed to family members or friends who may be involved in clients' care or the payment for it. Clients' request must state the specific restriction requested and to whom you want the restriction to apply. In most cases, we are not required to agree to a restriction that you request. If the clinical team believes it is in the client's best interest to permit use of PHI, the PHI use will not be restricted. The one exception is that, under new rules, if you pay entirely for a service "out of pocket," we must honor your request to not share information about that service with your insurance company or other payer. If we agree to the requested restriction, we may not use PHI in violation of that restriction unless it is needed to provide emergency treatment.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with

you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. This request must be made in writing.

**You may have the right to request amendments to clients' PHI.** If you believe PHI we have about your child is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by GLAD House. You must complete and submit a Medical Record Amendment/Correction Form. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- we did not create
- is not part of the health information that we keep
- you would not be permitted to inspect and copy under federal law
- we believe it is accurate and complete

**You have the right to receive an accounting of certain disclosures we have made.** This right applies to disclosures for purposes **other than** treatment, payment and healthcare operations. You have the right to receive specific information regarding those disclosures that occurred after April 14, 2003. You must submit this request in writing. We may charge you for the costs of providing the list.

**You have the right to obtain a paper copy of this Notice from us** upon request, at any time.

**Breach Notification.** You now have a right to be notified following a breach of clients' unsecured PHI.

**D. CHANGES TO THIS NOTICE.** GLAD House reserves the right to modify or change this Notice at any time, and to make the revised or changed notice effective for health information we already have about your child as well as any information we receive in the future. Revision to the Notice will be available on request by contacting GLAD House. An updated Privacy Notice will be posted in the office and on our Website as soon as possible after the revision.

**E. COMPLAINTS.** If you believe you or your child's privacy rights have been violated, you can file a written complaint with our office by contacting our Privacy Officer. You may also file a complaint with the Government (the Office of Civil Rights of the Department of Health and Human Services) in via its website "portal" address which is: [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf).

You can also send a complaint by mail; the mailing address is:

Office of Civil Rights  
Regional Manager  
Department of Health/Human Services  
233 N. Michigan Ave, Ste. 240  
Chicago, Illinois 60601  
(312) 886-1807

There will be no retaliation for filing a complaint.