



NOTICE OF PRIVACY PRACTICES
Effective Date: September 23, 2013

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.

PER THE HEALTH INFORMATION PORTABILITY & ACCOUNTABILITY ACT (HIPAA) OF 1996, WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. "Protected Health Information" or "PHI" is medical information about you, including demographic and genetic information, that may identify you and that relates to your past, present, or future physical or mental health or condition and related health care services. Families First ("we," "us" or "our") is required by law to maintain the privacy of PHI, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of the Notice of Privacy Practices ("Notice") currently in effect.

We may change the terms of the Notice and make the new Notice provisions effective for all PHI we or a Business Associate maintain. Before we make a material change to our uses and disclosures of PHI, individual rights, our legal duties, or other privacy practices described in this Notice, we will promptly change this Notice and post a new Notice in our reception area. You may also request a copy of our Notice of Privacy Practices from your counselor or the individual listed at the end of this Notice. You may view and obtain an electronic copy of this Notice on our web site at www.familiesfirstindiana.org. You have a right to obtain a paper copy on request, even if you have obtained this Notice electronically.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

QUESTION: HOW WILL THIS ORGANIZATION USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?

Answer: We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples.

This Notice sets forth different reasons for which we may use and disclose your PHI. The Notice does not list every possible use or disclosure; however, all of our uses and disclosures of your PHI will fall into one of the following general categories. Note that in some cases, our ability to use and disclose mental health, substance abuse, and communicable disease information may be limited even when other uses or disclosures are not.

A. Uses and Disclosures Relating to Treatment, Payment, or Healthcare Operations. We may use and disclose your PHI without your authorization for the following reasons:

- 1. For Treatment:** "Treatment" includes providing, coordinating, or managing health care and related services by health care providers, consulting between health care providers, or referring patients from one health care provider to another. We may use and disclose PHI for our own Treatment purposes, and may disclose PHI for the Treatment activities of another health care provider. For example, we may disclose your medical history to a hospital if you need medical attention while at our facility, or to a residential care program to which we are referring you.
- 2. To Obtain Payment for Treatment:** "Payment" means the activities a health care provider such as Families First undertakes to get reimbursed for the health care it provides. We may use and disclose PHI for our own Payment purposes, and may disclose PHI to another covered entity (such as a covered health care provider or health plan) or a non-covered health care

provider for the Payment activities of the recipient. For example, we may disclose certain PHI to your health insurance company, Medicare or Medicaid, or the Office of Family & Children in order to get paid for services provided to you.

3. **For Health Care Operations:** "Health Care Operations" generally means activities Families First undertakes to run its business as a health care provider. Health Care Operations includes, but is not limited to, conducting quality assessment and improvement activities and patient safety activities; reviewing the competence or qualifications of health care providers and evaluating their performance; conducting or arranging for legal services and auditing functions; business planning and development; customer service; and resolving internal grievances. We may use and disclose PHI for our own Health Care Operations, and may disclose PHI to another covered entity (such as a covered health plan or health care provider) for certain of the recipient's Health Care Operations, so long as both we and the recipient have or had a relationship with you and the PHI disclosed pertains to that relationship. For example, we may use your PHI to evaluate the quality of the treatment that our staff has provided to you.

B. Certain Other Uses and Disclosures are Permitted by Federal Law. We may use and disclose PHI without your authorization for the following reasons:

