



PRIVACY NOTICE

Protecting the privacy and confidentiality of information about our residents is very important to Three Rivers Treatment Center (hereafter called 3RTC). Accordingly, we strive to comply with the applicable state and federal law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to maintain the privacy of Protected Health Information and to provide you with notice concerning our privacy practices. In the event that another law, other than HIPAA, prohibits or limits our use and disclosure of Protected Health Information, we will comply with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy as necessary and to make the new Notice effective for all Protected health Information maintained by us. If we make material changes to our privacy practices, we will provide you with a copy.

Definitions

Protected Health Information (PHI) means individually identifiable health information, as defined by HIPAA that is created or received by 3RTC. This information contains demographic information about you such as your name or date of birth as well as information about your physical or mental health, services provided by others prior to your admission.

Use and Disclosures

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclosure PHI will fall within one of these categories.

Use for Treatment – We routinely share your PHI within our organization to provide treatment for you. It is our policy to limit this to the minimum necessary information in order to provide treatment to you.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have already taken action in reliance upon the authorization, or that authorization was obtained as a condition of admission for the purpose of treatment.

Use and Disclosures for Payment – We may use and disclose your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims.

Use and Disclosure for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities related to Quality Improvement, Medical Staff Credentialing, or other staff or committee functions

Family and Friends Involved in Your Care – We will not routinely disclose PHI to your family and friends, even when they have been involved in your treatment, without your prior authorization. If you are incapacitated or we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals.

Business Associates – are individuals or companies which act as our agent in treatment, payment or healthcare operations. Examples of these would include the reference laboratory companies and computer companies. At times it may be necessary for us to provide specific PHI to one or more of these outside persons or organizations.

Other Products & Services – We do not use your PHI for marketing purposes of any kind. We will not disclose your PHI to any business associate for that purpose.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization

- + We may use or disclose your PHI when required by law. For example, 3RTC may be required by law to use or disclose your PHI when responding to a court order
- + We may disclose your PHI for public health activities, such as reporting a required communicable disease
- + We may disclose your PHI to the proper authorities if we suspect child abuse or neglect
- + We may disclose your PHI if authorized by government oversight agency or any other regulatory agency. For example, a Medicare/Medicaid audit
- + We may disclose your PHI for the proper law enforcement purposes. For example, if a crime is committed by you or upon you while you are in treatment
- + We may disclose your PHI to coroners or medical examiners consistent with state law
- + We may disclose your PHI if we believe that you or somebody else might be in danger and that the disclosure would avert a serious threat to health or safety
- + We may use or disclose your PHI if you are a member of the military as required by armed forces services