



# TCN Behavioral Health Services, Inc. **Notice of Privacy Practices**

Effective September 5, 2017

**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.**

This Notice describes the privacy practices of TCN Behavioral Health Services, Inc. ("TCN.") For purposes of this Notice, the pronouns "we," "us," and "our" refer to TCN and includes any person who assists in providing care to you through any department or service of TCN at any TCN location or any business associate of TCN who performs a service on behalf of TCN utilizing your health information.

TCN provides behavioral health services to individuals with mental illness and/or substance use. TCN is certified and/or licensed to provide mental health and alcohol and drug addiction services by the Ohio Department of Mental Health and Addiction Services (OMHAS). Many of the services we provide are paid, in whole or in part, by Medicaid and other federal funds as well as state and local funds through a contract we have with the Mental Health & Recovery Board of Clark, Greene & Madison Counties (MHRB) and the Alcohol, Drug Addiction and Mental Health Services Board of Montgomery County (ADAMHS).

As a behavioral health care provider, we have highly sensitive and personal health information about our clients in our possession. Federal and state laws require us to keep your health information confidential unless we are specifically required or permitted by law to share information about you with others. The law is particularly restrictive regarding the use and disclosure

of information which would identify you as a recipient of substance use or mental health services. We respect your privacy and will protect your health information in a lawful, responsible and professional manner.

As you read this notice, you will see the term "protected health information" or "PHI." Protected health information or PHI is health information that identifies you (or information from which there is a reasonable basis to believe you could be identified) and is created or obtained by us for the purpose of providing health care services to you. PHI includes information about your physical, mental, emotional, substance use conditions, medical history, descriptions of symptoms, diagnoses, examinations, test results, treatment, treatment plans, as well as information related to payment for services we provide.

We are required by law to protect the privacy of your PHI. It is required that this Notice, which describes your rights as our patient and our obligations regarding the use and disclosure of PHI, be offered to you and posted in a clear and prominent location. We are required to comply with the terms of this Notice as it is currently in effect.

**We reserve the right to make changes to this Notice and to make such changes effective for all PHI we maintain about you, including PHI we already have. We will revise this Notice whenever there is a material change to uses and disclosures, your rights, our duties or other practices described in this Notice. If and when this Notice is changed, we will post a copy in our facilities in prominent locations and on our web site at [www.tcn.org](http://www.tcn.org). We will also provide you with a copy of the revised Notice upon your request. Except when required by law, a material change to this Notice will not be implemented before the effective date of the new Notice, in which the material change is reflected.**

## **I. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we may use and disclose your PHI. The examples included with each category do not list every type of use or disclosure that may fall within that category, but are provided to give you some idea of what we may do with your PHI with and without your authorization.

### **AS A GENERAL RULE, USE AND DISCLOSURE OF PHI REQUIRES YOUR WRITTEN AUTHORIZATION.**

As a general rule, we may not use or disclose PHI which would identify you as a patient receiving substance use or mental health services without your written authorization. We will notify all recipients of your PHI that redisclosure is prohibited. However, after we disclose PHI pursuant to your authorization, we cannot guarantee that the recipient of your PHI will not further disclose your PHI. You can revoke your authorization at any time by giving our Privacy Officer written notice of your decision to revoke. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your authorization. However, we will not be able to take back any disclosures made prior to your revocation.

### **EXCEPTIONS TO GENERAL RULE AND SPECIAL SITUATIONS**

#### **Treatment, Payment and Health Care Operations**

**Treatment:** We may use and disclose PHI about you within our organization without written authorization to provide, coordinate, or manage your health care and related services. Individuals within our organization may consult with each other regarding your treatment and coordinate and manage your health care with

each other. For example, we may use your PHI to provide necessary behavioral health services to you.

As a general rule, we may not disclose any PHI about you for treatment purposes outside our organization unless you have authorized the disclosure in writing. One exception to this general rule is that we may disclose limited PHI without your written authorization in order to respond to a medical emergency. For example, we may disclose PHI to medical personnel in the event you suffer a medical emergency such as a heart attack, stroke, life-threatening reaction to medication or a drug overdose. (In addition, if you are involuntarily committed to an ADAMH Board, we may disclose limited PHI to others for the purpose of providing you services if we are unable to obtain your written authorization to do so.)

**Payment:** If we provide substance use services to you, we must obtain your written authorization in order to disclose PHI about you to be paid for those services. If we provide mental health services to you, we must attempt to obtain your written authorization before we disclose PHI to be paid for those services; however, if you do not provide us with a written authorization, we are permitted to disclose PHI necessary to be paid for services provided to you. We will ask you to authorize us to use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you.

The PHI we may need to disclose to others to be paid may include information that identifies you, your diagnosis, and procedures and supplies utilized during your treatment. Before providing treatment or services, we may need to share details with third party payors, such as your health insurer to verify coverage or MHRB/ADAMHS to determine your eligibility for publicly funded services. If you are or may be eligible to receive services funded in whole or in part by public funds, we are required to release PHI about you in accordance with OMHAS, MHRB and ADAMHS requirements so that we may be paid for

services provided to you. We may use and disclose PHI for billing, claims management, and collection activities.