1. **To you or your legal personal representative.**
2. **To our Business Associates.** Business associates are third parties to which we disclose PHI, or that create or obtain PHI on our behalf, to help us perform certain functions involving PHI. We may disclose your PHI to a Business Associate so long as we have obtained satisfactory assurance that the Business Associate will appropriately safeguard the PHI it obtains, creates, or maintains from or for us. This typically means that we enter into a written agreement with the Business Associate that requires it to use and disclose PHI only as described in this Notice.
3. **When a Disclosure is Required by Law.** We may use and disclose your PHI when required to do so by federal, state, or local law, to the extent the use or disclosure is limited to the relevant requirements of the law.
4. **For Public Health Activities.** We may use and disclose your PHI for public health activities, which generally include the following:
 - Preventing or controlling disease, injury, or disability;
 - Reporting births and deaths;
 - Reporting the conduct of public health surveillance, investigations, and interventions;
 - Reporting child- or elder-abuse and neglect;
 - Reporting adverse events relating to product defects, problems, or biological deviations;
 - Tracking FDA-regulated products;
 - Notifying people and enabling product recalls, repairs, replacement, or look back;
 - Conducting post-marketing surveillance of regulated products;
 - Notifying a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition;
 - Allowing your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury; and
 - Reporting immunization information to a school where the law requires the school to have the information before the student is admitted.
5. **To Report Abuse, Neglect, or Domestic Violence.** We may use your PHI, and disclose it to the appropriate government authorities, if we reasonably believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or if we are required or permitted to make it without your agreement.
6. **For Health Oversight Activities.** We may use your PHI, and disclose it to a health oversight agency, for activities authorized by law to enable the government to monitor the health care system, government benefit programs, compliance with program standards, and compliance with civil rights laws. They include, but are not limited to, audits; civil, administrative, or criminal investigations or proceedings; inspections; and licensure and disciplinary actions.
7. **For Judicial and Administrative Proceedings.** If you are involved in legal or administrative proceedings, we may use your PHI and disclose it in response to a court or administrative order.

We may also use your PHI and disclose it in response to a subpoena, discovery request, or other lawful process by another person involved in the dispute, but only if we believe that the party seeking the PHI has made reasonable efforts to tell you about the request or to obtain an order protecting the requested PHI.

8. **For Law Enforcement Purposes.** We may disclose your PHI, with limitations, if asked to do so by a law enforcement official for a law enforcement purpose, but only:
 - In response to a court order, subpoena, warrant, summons or similar process or as required by law;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime, but only if you agree to the disclosure or if we are unable to obtain your agreement because you are injured or incapacitated;
 - About a death we suspect may have resulted from criminal conduct; and
 - About criminal conduct we believe in good faith occurred on our premises.
9. **Coroners, Medical Examiners, and Funeral Directors.** We may use your PHI, and disclose it to a coroner or medical examiner, to the extent necessary to identify a deceased person or determine the cause of death. We may also use your PHI and disclose it to funeral directors to enable them to carry out their duties. Note that your health information is no longer considered PHI, and is no longer subject to HIPAA, after you have been deceased for fifty (50) years.
10. **For Organ, Eye, or Tissue Donation.** If you are an organ donor, we may use your PHI, and disclose it to an organ procurement organization or other entity involved in the procurement, banking, or transplant of organs, eyes, or tissues, to facilitate the donation or transplantation.
11. **For Research Purposes.** We may use and disclose your PHI for certain limited research purposes. The research project must be approved by an Institutional Review Board or privacy board that reviews the research proposal and ensures that the PHI requested is necessary for research purposes.
12. **To Avoid Harm.** We may use and disclose your PHI when we believe in good faith that it is necessary to prevent a serious threat to your health or safety or that of another person or the public. Any disclosure would be to a person able to help prevent or lessen the threat. We may also use your PHI, and disclose it to law enforcement, if you admit to committing a violent crime that we reasonably believe may have caused serious harm to the victim, or where it appears from all the circumstances that you have escaped from lawful custody, when the disclosure is necessary for law enforcement to identify or apprehend you.
13. **Military Personnel.** If you are a member of the Armed Forces, we may use and disclose your PHI as required by appropriate military command authorities. If you are a member of a foreign military, we may use and disclose your PHI as required by your appropriate military command authorities.
14. **National Security and Intelligence.** We may use and disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities as authorized by law.
15. **Protective Services for the President and Others.** We may use your PHI, and disclose it to appropriate federal officials, so they may adequately protect the President, other authorized persons, or foreign heads of state, or to enable them to conduct special investigations.
16. **Inmates.** If you are in lawful custody, we may use your PHI, and disclose it to the correctional institution or law enforcement official with custody over you, as necessary for the institution or official to provide you with health care; to protect your health or safety or that of others in or employed by or in connection with the correctional institution; or for the safety or security of the correctional institution.
17. **For Workers' Compensation.** We may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs established by law to provide benefits for work-related injuries or illness without regard to fault.
18. **Fundraising Activities.** We may use, or disclose to a Business Associate or institutionally-related foundation, limited PHI about you to raise funds to benefit Families First. For example, we may use and disclose your PHI to contact you to share your story, make a donation, or help in some other way. We may only use or disclose the following PHI for this purpose: demographic information (name, address, age, gender, date of birth); treating physician;

