

**RECOVERY** 

# Notice of Privacy Practices

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. *EFFECTIVE DATE:* 09/18/2017

#### WHO WILL FOLLOW THIS NOTICE:

This notice summarizes the privacy practices of Overmountain Recovery, which is a legal entity of East Tennessee Healthcare Holdings, Inc.

This notice applies to all departments, units, all healthcare professionals and others who may be involved directly or indirectly in your care at Overmountain Recovery, such as employees, physicians, allied health professionals such as physician assistants and nurse practitioners, residents, students, volunteers, business associates and others.

We may share your health information with each other for purposes described in this notice, including for our joint healthcare operations activities.

#### **OUR PLEDGE TO YOU:**

We understand that your health information is personal, and we are committed to protecting its privacy. We are required by law to:

- Maintain the privacy of your health information
- Give you this notice of our legal duties and privacy practices regarding your health information
- Follow the terms of our Notice of Privacy Practices that are currently in effect
- Notify you following a breach that compromises the privacy or security of your health information

# YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:

**RIGHT TO INSPECT AND COPY:** You have the right to request to inspect and obtain a copy of the health information that may be used to make decisions about your care or payment, and to request that a copy be forwarded to a third party of your choice. To inspect and obtain a copy of your health information, you must submit your request in writing to the healthcare entity. We will provide a copy or a summary of your health information, usually within 30 days of your request. There may be reasonable, cost-based fees for the costs of copying, mailing or other supplies associated with your request.

**RIGHT TO AMEND:** If you feel that health information we have about you is incorrect, you may ask us to amend the information. To request an amendment, your request must be made in writing and submitted to the healthcare entity. We may deny your request under certain circumstances. You will be informed of the decision regarding any request for amendment of your health information within 60 days and, if we deny your request for amendment, we will provide you with information regarding your right to respond to that decision.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request a list of certain disclosures we make of your health information covering up to six years. We will include all disclosures except those for treatment, payment, healthcare operations, and certain other disclosures (such as those you asked us to make). To request this list of disclosures, you must submit your request in writing to the healthcare provider or facility. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list but will notify you of the cost involved and offer you the chance to withdraw or modify your request before any costs are incurred.

RIGHT TO REQUEST RESTRICTIONS: You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to a request for restrictions, other than a request that we not disclose information to a health plan for payment or healthcare operations where the request relates only to a healthcare item or service for which we have been paid in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the healthcare provider or facility. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your health plan.

**CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. Your request must specify how or where you wish to be contacted and be submitted in writing. We will accommodate reasonable requests.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our website, OvermountainRecovery.org.

**CHOOSE SOMEONE TO ACT FOR YOU.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

# HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

The following describes different ways that Overmountain Recovery may use and disclose health information that identifies you.

**TREATMENT:** We may use health information to treat you or provide you with healthcare services. For example, we may tell your primary care physician about the care we provided you or give health information to a specialist to provide you with additional services.

**PAYMENT:** We may use and disclose health information so that we or others may bill or receive payment from you, an insurance company or a third party for the treatment and services you receive. For example, we may give your health plan information about your treatment so that they will pay for such treatment.

**HEALTHCARE OPERATIONS:** We may use and disclose health information for healthcare operations and administrative purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. For example, we may share information with doctors, nurses, medical students, and other personnel for learning purposes.

### INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT

**FOR YOUR CARE:** If you do not object, we may disclose relevant health information to a family member, friend, or other person involved in your medical care or who helps pay for your care. We may also disclose health information to a personal representative, who is a person who has legal authority to make healthcare decisions on your behalf.

**BUSINESS ASSOCIATES:** We may disclose health information to our business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services.

**RESEARCH:** Under certain circumstances, we may use and disclose health information for research purposes.

**OTHER PURPOSES:** We may use or disclose health information about you for other reasons:

- In a disaster relief situation
- When required by international, federal, state or local law, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law
- To avert a serious threat to health or safety of the public or another person
- For special government functions such as military, national security, and presidential protective services
- In response to a court or administrative order, subpoena or other lawful process
- To a law enforcement official for law enforcement purposes
- To report child or elder abuse or neglect or domestic violence
- If you are an inmate, to a correctional institution
- To an organ donation bank or to facilitate organ or tissue donation
- To workers' compensation or similar programs for work-related injuries or illness
- For public health activities such as to prevent or control disease, injury or disability; to report births and deaths; to notify a person who may have been exposed or who may be at risk of spreading a disease
- To health oversight agencies for activities authorized by law
- To a coroner/medical examiner to identify a deceased person or determine cause of death
- To funeral directors to carry out their duties

**OTHER USES OF MEDICAL INFORMATION:** Uses and disclosures of health information that are not discussed by this notice or required by law will only be made with your written permission. Your written authorization will typically be required for most uses and disclosures of psychotherapy notes, most uses and disclosures for marketing and most arrangements involving the sale of health information. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

# CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS:

Federal law and regulations provide additional privacy protection to information about substance use disorder treatment. Generally, we may not identify that you receive services at Overmountain Recovery, or disclose any information identifying you as receiving substance use disorder treatment unless:

- (1) You consent in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation.

Violation of the Federal law and regulations governing the confidentiality of substance use disorder treatment records is a crime. Suspected violations may be reported to: U.S. Attorney for the Eastern District of Tennessee, 800 Market Street, Suite 211, Knoxville, Tennessee 37902 or SAMHSA Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857, 240-276-1660.

Federal law and regulations governing substance use disorder treatment records do not protect:

- Any information about a crime committed by a patient either at the treatment program or against any person who works for the program, or about any threat to commit such a crime.
- Any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(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 governing the privacy of substance use disorder treatment records.)

## CHANGES TO THIS NOTICE:

We reserve the right to change this notice and the revised or changed notice will be effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at Overmountain Recovery. The effective date is noted at the top of this page.

#### **COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services.

To file a complaint with us, please contact our Privacy Officer at 423-302-3345 or the Overmountain Recovery AlertLine at 1-800-535-9057. There will be no retaliation against you for filing a complaint.

### **CONTACT:**

If you have questions or would like additional information, you may contact The Overmountain Program Director at 423-467-2881.

### **DISCRIMINATION IS AGAINST THE LAW**

Overmountain Recovery complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Overmountain Recovery does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### **Overmountain Recovery:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters
  - » Information written in other languages

If you need these services, contact the Overmountain Recovery Program Director at 423-467-2881.

If you believe that Overmountain Recovery has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Compliance Officer in writing at 400 N. State of Franklin Rd., Johnson City, TN 37604 or by phone at 423-302-3345 or toll free at 1-800-535-9057, or fax at 423-302-3453.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Program Director is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-423-467-2881.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك برقم (رقم هاتف الصم والبكم: 2881-467-423-1) بالمجان. اتصل

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-423-467-2881。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-423-467-2881.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로

이용하실 수 있습니다. 1-423-467-2881 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-423-467-2881.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຮຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-423-467-2881.

ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊ*ያ*ግዝዎት

ተዘ*ጋ*ጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ <sub>1-423-467-2881</sub> መስጣት ለተሳናቸው:.
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos

sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-423-

સુયના: જો તમે ગુજરાતી બોલતા ફો, તો નિ:શુલ્ક ભાષા સફાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-423-467-2881.

467-2881.

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-423-467-2881.まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-423-467-2881.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-423-467-2881 पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-423-467-2881.

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 2881-467-423-1 تماس بگیرید.