

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.

Our Privacy Policy

The Way Back is committed to providing you with quality behavioral healthcare services. An essential part of that commitment is protecting your health information according to applicable law. This notice (“Notice of Privacy Practices”) describes your rights and our duties under Federal Law. Protected health information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical, mental, or behavioral health condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you.

Our Duties

We are required by law to maintain the privacy of your PHI, provide you with notice of our legal duties and privacy practices concerning your PHI, and notify you following a breach of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices is effective as of the implementation date listed in the footer of this document and will remain in effect until it is revised. We are required to modify this Notice of Privacy Practices when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

1. Upon request
2. Electronically via our website or via other electronic means; and
3. As posted in our place of business.

Confidentiality of Substance Abuse Treatment Records

The confidentiality of alcohol and drug abuse patient records maintained by us is protected by Federal law and regulations. Generally, we may not say to a person outside the treatment center that you are a patient of the treatment center or disclose any information about your treatment, diagnosis, or any other identifying information unless:

1. You consent in writing.
 2. The disclosure is allowed by a court order.
 3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
- Violation of Federal law and regulations is a crime, and suspected violations may be reported to appropriate authorities following Federal regulations.
 - Federal law and regulations do not protect any information about a crime committed by you either at the treatment center or against any person who works for the treatment center or about any threat to commit such a crime.
 - Federal law and regulations do not protect any information about a crime committed by you either at the treatment center or against any person who works for the treatment center or about any threat to commit such a crime.
 - Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities (as discussed below in “Uses and Disclosures”).

Uses and Disclosures

Uses and disclosures of your PHI may be permitted, required, or authorized. The following categories describe various ways that we use and disclose PHI.

1. Among The Way Back Personnel

We may use or disclose information between or among personnel requiring the information connected with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse, provided such communication is within the treatment center. For example, our staff, including clinicians, SUD counselors, and compliance, will use your PHI to provide your treatment. Your PHI will be used to check for eligibility for Medical coverage and prepare claims.

2. Secretary of Health and Human Services

We are required to disclose PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rules.

3. Business Associates

We may disclose your PHI to Business Associates contracted by us to perform services on our behalf, which may involve receipt, use, or disclosure of your PHI. All of our Business Associates must agree to (i) Protect the privacy of your PHI; (ii) Use and disclose the information only for the purposes for which the Business Associate was engaged; (iii) Be bound by 42 CFR Part 2; and (iv) if necessary, resist in judicial proceedings any efforts to obtain access to patient records except as permitted by law.

4. Crimes on Premises

We may disclose to law enforcement officers information directly related to the commission of a crime on the premises or against our personnel or to a threat to commit such a crime.

5. Reports of Suspected Child Abuse and Neglect

We may disclose information required under state law concerning incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, we may not disclose the original patient records, including civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect, without consent.

6. Court Order

We may disclose information required by court order, provided specific regulatory requirements are met.

7. Emergency Situations

We may disclose information to medical personnel to treat you in an emergency.

8. Audit and Evaluation Activities

We may disclose your information to persons conducting specific audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

9. Reporting of Death

We may disclose your information about the cause of death to a public health authority that is authorized to receive such information.

Authorization to Use or Disclose PHI

Other than as stated above, we will not use or disclose your PHI without your written authorization. If you or your representative authorize us to use or disclose your PHI, you may revoke that authorization in writing at any time to stop future uses or disclosures. We will honor oral revocations upon authenticating your identity until a written cancellation is obtained. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Participant Rights

The following are the rights that you have regarding PHI that we maintain about you. Information regarding how to exercise those rights is also provided. Protecting your PHI is an integral part of the services we offer you. We want to ensure that you have access to your PHI when you need it and that you clearly understand your rights as described below.

1. Right to Notice

You have the right to adequate notice of disclosures of your PHI and our duties and responsibilities regarding the same. You have the right to request both a paper and electronic copy of this notice. You may ask us to provide a copy of this notice at any time. You may obtain this notice from facility staff or our Compliance Officer.

2. Right of Access to Inspect and Copy

You have the right to access, inspect and obtain a copy of your PHI for as long as we maintain it as required by law. This right may be restricted only in certain limited circumstances as dictated by applicable law. All requests for access to your PHI must be made in writing. Under a limited set of circumstances, we may deny your request. Any denial of a request to access will be communicated to you in writing. If you are denied access to your PHI, you may request that the denial be reviewed. Another licensed health care professional will be chosen by The Way Back will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the decision made by the designated professional. If you are denied further, you have a right to have a denial reviewed by a licensed third-party healthcare professional, and we will comply with the decision made by the designated professional.

3. Right to Amend

If you believe the PHI we have about you is incorrect or incomplete, you have the right to request that we amend your PHI for as long as it is maintained by us. The request must be made in writing, and you must provide a reason to support the requested amendment. Under certain circumstances, we may deny your request to amend, including but not limited to, when the PHI: 1. It was not created by us; 2. Is excluded from access and inspection under applicable law; or 3. Is accurate and complete. If we deny the amendment, we will provide the rationale for denial to you in writing. You may write a statement of disagreement if your request is denied. This statement will be maintained as part of your PHI and will be included with any disclosure.

4. Right to Request an Accounting of Disclosures

We are required to create and maintain an accounting of certain disclosures we make of your PHI. You have the right to request a copy of certain disclosures during a period specified by applicable law before the date on which the accounting is requested (up to six years). You must make any request for an accounting in writing. We are not required by law to record certain types of disclosures (such as disclosures made under an authorization signed by you), and a listing of these disclosures will not be provided.

5. Right to Request Restrictions

You have the right to request restrictions or limitations on how we use and disclose your PHI for treatment. We are not required to agree to restrictions for treatment, except in limited circumstances. This request must be in writing. In rare cases, such as an emergency, we reserve the right to terminate a restriction that we have previously agreed to.

6. Right to Confidential Communications

You have the right to request that we communicate with you about your PHI and health matters by alternative means or alternative locations. Your request must be made in writing and must specify the alternative means or location. We will accommodate all reasonable requests consistent with our duty to ensure that your PHI is appropriately protected.

7. Right to Notification of a Breach

You have the right to be notified if we (or one of our Business Associates) discover a breach involving your PHI.

8. Right to Voice Concerns

You have the right to file a complaint in writing with us or with the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. Any complaints to us should be made in writing to our Compliance Officer at the address listed below ***We will not retaliate against you for filing a complaint.***

Questions, Requests for Information, and Complaints

The Way Back Chief Compliance Officer Brian Bauers, 2516 A St. San Diego CA, 92102 brian@thewaybacksd.org

Our company Compliance Officer can be contacted at:

The Way Back Compliance Officer Brian Bauers, 2516 A St. San Diego CA, 92102 brian@thewaybacksd.org

We support your right to privacy of your Protected Health Information. You will not be retaliated against in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

If you believe your rights have been violated and would like to submit a complaint directly to the U.S. Department of Health & Human Services, then you may submit a formal written complaint to the following address:

U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 877-696-6775 OCRMail@hhs.gov www.hhs.gov

Participant Name

Participant Signature

Date

Staff Name

Staff Signature

Date

