

Release of Information / HIPAA & Notice of Privacy Practices Statement



HIPAA and federal drug laws both provide protections for psychological information as well as alcohol and drug treatment information. (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.) HIPAA

Beecon Recovery Privacy Practices

Beecon Recovery is committed to protecting the confidentiality of your medical and health information (“Protected Health Information”) as described in this Notice and maintains the privacy of your Protected Health Information as required by law. We have provided this Notice to you to describe the way we may use and share your Protected Health Information. This Notice describes our privacy practices relating to Protected Health Information, including how we may use your Protected Health Information within Beecon Recovery and how under certain circumstances we may disclose it to others outside Beecon Recovery. This Notice also describes the rights you have concerning your own Protected Health Information. Please review it carefully. If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of Beecon Recovery, please contact the Privacy Officer listed at the end of this Notice.

Uses and Disclosures of Protected Health Information Permitted or Required by Law

The law permits us to use your Protected Health Information for treating you and for the billing of services and health care operations, all of which are explained below. Certain types of Protected Health Information have additional protection under state or federal law. For example, information about genetic testing and mental health treatment or conditions may have added protections. For disclosure of those types of information, Beecon Recovery is required to get your authorization as described below before disclosing it.

Your Protected Health Information may be used and disclosed only for the following purposes;

For Treatment: We may use your Protected Health Information to provide you with medical treatment and other services. We may also disclose your Protected Health Information to others who need the information to treat you, such as doctors, physician assistants, nurses, medical and nursing students, technicians, therapists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care. For example, we will allow your physician to have access to your laboratory results to assist in your treatment and follow-up care.

For Payment: We may use and disclose your Protected Health Information to get paid for the medical services and supplies we provide to you. For example, your health plan or health insurance company may ask to see parts of your medical record before they will pay us for your treatment.

Health Care Operations: We may use and disclose your Protected Health Information for Health Care Operations, which can include internal education, administration, planning, and other various activities that improve the quality of care we provide to patients. We may disclose Protected Health Information to outside companies to support administrative functions such as data analysis, accounting, or legal services, but we will only do so after they have signed an agreement stating that they will abide by our privacy policy.

To Family Members and Others Involved in Your Care: We may disclose your Protected Health Information, unless prohibited by applicable federal or state law, to a family member, another relative, a close personal friend, or any other person identified by you who is involved in your medical care, or to someone who helps to pay for your care. If you do not want us to disclose your Protected Health

Information to family members or others, please contact Beecon Recovery's Privacy Officer, as provided below.

As Required by Law: Federal, state, or local laws sometimes require us to disclose Protected Health Information. For instance, we are required to report child abuse or neglect and must provide certain information to law enforcement officials in domestic violence cases.

For Public Health or Safety: In limited circumstances, we may disclose Protected Health Information to prevent or lessen a serious and/or imminent threat to an individual's or the public's health or safety.

To Law Enforcement Officials: We may disclose Protected Health Information to law enforcement officials as required by law or in compliance with a search warrant, subpoena, or court order.

For Military, Veterans, National Security, and Other Government Purposes: If you are a member of the armed forces, we may release your Protected Health Information as required by military command authorities or to the Department of Veterans Affairs. We may also disclose Protected Health Information to federal officials for intelligence and national security purposes, or President Protective Services.

For Judicial Proceedings: We may disclose your Protected Health Information if we are ordered to do so by a court or if we receive a subpoena or a search warrant.

To Coroners, Medical Examiners, and Funeral Directors: We may disclose Protected Health Information concerning deceased patients to coroners, medical examiners, and funeral directors to assist them in carrying out their duties,

Uses and Disclosures With Your Authorization

Beecon Recovery cannot use your Protected Health Information for anything other than the reasons mentioned above, without your signed "Authorization". An Authorization is a written document signed by you giving us permission to use or disclose your Protected Health Information for the purposes you specifically outlined in the Authorization. You may revoke the Authorization at any time, by delivering a written statement to the Beecon Recovery Privacy Officer identified below. If you revoke your Authorization, Beecon Recovery will no longer use or disclose your Protected Health Information as permitted by your Authorization. However, your revocation of Authorization will not reverse the use or disclosure of your Protected Health Information made while your Authorization was in effect.

