

## Daybreak, Inc. - 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 THIS NOTICE CAREFULLY.**

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act (“HIPAA”), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website ([www.daybreakdayton.org](http://www.daybreakdayton.org)), sending a copy to you in the mail upon request or providing one at your next appointment.

#### **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION**

**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, for consultation purposes, outcome related data, or OhioMAS Boards and/or community mental health agencies involved in the provision or coordination of your care.

**For Payment.** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. For example, we may release portions of your PHI to your health insurer, the ODMH central office, the OhioMAS office, and/or Multi-Agency Community Services Information System (MACSIS) to receive payment for services. We may release information to the Office of the Attorney General for collection purposes. Release of your PHI to MACSIS and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

**Uses and Disclosures Requiring Authorization.** For uses and disclosures beyond treatment, payment and operations or oversight purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

**Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization in the following situations: **Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of suspected abuse, neglect or domestic violence. **Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena, court order, administrative order or similar process. **Deceased Patients.** We may disclose PHI to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye or tissue donations or transplants. **Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. **Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors) and peer review organizations performing utilization and quality control. **Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena, court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. **Specialized Government Functions.** We may disclose PHI of military personnel and veterans in certain situations, or disclose PHI to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as the protection of the President. **Public Health.** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. **To Avert Threat to Health or Safety.** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is

disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

**Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization.** Applicable law and ethical standards permit us to disclose information about you without your authorization in the following situations: **When required by law.** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order. **Relating to decedents.** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death. **For research, audit or evaluation purposes.** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes. **To avert threat to health or safety.** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at *605 S. Patterson Blvd, Dayton, Ohio 45402.*

**Right of Access to Inspect and Copy.** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances.

**Right to Amend.** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

**Right to an Accounting of Disclosures.** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations, or; to you, your family, or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

**Right to Request Restrictions.** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not bound to agree to the restriction. To the extent that we do agree to any restrictions, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**Right to Choose How We Contact You.** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**Right to Breach Notification.** You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI was not encrypted or otherwise made unreadable to such unauthorized recipients.

**Right to Copy of this Notice.** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

We may use certain information (Age, date of birth, gender, health insurance status, dates of service, general service information, treating provider information or outcome information) to contact you for the purpose of raising money for Daybreak, Inc. You will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand/improve services and programs we provide the community. You are free to opt out of fundraising solicitation, and your decision will have no impact on your treatment or payment for services at Daybreak, Inc.

### **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, D.C., 20201 or call 1-877-696-6775. **We will take no retaliatory action against you if you make such complaints.**

### **CONTACT PERSON FOR INFORMATION OR TO SUBMIT A COMPLAINT**

If you have questions about this Notice or any complaints about our privacy practices, please contact: Matt West, MS, LPCC-S; Privacy Officer; Daybreak, Inc., 605 S Patterson Blvd.; Dayton, OH 45402. Phone: (937)395-4600 ext. 121

The effective date of this Notice is September 23, 2013.