department that provided services to you; outcomes information; and health insurance status. Your contribution would be entirely voluntary and you have the right to choose not to receive fundraising communications. We will not condition treatment upon whether you choose to receive fundraising communications.

19. **Upon Death:** If you die, we may use your PHI and disclose it to family members or others who were involved in your health care or payment for health care before your death, unless doing so is inconsistent with any wish you expressed before your death that is known to us. We will only disclose PHI relevant to the recipient's involvement in your health care or payment for health care. Health information is no longer considered PHI once you have been deceased for 50 years.

C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.

1. **Disclosures to Family, Friends, or Others Involved in Your Care.** We may use and disclose a limited amount of PHI about you to a family member, friend, or other person known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member is in a session with you or listed as a contact for your care, we may disclose protected health information to them without your written authorization, unless you tell us not to.
2. **Disclosures to Notify a Family Member, Friend, or Other Selected Person.** When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are under our care. Unless you tell us otherwise, we will disclose limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member if such an emergency occurs (for example, should you need to be admitted to the hospital.)

D. Other Uses and Disclosures Require Your Prior Written Authorization.

In situations other than those described above, we will ask for your written authorization before using or disclosing any of your protected health information. Specifically, your written authorization is required for most uses and disclosures of psychotherapy notes (a specific and well-defined type of mental health information), most uses and disclosures of protected health information for marketing purposes (except for face-to-face communications we make to you or promotional gifts of nominal value we offer to you), most disclosures that would constitute a sale of protected health information, and uses and disclosures other than those described in this Notice.

If you choose to sign an authorization to use and/or disclose PHI when one is necessary, you can later revoke it in writing to stop further uses and disclosures to the extent that we have not already taken action relying on the authorization. We cannot withdraw any disclosures we have already made in reliance on your authorization, and we are required by law to maintain records of the care we have provided you.

QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?

Answer: You have the following rights with respect to your protected health information.

- A. **The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your protected health information for treatment, payment, and health care operations. You also have the right to request that we limit disclosures of your PHI to those involved in your health care or payment for your health care, such as a family member or friend. We are not required to agree to your request unless all of the following conditions are met: the request is to restrict disclosure to a health plan for purposes of payment or health care operations; the disclosure is not otherwise required by law; and the information to be restricted relates solely to a health care item or service for which you – or someone (other than a health plan) at your request – has paid us in full. Requests must be in writing on a form that your counsel, or the person

identified at the end of this Notice, can provide. You must tell us (1) what information you want to restrict; (2) whether you want to limit our uses, disclosures, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or children). If we agree to your request, we will comply with it unless a use or disclosure is required to provide you with emergency treatment. We may terminate a restriction we had the option to originally deny, and must notify you if we intend to do so.

- B. The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address), or by alternate means. While we may ask you to explain the basis for the request, you need not tell us and we may not condition our agreement on your providing a reason. We will accommodate your request if it is reasonable, that is, if it does not unduly interfere with our business operations. We may require that you provide an alternate address or method of contact and tell us how payment for services, if any, will be handled.
- C. The Right to See or to Get a Copy of Your Protected Health Information.** In most cases, you have the right to look at or get a copy of your medical or billing records or other records we use to make health-related decisions about you, except for the following: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and (3) information we maintain to which access is prohibited by law. You must make the request in writing; a request form is available from your counselor or the person listed at the end of this Notice. We will respond to you within 30 days after receiving your written request by either granting or denying your request. If we do not have the health information that you are requesting, but know who does, we will tell you how to get it.