**Health Care Operations:** We may use and disclose PHI without your written authorization in order to perform business activities which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use information in your health record to assess the care provided in your case and others like it. This information will be used in an effort to improve the quality of patient care. Your protected health information may also be used to resolve any complaints you have.

**Communications From Us to You:** We may contact you without prior written authorization to remind you of appointments and to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you for this purpose, we will do so in a way that does not identify you as a recipient of substance use or mental health services. You have the right to opt-out of such communications at any time by contacting the Privacy Officer below in Section IV.

## **OTHER SPECIAL SITUATIONS**

**Communications to Individuals Involved in your Care:** We will not disclose PHI which would identify you as a patient receiving substance use or mental health services to anyone involved in your care unless you have authorized us to do so or unless the disclosure is otherwise permitted or required by law.

**Communications to Disaster Relief Agencies:** We may disclose limited PHI to disaster relief agencies so that they can notify others about your location, general condition or death with appropriate written authorization. We may do so without written authorization if we can do so in a way that does not identify you as a recipient of substance use or mental health services.

**Uses or Disclosures Required By Law:** We may use and disclose PHI without your written authorization if we are required to do so by federal, state, or local law. Any disclosure will be strictly limited to the requirements of the law.

**Uses or Disclosures For Public Health Activities:** In accordance with applicable law, we may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health without your written authorization so long as we do not identify you as a recipient of substance use or mental health services. Such disclosures may include disclosures to:

- To prevent or control disease, injury, or disability;
- To report disease, injury, birth, or death;
- To report reactions to medications or problems with products or devices regulated by the federal Food and Drug Administration or other activities related to the quality, safety, or effectiveness of FDA-regulated products or activities;
- To locate and notify persons of recalls of products they may be using; or
- To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.

**Uses or Disclosures Regarding Abuse, Neglect, or Domestic Violence:** We may disclose PHI without your written authorization, in accordance with applicable law, to designated authorities to report known or suspected child abuse or neglect. We may also disclose PHI without your written authorization, in accordance with applicable law and professional ethical standards, to designated authorities if we reasonably believe that you have been a victim of domestic violence, abuse or neglect. If you are an adult, we will report in such a way that does not identify you as a recipient of substance use services.

**Uses or Disclosures For Health Oversight Activities:** In accordance with applicable law, we may disclose PHI without your written authorization to a health oversight agency performing oversight activities authorized by law. Such activities could include, for example, audits, investigations, inspections, licensure and disciplinary activities conducted by agencies required by law to take specified actions to monitor the health care system, certain governmental health care programs, and compliance with specific laws.

**Uses or Disclosures For Lawsuits and Other Legal Proceedings:** Before disclosing PHI related to a mental health client, we must receive written authorization from the client or a court order signed by a judge. Before disclosing PHI related to a substance use client, we must receive written authorization from the client or a court order signed by a judge after particular proceedings required by federal law have been conducted.

**Uses or Disclosures For Law Enforcement:** When required by law in specific circumstances, we may disclose PHI to law enforcement officials without your written authorization. For example, we may disclose PHI about a crime committed at one of our facilities or against one of our employees. For other disclosures to law enforcement, we may disclose PHI without your written authorization only if we can do so in a way that does not breach any professional confidentiality obligation and if we can do so in a way that does not identify any individual as a recipient of substance use or mental health services.

**Uses or Disclosures To Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to coroners and medical examiners to assist in the identification of a deceased person and to determine a cause of death. In other situations, we may only disclose PHI without written authorization from an appropriate representative if we can do so in a way that does not identify a person as a recipient of substance use or mental health services.

**Uses or Disclosures For Organ and Tissue Donation:** If you are an organ donor and if permitted by applicable law, we may disclose PHI without your written authorization to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant. In making such a disclosure, we may be prohibited from identifying you as a recipient of substance use or mental health services.

**Uses or Disclosures For Research:** We may use and disclose PHI for research purposes without your written authorization under certain limited circumstances. In general, we must obtain written authorization to use and disclose PHI for research purposes unless the research project meets the criteria established by federal law to ensure the ongoing privacy of PHI.

**Uses or Disclosures To Avert a Serious Threat to Health and Safety:** In accordance with applicable Ohio law and ethical standards, we may use or disclose PHI without your written authorization to prevent or lessen a serious threat to your health and safety or to the health and safety of others.

**Uses or Disclosures For Specialized Government Functions:** Under certain circumstances, we may disclose PHI without your written authorization for certain governmental activities:

- For specified military and veteran activities. For example, we may disclose PHI without your authorization to military authorities who are able to demonstrate that they have the authority to receive such information.
- For national security and intelligence activities. For example, we may disclose PHI to those federal authorities authorized to conduct national security activities pursuant to the National Security Act.
- To help provide protective services for the president and others specified by federal law.



