Notice of Privacy Practices Overmountain Recovery

Effective date: 09/18/2017
Revised date: 11/01/2025

OVERMOUNTAIN RECOVERY

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:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with the Overmountain Program Director at 423-467-2881 or ComplianceQuestions@balladhealth.org if you have any questions.

Who will follow this notice: This notice applies to Overmountain Recovery and to all medical staff to the extent that they provide services at Overmountain Recovery. 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; and
- 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 paper or electronic copy of the health information that may be used to make decisions about your care or payment, and to request that an electronic copy of your electronic health record be forwarded to a third party of your choice.

To inspect and/or obtain a copy of your health information, you must submit your request in writing to Overmountain Recovery. 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 Overmountain Recovery. 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, health care 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.

If you have consented to disclosures of your records through an intermediary, such as a health information exchange, to any treating health care providers, then you also have a right to contact the intermediary and receive an accounting of disclosures for treatment purposes covering up to three years. Please contact us if you would like assistance with making such a request.

Right to request restrictions: If you consent to disclosure of your health information for treatment, payment, and health care operations, then you have the right to request a restriction on the health information we use or disclose about you for these purposes. 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 health care operations where the request relates only to a health care 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, www.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. We will not disclose your health information outside of Overmountain Recovery for your treatment without your consent, except in a bona fide medical emergency in which your prior written consent cannot be obtained. For example, we may disclose your health information in an emergency if you are incapacitated to ensure that you are not prescribed a medication that could have an adverse effect on your recovery.

Payment: We may use 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 use your health information to generate a health care claim to your health plan. We will not disclose your health information to a health plan or other third party for payment purposes without your consent.

Healthcare operations: We may use health information for healthcare operations and administrative purposes. These uses are necessary to make sure that all of our patients receive quality care and for our operation and management purposes. We will not disclose your health information for health care operations and administrative purposes without your consent, other than to organizations that provide administrative support to Overmountain Recovery. For example, we may use your health information as part of a quality assessment review.

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:

- For management audits, financial audits, and program evaluation of Overmountain Recovery.
- To report child or elder abuse or neglect or domestic violence.
- In response to a court order in which the court finds that good cause exists to use or disclose your health information after determining that other ways of obtaining your health information are not available or would not be effective and the public interest and need for the use or disclosure outweigh the potential injury to you, the physician-patient relationship and the treatment services. We only may use or disclose your health information based on a court order after notice and an opportunity to be heard is provided to you or to the holder of your records, where such notice is required by law. A court order authorizing use or disclosure of your health information must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- For fundraising purposes for Overmountain Recovery's benefit if you first are provided with a clear and conspicuous opportunity to elect not to receive fundraising communications. You have the right to elect not to receive fundraising communications.

Other uses of your health information: Uses and disclosures of health information that are not discussed by this notice 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. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time.

Your records, or testimony relaying the content of your records, may not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order, as described above.

If we disclose your health information based on your written consent for treatment, payment, and health care operations to another program governed by federal law that provides additional privacy protection to information about substance use disorder treatment or to an entity regulated by the federal medical privacy law known as HIPAA, then the recipient may further disclose your health information without your consent to the extent that HIPAA regulations permit such disclosure.

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 on the first 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 or ComplianceQuestion@balladhealth.org.

Access notice of availability of language assistance and auxiliary aids and services https://www.balladhealth.org/sites/default/files/2025-06/FINAL-PQ_9048079567_BH_O_2025-Compliance_Avail-Language.pdf