Your Individual Rights

Right to Request Your Protected Health Information: In most cases, you have the right to look at or get copies of your Protected Health Information, including Protected Health Information.

Right to Request Amendment of Protected Health Information you Believe Is Erroneous or Incomplete: If you examine your Protected Health Information and believe that some of the information is wrong or incomplete, you may ask us to amend your record. We will comply with your request unless we are not the originator of the information or we believe that the information you request to be amended is accurate and complete or special circumstances apply. To ask us to amend your Protected Health Information, write to Beecon Recovery's Privacy Officer as set forth below.

Right to Receive an Accounting of Disclosures of Your Protected Health Information: You have the right to request a list of certain disclosures we make of your Protected Health Information. If you would like to receive such a list, Write to Beecon Recovery's Privacy Officer as provided. We will provide the first list to you free of charge but we may charge you for any additional lists you request during the same twelve (12) month period. We will tell you in advance what this list will cost, at which time you may withdraw or modify your request.

Right to Request Restrictions on How Beecon Recovery Will Use or Disclose Your Protected Health Information for Treatment, Payment, or Health Care Operations: You have the right to request us not to make uses or disclosures of your Protected Health Information to treat you, to seek payment for care, or to operate our laboratories. We will consider your requests carefully, but we are not required to agree to your requested restriction. If you want to request a restriction, submit your request in writing to Beecon Recovery's Privacy Officer and describe your request in detail. Beecon Recovery's Privacy Officer will reply within 10 days of receiving your request.

Right to Request Special Communications: You have the right to ask us to communicate your Protected Health Information by alternative means of communication or at alternative locations. For example, you can ask us not to call your home, but to communicate with you only by mail. To make such a request, write to Beecon Recovery's Privacy Officer.

Changes to This Notice

From time to time, we may change our practices concerning how we use or disclose Protected Health Information, or how we will implement patient rights concerning such information. We reserve the right to change this Notice and to make the provisions in our new Notice effective for all Protected Health Information we maintain. If we change these practices, we will publish a revised Notice. You can get a copy of our current Notice at any time by writing to Beecon Recovery's Privacy Officer.

Questions, Concerns, or Complaints

If you have any questions about this Notice or have further questions about how Beecon Recovery may use and disclose your Protected Health Information, please contact the Privacy Officer as set forth below.

Beecon Recovery Privacy Officer

60 S Main St., Ste. B001, Brigham City, Utah 84302 - If for some reason Beecon Recovery cannot resolve your concern or complaint, you may also file a complaint with the federal government. We will not penalize or retaliate against you in any way for filing a complaint.

I understand that, generally, my enrollment in treatment and treatment information cannot be disclosed without my written authorization. However, there are exceptional circumstances under which information may be disclosed ***without*** my consent, constituting a breach of confidentiality. Those include:

- If there is clear evidence of danger to me or others, abuse of a minor or vulnerable adult.
- In the event of a medical emergency, public health threat, and infectious disease.
- If I commit a crime on Beecon Recovery property or against their employees.
- In response to a court order prepared in accordance with *Federal Regulations 42 CFR § 2.1 Subpart E*.

I consent and authorize the exchange of verbal and written information between Beecon Recovery and their Medical Team, Clinical Team, Laboratory Testing company, and Billing company. The purpose of and need for disclosure: **Any and all collaborative psychological and medical information pertinent to clinical and medical treatment.**

I understand that in order to protect the confidentiality of my records, my consent to obtain or release information is necessary and that this consent is limited to the parties and purposes listed above.

I have been informed that there are exceptional circumstances under which Beecon Recovery may be required to disclose information without my consent.

I understand that Beecon Recovery may not deny me treatment based on whether or not I give consent for communication with the parties listed above.

I understand that I may revoke this consent at any time except to the extent that action has already been taken upon it. **This consent will remain in effect one (1) year from the date of execution hereof.**

I understand and have been provided with a Notice of information practices that provides a more complete description of information uses and disclosures.

Name (Printed)

Patient Signature

Date

Beecon Recovery

Date

----To be completed by Beecon Recovery: Patient denied a copy of document: YES / NO----