- To promote the health and safety of a particular inmate or any other person at a correctional institution or who is involved with an inmate in a custodial situation.

Depending upon the situation, we may be required to make such disclosures in a way that does not identify you as a recipient of substance use or mental health services.

**Uses or Disclosures For Workers Compensation:** In accordance with your written authorization, we may disclose PHI necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Disclosures required by Federal Privacy Rules:** We may be required to disclose PHI without your written authorization to the Secretary of the Department of Health and Human Services when directed by the Secretary in order to review our compliance with federal privacy rules.

**Psychotherapy Notes:** We will not use or disclose psychotherapy notes without a written authorization, except:

- To carry out the following treatment, payment, or health care operations;
- Use by the originator of the psychotherapy notes for treatment;
- Use or disclosure by the covered entity for training purposes;
- Use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual.

**Marketing:** We will not disclose PHI which would identify you as a patient receiving substance use or mental health services to anyone for marketing purposes, such as to promote our services, without your written permission.

**Sale of PHI:** We will not disclose PHI which would identify you as a patient receiving substance use or mental health services to

anyone, such as to a company that wants your information in order to contact you about their services, without your written permission.

## II. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Under federal and state law, you have the following rights regarding PHI about you. ***All requests to exercise these rights must be submitted in writing to our Privacy Officer at the address listed in Section IV below.***

**Inspection and Copying:** In most cases, you have a right of access to inspect and obtain a copy of the information contained in the "designated record set" we keep regarding your care. This "designated record set" is the psychiatric, medical or other treatment records and billing records maintained by or for TCN that are used to make decisions about you. You have the right to inspect and obtain a copy these records unless your right to access particular identified information is specifically restricted because a licensed health care professional has determined that providing you with the information is likely to endanger the life or physical safety of you or others.

If we deny your request to inspect and/or obtain a copy of any records about you, we will notify you, in writing; explain the reason that we have denied your request; explain whether you may have that decision reviewed; and the process by which you may seek further review or file a complaint.

If you request copies, we will charge a fee for the cost of copying, mailing or other related supplies.

**Amendment:** If you believe the information in your designated record set (as described above) is incorrect or if important information is missing, you have the right to request that we

amend the records. If we deny your request for an amendment, we will notify you in writing, and you may submit a written statement of disagreement to be added to your PHI. We may deny your request to amend your PHI if we determine that:

- The information about which you have requested an amendment was not created by us (unless you can demonstrate that the creator of the information is no longer available);
- The information is not part of the designated record set we maintain about you; or,
- If we determine that the record is complete and accurate.

If we deny your request to amend your designated record set, we will notify you, in writing; explain the reason that we have denied your request; explain your right to submit a written disagreement statement; and the process by which you may seek further review or file a complaint.

**Accounting of Disclosures:** You have the right to obtain an accounting of the disclosures we have made of your PHI, except for disclosures made for treatment, payment, or health care operations purposes; certain disclosures required by law to be kept confidential; and, disclosures you specifically authorized.

Your written request must specify the time period for which you are requesting information. Your request may be for a period of up to six years starting after April 14, 2003. Your first request of an accounting in a 12-month period will be provided free of charge; we will charge you a fee for additional requests based upon our costs to producing the accounting. We will inform you of the cost before we begin to prepare the accounting of disclosures.

**Notice of Privacy Practices:** You have the right to request and obtain a paper copy of this Notice at any time, even if you have received an electronic copy of this Notice.

**Request for Confidential Communications:** You have the right to request that we communicate with you in a confidential manner. For example, you may request that we send your mail to an address other than your home. Your written request must tell us the specific way that you would like us to communicate with you. You do not have to tell us why you are making such a request. However, we may need information from you regarding how your treatment is to be paid for before we can consider your request. We will agree to your request when it is reasonable for us to do so and will notify you, in writing, of our decision.

**Request for Restrictions:** You have the right to request restrictions on certain uses and disclosures of your information for treatment, payment or healthcare operations or to persons involved in your care, except when the uses or disclosures are required by law or are necessary to provide care in an emergency situation. We are not legally required to agree to your request. We will notify you, in writing, of our decision regarding your request.

**Receive Notice of Any Breach:** You have the right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI has not been encrypted or otherwise made unreadable to such unauthorized recipients.

### **III. QUESTIONS AND COMPLAINTS**

If you have questions about our Notice or our privacy practices or require further information, please contact our Privacy Officer at the address noted below in Section IV.

You have the right to file a written complaint with our privacy officer at the address noted below in Section IV., if you believe your privacy rights have been violated. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services at:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, D.C. 20201

We will not retaliate or take action against you for filing a complaint.

#### **IV. PRIVACY OFFICER CONTACT INFORMATION**

Our Privacy Officer can be contacted at:

TCN Behavioral Health Services  
Attention: Privacy Officer  
452 West Market Street  
Xenia, OH 45385