If information is kept in electronic form, you have the right to request a copy in electronic form if it is readily producible; if not, we will provide it in the form and format to which you and we agree. You also have the right to request that we transmit your electronic protected health information directly to a third party. If you request a copy of any portion of your protected health information, we may impose a reasonable cost-based fee for providing it, which will be disclosed and must be paid in advance. We may provide you with a summary or an explanation of your records instead of a copy, if you agree in advance. There will be a reasonable cost-based charge for preparing the summary or explanation, including charge for staff time to develop the summary. This will be disclosed, and must be paid, in advance.

We may deny your request to inspect and copy under limited circumstances:

- Inspection is specifically prohibited by law;
- You are an inmate, and your access to the information could be dangerous to your health, safety, security, custody, or rehabilitation, or that of others;
- The PHI as created or obtained in the course of research;
- In accordance with privacy laws; or
- The PHI was confidentially obtained from a source other than a health care provider, and you could identify the source if provided access.

We will give you a written explanation of any denial. If the denial is appealable (some are not), we will select a licensed health care professional who was not involved in the original denial to review the request and our basis for denial and make the final decision on access.

- D. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your health information in the six (6) years before the request. You may not receive an accounting of the following disclosures:
- For treatment, payment or health care operations;
 - To you or with your written authorization;
 - Incident to a use or disclosure permitted or required by law;
 - To facility directories;

- To individuals involved in your care (including family members, close friends, or whomever you identify to us) for notification purposes or due to their involvement in your care;
- For national security purposes;
- To adult or child protection;
- To corrections or law enforcement authorities; or
- Made more than six (6) years before your request.

You must make your request in writing. A request form is available from your counselor or the individual listed at the end of this Notice. We will respond to you within 60 days of receiving your request. The list that you receive will include the date of the disclosure; the person or organization that received the information and, if known, the address of such entity or person; a brief description of the information disclosed, and a brief reason for the disclosure. We will provide the first accounting in a 12-month period at no charge, but will charge a reasonable cost-based fee for each additional accounting in that period.

- E. The Right to Opt Out of Fundraising Communications.** We may use and disclose limited PHI about you to raise money for Families First and its operations, as described in this Notice. You may opt out of receiving fundraising communications and we will not condition treatment or retaliate against you if you do so. Once you have opted out, we may no longer contact you for fundraising purposes.
- F. The Right to Breach Notification.** A "breach" is an acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted by law that compromises the security or privacy of the PHI. We are required by law to notify you of these events unless our investigation demonstrates that there is no more than a low probability that your PHI was compromised. If we determine after investigation that a breach occurred, we will notify you without unreasonable delay no later than 60 days after we or a Business Associate discover the breach. The notification will include a brief description of the breach, the types of unsecured PHI involved, and what can be done to mitigate any harm.
- G. The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your medical or billing records or the protected health information we use to make decisions about you, or that an important piece of that information is missing, you have the right to ask that we make an appropriate change to that information. You must make the request in writing, stating the reason for your request, on a request form that is available from your counselor or the person listed on this Notice. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and tell others who need to know about the change.

We may deny your request if the protected health information you ask to amend is correct and complete; was not created by us; is not available for your inspection; or is not part of your medical or billing records or the records we use to make decisions about you. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial, which we may rebut in writing. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?

Answer: This Notice takes effect on September 23, 2013.

QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THIS ORGANIZATION'S PRIVACY PRACTICES?

Answer: You have the right to complain to us if you believe your privacy rights have been violated. We will not retaliate against you or penalize you for filing a complaint. If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact Families First's Privacy Officer. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health & Human Services at either of the addressed below.

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Approved by Board of Directors