



NOTICE OF PRIVACY PRACTICES

Highland Springs Specialty Clinic

4460 South Highland Drive, Suite 310
Salt Lake City, UT 84124

Effective date of this notice: 7/17/2017

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.

TYPES OF INFORMATION THAT THIS NOTICE APPLIES TO

This notice applies to any information in our possession that would allow someone to identify you and learn something about your protected health information. It does not apply to information that has been de-identified. De-identified information is information that does not contain any unique identifying demographics that would allow you to be identified as a Highland Springs Specialty Clinic client.

WHO MUST ABIDE BY THIS NOTICE

- Highland Springs Specialty Clinic employees, staff, students, volunteers and other personnel whose work is under the direct control of Highland Springs Specialty Clinic.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information
- We are required to provide this notice to anyone who asks for it
- We are required by law to notify you following a breach of unsecured protected health information
- We are required to abide by the terms of this notice until we officially adopt a new notice

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION.

We may use your health information, or disclose it to others, for several reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all the specific ways we may use or disclose your information. However, any time we use your information, or disclose it to someone else, it will fit one of the reasons listed below.

1. **Treatment.** We will use your health information to provide you with care and services. This means that our employees, staff, students, volunteers and others, whose work is under our direct control, may read your health information to learn about you and use it to make decisions about your care. For instance, a therapist or case manager may read your chart in order to care for you. We will also disclose your information to others who need it in order to provide you with medical and/or behavioral health treatment or services. For instance, to coordinate care we may send another behavioral health provider who you are seeing an assessment that we performed. If you authorize us to, we may also share and/or access information about you in a Health Information Exchange with other behavioral and medical health providers.
2. **Payment.** We will disclose your health information, as necessary, to obtain payment for the services we provide to you. For instance, we may use your health information to prepare a bill. In addition, we may send that bill, and any health information it contains, to your insurance company. We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary.
3. **Health Care Operations.** We may use your health information for activities that are necessary to operate this organization. This includes reading your health information, and the information of others, to review the performance of our staff or to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants.
4. **Legal Requirement to Disclose Information.** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For example, we may be required to disclose your health information if we are audited by an office of the U.S. Dept. of Health & Human Services. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.

5. **Public Health Activities.** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.
6. **To Report Abuse.** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.
7. **Law Enforcement.** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.
8. **Specialized Purposes.** We may disclose your health information for several specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your information to medical examiners and funeral directors; or for reasons of national security. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with behavioral health care, to protect the health and safety of the inmate and/or others. We may also disclose your health information to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance).
9. **To Avert a Serious Threat.** We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.
10. **Family and Friends.** We may disclose your health information to a member of your family or to someone else who is involved in your care or payment for care. We may notify family or friends if you are in the hospital and tell them your general condition. In the event of a disaster, we may provide information about you to a disaster relief organization, so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.
11. **Research.** We may disclose your health information in connection with research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.
12. **Marketing.** We may use your information to communicate with you about a drug or service that is currently being prescribed. Other communications where payment is received by Highland Springs Specialty Clinic is considered marketing and requires us to obtain an authorization from you prior to releasing such communication. If you do not want us to do this, contact the Highland Springs Specialty Clinic Privacy Officer whose information is listed at the end of this notice to "opt out" of such communications. Should you choose to "opt out" it will be treated as if it were a revocation of authorization.
13. **Fund Raising.** We may use your information to contact you to ask for donations to Highland Springs Specialty Clinic. We may disclose your information to a related foundation for the same purpose. If you do not want us to do this, contact the Highland Springs Specialty Clinic Privacy Officer to "opt out" of such communications. Should you choose to "opt out" it will be treated as if it were a revocation of authorization.
14. **Reminders or information.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. (if you do not wish to be reminded, notify your scheduler).

YOUR RIGHTS

1. **Authorization.** We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. If you authorize us to use or disclose your information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the Highland Springs Specialty Clinic Privacy Officer. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company, as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.
2. **Request Restrictions.** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. However, we are not required to agree except to restrict your health information from going to a health plan for purposes of carrying out payment or health plan operations if you have first paid for the health care service or item out of pocket in full. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law or for treatment purposes.
3. **Confidential Communication.** You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send mail to a different address rather than to your home. Or you

may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will not ask you to explain why you are making the request. We will agree to any reasonable request.

4. **Inspect and Receive a Copy of Health Information.** You have a right to inspect the health information about you that we have in our records, and to receive a copy (hard copy or electronic). This includes your request for us to send your health information to an entity or person designated by you such as a Personal Health Record. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes behavioral health and billing records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the Highland Springs Specialty Clinic Officer. We will respond to your request within 30 days, or as required by contract. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.
5. **Amend Health Information.** You have the right to ask us to amend health information about you which you believe is not correct or not complete. You must make this request in writing and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.
6. **Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period that you want the list to cover. You may not request a time period that is longer than six years. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures of information in a facility directory [if applicable]; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.
7. **Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the Highland Springs Specialty Clinic Privacy Officer.
8. **Complaints.** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the Highland Springs Specialty Clinic Privacy Officer. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. If you received treatment for a substance use disorder you may file a complaint with the U.S. Attorney for the state of Utah at 111 South Main Street, Suite 1800, S.L.C., UT 84111. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will post the new notice in the lobby areas of our treatment facilities and include the effective date.

WHOM TO CONTACT

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

Highland Springs Specialty Clinic Privacy Officer
Lisa Sisson, Privacy Officer
4460 South Highland Drive, Ste. 320
Salt Lake City, UT, 84124
801-273-6320
privacy@highlandspirngsclinic.org

Copies of this notice are also available at the front desk of any Highland Springs Specialty Clinic treatment facility. This notice is also available by e-mail. Contact the person named above or send an e-mail to: privacy@highlandspirngsclinic.org. This notice is also available on our web site: <https://highlandspirngsclinic.org>.