

**COMMUNITY BEHAVIORAL HEALTH, INC.**  
**NOTICE OF PRIVACY PRACTICES**

Effective March 31, 2010

***THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY  
BE USED AND  
DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.***

Community Behavioral Health, Inc.(CBH) is required by law to maintain the privacy of your health information. CBH is required to provide this notice of its legal duties and privacy practices with respect to your private health information. The health information which CBH protects is information about you that relates to your health, condition, health care provided to you, and payment for health care services. CBH calls that information Protected Health Information, or "PHI." CBH is dedicated to maintaining the privacy of your health information.

**WHO WILL FOLLOW THIS NOTICE**

This notice applies to CBH. When used in this notice, the term "We" or "CBH" refers to CBH. We are required to follow the terms of this notice so long as it remains in effect.

**USES AND DISCLOSURES OF HEALTH INFORMATION**

CBH may use and disclose your PHI as described in this notice. The following categories provide examples of ways that we may use and disclose your PHI. These examples do not provide every use and disclosure permitted.

**Treatment.** We may use and disclose your PHI for your treatment. For example, we may disclose information about you to doctors, nurses, counselors, healthcare professionals in training, and other personnel involved in your treatment or services. Different departments of CBH may share your PHI to coordinate your care. We may share your PHI with others involved in your care or treatment, such as your family physician, pharmacy, or home health care agency, who may or may not be associated with CBH.

**Payment.** We may use and disclose your PHI as necessary for payment for your treatment and services. For example, we may provide PHI to your insurance company about a treatment or service you received so that the insurer will pay for services. We may also inform your insurance company about a planned treatment or service so that prior approval may be obtained, or to determine if your insurance plan covers the planned treatment or service.

**Health Care Operations.** We may use and disclose your PHI for CBH operations. For example, we may use your PHI to evaluate the performance of CBH staff in their care of you. Other uses can include matters such as quality improvement activities, business management or accreditation. We may also disclose information to other health care providers involved in your care or treatment for their health care operations.

**Health Services, Treatment Alternatives and Health-Related Benefits.** We may use and disclose your PHI to tell you about health-related benefits or services that we offer, possible treatment options or alternatives, or health-related benefits or services that may be of interest to you. We may also use your PHI to communicate with you and coordinate your care.

**Appointments.** We may use and disclose your protected health information to contact you as a reminder that you have an appointment or to reschedule a missed appointment for treatment or services.

**Fundraising.** We may contact you to donate to a fundraising effort for us or on our behalf. You may elect not to receive further fundraising materials/communications by sending a statement to that effect, including your name and address, to: Privacy Officer, 520 Eaton Ave., Hamilton, Ohio 45013.

**Other Individuals Involved With or Concerned About Your Care.** We may disclose your PHI to the person you named in your Durable Power of Attorney for Health Care (if you have one), or to a friend or family member who is your personal representative (i.e., empowered under state or other law) to make health-related decisions for you. If you do not object, or if we reasonably infer from the circumstances (for example, if your spouse remains present while discussing treatment options with your doctor) we may also disclose relevant health information to a family member, other relative, a close personal friend, or any other person you identify, who is involved with your care or payment for your care.

**Required By Law.** We will use or disclose your PHI when that use or disclosure is required by law. Any such use or disclosure will comply with, and be limited to, the permissions or requirements of the law.

**Serious Threat to Health or Safety.** In certain situations, and as allowed by law, we may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Business Associates.** CBH contracts with outside vendors to provide some services. These vendors are known as business associates. We may disclose your PHI to business associates. For example, we may provide your PHI to an external company that assists us in processing bills. CBH's business associates are required to safeguard your PHI.

**Military and Veterans.** If you are or were a member of the U.S. or foreign armed forces, we may disclose your PHI as required by military command authorities.

**Workers' Compensation.** We may disclose your PHI to workers' compensation insurers, state administrators, employers, and other persons or entities involved in the workers' compensation system, as authorized by law, and as applicable to your treatment and care.

**Public Health.** We may disclose your PHI for public health activities, including activities to: prevent or control disease, injury or disability; report births and deaths; report child or adult abuse, neglect or violence; report reactions to medications or problems with products; notify people of recalls of products they may be using; or notify a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition.

