

# Castlewood Treatment Center 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.**

The terms of this Notice apply to Castlewood Treatment Center. This Notice is intended to inform you about our practices related to your protected health information (PHI). It explains how Castlewood Treatment Center may use and disclose your PHI, our obligations related to the use and disclosure of your PHI, and your rights related to any PHI that we have about you.

"Protected health information" (PHI) means individually identifying health information we have collected from you or received from your health care providers, health plans, employer, or a health care clearinghouse. It usually includes demographic data and other common identifiers like your name, address, birth date, and/or Social Security number. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and/or payment for your health care services.

Below, we have listed some of the reasons why we might use or disclose your PHI with some examples. Not every potential use or disclosure is discussed, but all of the ways that we are allowed to use and disclose information fall into one of the categories below.

## **Use and Disclosure of Medical Information:**

- **For Treatment:** To provide you with medical treatment or services, we may need to use or disclose information about you to personnel involved in your treatment. For example our physician may need to review your medical history or consult with another healthcare provider before providing treatment.
- **For Payment:** We may use and disclose your PHI to bill and receive payment for treatment you receive from us. For example, we may share medical information about you with your insurance company to determine your insurance coverage or to receive payment from your insurer for services provided by Castlewood Treatment Center.
- **For Health Care Operations:** We can use and disclose PHI about you for our operations. These uses and disclosures are necessary to run our organization and make sure our clients receive quality care. For example, we may use your PHI to evaluate our staff's performance in caring for you or to evaluate and improve our programs.

## **Uses and Disclosures of Medical Information that Do Not Require Your Authorization**

We can use or disclose PHI about you without your authorization when there is an emergency, when we are required by law to treat you, or when we are required by law to use or disclose certain information. We may use or disclose your PHI without your authorization in any of the following circumstances:

- When it is required by federal, state, or other law
- When it is needed for public health activities
- When disclosing information for the purpose of health oversight activities
- When disclosing information for judicial and administrative proceedings
- When disclosing information for law enforcement purposes
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat.

## Use of Psychotherapy Notes

Castlewood Treatment Center must obtain an authorization from you for any use or disclosure of psychotherapy notes pertaining to your sessions except to carry out the following treatment, payment, or health care operations:

- Your therapist, who wrote the notes, may use them for treatment.
- Castlewood Treatment Center may use or disclose what is contained in your psychotherapy notes in our own training programs in which staff or students learn, under supervision, to practice or improve their skills in individual, group, joint, or family counseling.
- Castlewood Treatment Center may use psychotherapy notes pertaining to your sessions to defend itself in a legal action or other proceeding brought against our organization by you.
- Castlewood Treatment Center may use or disclose psychotherapy notes without written authorization when legally authorized to do so without your consent.

## Planned Uses or Disclosures:

We may use or disclose your health information for any of the purposes described in this section unless you affirmatively object to or otherwise restrict a particular release.

- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may share information about you with family members and friends who are involved in your care or payment for your care. Whenever possible, we will allow you to tell us who you would like to be involved in your care. However, in emergencies or other situations in which you are unable to tell us who to share information with, we will use our best judgment and share only information that others need to know. We may also share information about you with a public or private agency during a disaster so the agency can help contact your family or friends about your location and tell them how you are doing.
- We may use or disclose your health information to pre-certify you for treatments you may need to seek at other facilities while you are in treatment at Castlewood Treatment Center.

## Other Uses or Disclosures:

You may choose to provide us written authorization to share your PHI with other individuals or organizations not mentioned above. If you provide us written authorization to use or disclose your protected health information, you can change your mind or revoke your authorization in writing. If you revoke your authorization, we will no longer use or disclose the information, but we will not be able to take back any disclosures that we have already made.

## Your Rights with Respect to Health Information

- **Right to Inspect and Copy Your Health Information:** You have the right to inspect and copy your health information with certain exceptions. We ask that you make such a request in writing and send it to the Compliance Officer at the address listed below. If you request copies of information, we may charge a fee to cover copying, mailing, and other costs and supplies associated with your request.
- **Right to Request Information in Certain Form and Location:** You have the right to request health information in a certain form or at a specific location. For instance, you can request that we not fax or email you. You can request that we not contact you at work or that we only send PHI to a Post Office Box. We ask that you make such a request in writing and send it to the Compliance Officer at the address listed below. You do not need to tell us the reason for your request. Your request must specify how or where you wish to be contacted. You will also be required to tell us what address to send bills to for payment. We will accept all reasonable requests. However, if we are

unable to contact you using the requested ways or locations, we may contact you using any information we have.

- **Right to Request Amendment to Your Health Information:** You have a right to request that your health information be amended if you believe that it is incorrect or incomplete. You must provide the reason that you want the amendment added to your health information. This request must be in writing. Please send it to the Compliance Coordinator at the address below.
- **Right to Request Restrictions:** You have the right to ask that we limit our use or sharing of information about you for treatment, payment, or health care operations. You also have the right to ask us to limit the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a surgery you had. We reserve the right to accept or reject your request. Generally, we will not accept restrictions for treatment, payment, or health care operations. We will notify you if we do not agree to your request. If we do agree, our agreement must be in writing, and we will comply with the restriction unless the information is needed to provide emergency treatment for you. We are allowed to end the restriction if we tell you. If we end the restriction, it will only affect medical information that was created or received after we notify you.

Your request to restrict the use and sharing of your medical information must be in writing. Please send it to the Compliance Coordinator at the address below. Your request 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.

- **Right to Receive an Accounting of Disclosures:** You have the right to request a list of when your medical information was shared without your written consent in the six years or less prior to the date on which we receive the request. This list will not include uses or disclosures:
  - to carry out treatment, payment, or health care operations
  - to you or your personal representative
  - to your family members or friends who are involved in your care
  - as required or permitted by law as described above
  - as part of a limited data set with direct identifiers removed.

Any request for this list must be made in writing to the Compliance Coordinator at the address listed below. Your request must state the time period for which you want the list. The time period may not be longer than six years. The first list you request within a 12-month period will be free. We will charge you a fee for additional requests in that same period

## **Changes To This Notice**

Federal law gives all patients a right to a paper copy of this Notice. We have the right to change this Notice at any time. Any change could apply to medical information we already have about you as well as any information we receive in the future. The effective date of this Notice is October 11, 2011 and Castlewood Treatment Center is obligated to abide by its terms. We will post a copy of the current Notice throughout Castlewood Treatment Center and on our website, <http://www.castlewoodtc.com>.

## **How to Ask a Question or Report a Complaint**

If you have questions about this Notice or want to talk about a problem without filing a formal complaint, please contact the Compliance Officer at 636-386-6611. If you believe your privacy rights have been violated, you may file a written complaint with us. Please send it to the Compliance Officer at Castlewood Treatment Center, 800 Holland Rd., Ballwin, MO 63012-7230, Attn: Privacy Issues. You may also file a complaint with the Secretary of the Department of Health and Human Services by contacting the Office for Civil Rights, DHHS – Region VII, 601 East 12th Street - Room 248, Kansas City, MO 64106; Phone: (816) 426-7277; TDD: (816) 426-7065; Fax: (816) 426-3686. You will not be treated differently for filing a complaint.