



Notice of Information/Confidentiality Practices

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2 and is considered “Protected Health Information” (PHI). Under these laws, Meridian Community Care may not say to a person outside of Meridian Community Care that you attend the program, nor may Meridian Community Care disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Meridian Community Care must obtain your written consent before it can disclose your PHI for payment purposes. For example, Meridian Community Care must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Meridian Community Care can share information for treatment purposes or health care operations. However, federal law permits Meridian Community Care to disclose information **without** your written permission:

1. To medical personnel in a medical emergency;
2. As allowed by a court order;
3. For research, audit, or evaluations;
4. To report child abuse and/or neglect;
5. To notify law enforcement of a crime on program premises or against program personnel;
6. Pursuant to an agreement with a qualified service organization/business associate.

For example, Meridian Community Care can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before Meridian Community Care can use or disclose any information about your health in a manner, which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client wither at the program or against any person who works the program. In addition, 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.

YOUR RIGHTS

Right to Request Restrictions to Use and Disclose Your PHI: Under HIPAA you have the right to request restrictions on certain uses and disclosures of your PHI. Meridian Community Care is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreements and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

Right to Choose how Meridian Community Care Contacts you: You have the right to ask Meridian Community Care to send your PHI to an alternative address or by an alternative means. Meridian Community Care will accommodate such requests that are reasonable and will not request an explanation of you.

Right to Inspect and Copy: You have the right to inspect your PHI with your treatment provider present and copy materials agreed upon by you and your treatment provider, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal, or administrative proceeding or in limited circumstances. Certain laboratory records, prohibited from disclosure by federal law, may not be copied as well as information in anticipation of a legal proceeding. You must submit your request in writing to inspect your PHI to:

The Health Information Department (HI)
Meridian Community Care
527 N. Meridian Road
Youngstown, Ohio 44509.

The Health Information Department will inform you of their decision within thirty (30) days from your request. You will be charged for the cost of copying the record. If the HI Department denies your request to inspect and copy your records, you may request that the Meridian Community Care Client Rights Officer review the denial. A decision will be made within thirty (30) days and it will be final and in writing.

Right to Amend: If you believe the PHI Meridian Community Care has about you is incorrect or incomplete, you may ask Meridian Community Care to change the information. You have the right to request a change for as long as the PHI is maintained by Meridian Community Care. The request for change must be in writing, identifying the office where you received care and stating the reason for which the change is being requested. The written request should be submitted to the Meridian Community Care Health Information (HI) Department who maintains the records you wish to change. The HI Department will respond to your request within sixty (60) days. The CEO will make the decision in consultation with the Medical Director and/or Clinical Supervisor. Meridian Community Care may deny your request to change information that is accurate and complete and may also deny the request for other reasons. You will be given an explanation in writing if your request is denied. If the request is approved, Meridian Community Care will change the PHI and inform you and an others who need to be aware of the changes.

Right to Accounting for Disclosures: You have the right to request a listing of the persons or organizations to which Meridian Community Care has disclosed your PHI. The request for a list of disclosures must be in writing, identifying the office where you received care and stating the time period for which you want the disclosures, which may not be longer than six (6) years and may not be prior to April 2003. The written request should be submitted to the Meridian Community Care Health Information (HI) Department, who maintains the records. Meridian Community Care will respond to you in sixty (60) days, in writing. There will be no charge for one (1) list request per year. Any additional requests within the year will have a charge.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice at any time. To obtain a copy, contact the Health Information Supervisor.

MERIDIAN COMMUNITY CARE'S DUTIES

Meridian Community Care is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Meridian Community Care is required by law to abide by the terms of the notice. Program staff shall not convey to a person outside of the program that a client attends or receives services from the program or disclose any information identifying a client as an alcohol or other drug services client unless the client consents in writing for the release of information, the disclosure is allowed by a court order, or the disclosure is made to a qualified personnel for a medical emergency, research, audit or program evaluation purposes. Meridian Community Care reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. All active clients will be given a copy of any revised notices with the notice is revised.

COMPLAINTS AND REPORTING VIOLATIONS

If you believe that your privacy rights have been violated under HIPAA or if you disagree with a decision Meridian Community Care made about access to your PHI, you may complain to the Meridian Community Care's Client Rights Officer and to:

The Secretary of the United States
Department of Health and Human Services
200 Independence Avenue, SW
Washington D.C. 20201

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney General in the district where the violation occurs.

If you have any questions about your treatment, you should talk to Staff. It is your responsibility to follow all guidelines provided in the treatment handbook and to know that failure to follow these guidelines can result in discharge from the facility.

CONTACT

For further information, contact:

Health Information Dept.
Meridian Community Care
527 North Meridian Road
Youngstown, Ohio 44509
(330) 259-5330

*Meridian Community Care: adheres to The U.S. Department of Housing and Urban Development's recommendations concerning Fair Housing, is an equal opportunity employer and an equal provider of housing and services, and conducts business in accordance with the Federal Fair Housing Law. (Title IV of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973)

*Meridian Community Care does not discriminate against any person because of race, ethnicity, age, religion, gender, national origin, sexual orientation, disability, veteran status, or in any way prohibited by the laws of the State of Ohio in the United States.

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