**Health Oversight Activities.** We may disclose your PHI to federal or state agencies for health oversight activities such as audits, investigations, inspections, and licensure. This disclosure would be as necessary for the government to monitor the health care system, government programs, and compliance with laws.

**Lawsuits and Disputes.** We may disclose your PHI in response to a court or administrative order, or certain subpoenas.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety of and security of the correctional institution.

#### **OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of your protected health information not covered by this notice or the laws and regulations that apply to CBH will be made only with your written permission. If you authorize CBH to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons listed in your written authorization. The revocation will not apply to uses or disclosures that have already occurred. Also, we will continue to comply with laws that require certain disclosures.

#### **YOUR PRIVACY RIGHTS**

**Review or Copy.** You have the right to request to review and/or receive a copy of your PHI. All requests for access to your PHI must be in writing and signed by you. We may charge you a fee, especially if extensive and/or non-recent personal health information is requested. We may also charge for postage if you request a mailed copy. In some limited situations, your request to review or receive a copy may be denied. In some denial situations, you have the right to have the denial evaluated by a reviewing official. Based upon the determination of the reviewing official we will then provide or deny access. To request to review and/or receive a copy of your protected health information, you will need to complete a signed release of information authorization form that may be obtained from Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013.

**Amendment.** You have the right to request that your protected health information be amended if you think that your protected health information in our records is incorrect or incomplete. All requests for amendments must be made in writing and signed by you. All amendment requests must also state the reason(s) for the amendment/correction request, and the specific amendment/correction requested. We are not obligated to make all requested amendments but will give each request careful consideration. For example, an amendment request may be denied if the information to be amended was not created by us or is not part of our protected health information kept by our facility. If an amendment you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013.

**Accounting of Disclosures.** You have the right to request an “accounting” or list of certain disclosures CBH has made of your PHI. This “accounting” or list is not required to include all disclosures. For example, we are not required to account for routine disclosures between CBH staff coordinating your treatment or care. Types of disclosures not required in the “accounting” or list are: disclosures for treatment, payment, or health care operations; disclosures made before April 14, 2003; disclosures made more than six years prior to the date on which the “accounting” or list is requested; disclosures made to you or which you authorized; and certain other disclosures, such as disclosures for national security or intelligence purposes. To request this accounting of disclosures and obtain information about possible fees, contact: Privacy Officer, Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013.

**Restrictions on Disclosures.** You have the right to request a restriction or limit on your protected health information we use or disclose about you for treatment, payment or health care operations. If your requested restriction relates to our disclosure of your PHI to a health plan and pertains solely to a health care item or service for which you have paid, out-of-pocket, in full, we will comply with your request. Otherwise, we are not required to agree to your request. However, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to make a disclosure that is required under law. Restriction requests should usually be in writing and you must state: (1) what information you want to limit; (2) whether you want to limit CBH’s use, disclosure or both; and (3) to whom you want the limits to apply. We may terminate an agreement to a restriction if we inform you this termination. We will notify you of such termination, if applicable. You may also request to terminate a restriction or limitation. To request a restriction or limit on your protected health information, contact: Privacy Officer, Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013.

**Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may request that we call you at your office, rather than at your home. We will not require you to explain the reason for your request. We will accommodate reasonable requests. Confidential communication requests should usually be in writing and you must specify how or where you wish to be contacted. To request an alternative communication means or location, contact: Privacy Officer, Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013.

**Paper Copy of This Notice.** You have the right to receive a paper copy of this notice even if you have agreed to receive this notice electronically. You may obtain a paper copy from your Primary Counselor. This notice is also available on CBH’s website [www.communitybehavioralhealth.org](http://www.communitybehavioralhealth.org).

#### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as for any information we receive in the future. We will post a copy of the current notice in the agency and on CBH’s website [www.communitybehavioralhealth.org](http://www.communitybehavioralhealth.org). You may also request a paper copy from your Primary Counselor.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services (HHS). To file a complaint with the Privacy Officer, contact: Privacy Officer, Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013. Generally, a complaint must be filed with HHS within 180 days after the act or omission occurred, or within 180 days of when you knew or should have known of the action or omission. You will not be retaliated against or denied treatment or discriminated against for filing a complaint.

#### **FURTHER INFORMATION**

If you have questions or need further assistance regarding this notice, you may contact: Privacy Officer, Community Behavioral Health, Inc., 520 Eaton Ave., Hamilton, Ohio 45013. Telephone: (513) 868-5147.