

**Privacy Notice
Version 1.1**

Client Name (Last, First, MI)	ID#
-------------------------------	-----

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

General information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 1320d et seq., 45 C.F.R., Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R., Part 2.

Under these laws, Circle Park Behavioral Health Services may not say to a person outside the agency that you receive services through this agency, nor may this agency disclose any information identifying you as an alcohol or other drug abuser, or disclose any other protected information except as permitted by federal law.

This agency must obtain your written consent before it can disclose information about you for payment purposes. For example, this agency must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before this agency can share information for treatment purposes or for healthcare operations. However, federal law permits this program to disclose information *without* your written permission:

1. pursuant to an agreement with a business associate;
2. for research, audit or evaluations;
3. to report a crime committed on this agency's premises or against personnel of the agency;
4. to medical personnel in a medical emergency;
5. to appropriate authorities to report suspected child abuse or neglect;
6. to appropriate authorities to anonymously or by court order report suspected abuse or neglect of an elderly person or a vulnerable adult; and/or
7. as allowed by a court order.

For example, this agency can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before this agency can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA, you have the right to request restrictions on certain uses and disclosures of your health information. This agency is not required to agree to any restrictions you request, but if it does agree, it is bound by that agreement and may not use or disclose any information that you have restricted, except as necessary in a medical emergency. You have the right to request that representatives of this agency communicate with you by alternative means or at an alternative location. This agency will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA, you also have the right to inspect and copy your own health information maintained by this agency, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA, you also have the right, with some exceptions, to amend healthcare information maintained in this agency's records, and to request and receive an accounting of disclosures of your health-related information made by this agency during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Agency Duties

This agency is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. This agency is required by law to abide by the terms of this notice. This agency reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information that it maintains. You will receive a copy of this notice at intake. When changes are made to this document, current clients will be contacted with the revisions.

Complaints and Reporting Violations

If you believe that your privacy rights under HIPAA have been violated, you may complain to this agency and the Secretary of the United States Department of Health and Human Services. In this event, your complaint must be in writing and submitted to the HIPAA Compliance Officer for this agency. You may also make a complaint to the South Carolina Department of Health and Environmental Control, Division of Health Licensing, at (803) 545-4370. You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district in which the violation occurs.

Contact

For further information, contact the HIPAA Compliance Officer for this agency at 843-664-3913 (Jeannie James)____.
(telephone number)

Effective Date

This notice became effective April 9, 2003.

I certify that my privacy rights have been fully explained to me, and that I have received a copy of this privacy notice.

Client Signature	Date
Parent or Guardian Signature (for clients under age 16)	Date
Witness Signature	Date