



Addendum # 1 to Policy 701 – Notice of Privacy Practices (Short Notice)

Notice of Privacy Practices

Region 6 Behavioral Healthcare, 3801 Harney Street, Omaha, NE 68131-3811

This Notice Describes How Health Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Read It Carefully.

YOUR RIGHTS TO PRIVACY EFFECTIVE APRIL 14, 2003

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records but does not include psychotherapy notes.

To inspect and copy your health information, you must submit your request in writing to your case manager at the address on the top of this notice. If you request a copy of information, we may charge a fee for the cost of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to this information, you may request the denial be reviewed. For more information call **Region 6 Privacy Officer, at (402) 546-1196.**

- **Right to Amend.** If you feel that health information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by or for Region 6. To request an amendment, your request must be made in writing and submitted to **Region 6 Privacy Officer, at the address on the top of this notice.** In addition you must provide a reason which supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for Region 6;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of health information about you. To request this list, you must submit your request in writing to your case manager at the address at the top of this Notice. Your request must state a time period for the disclosures, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list to be provided to you: for example, a paper copy or by facsimile (fax).

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you can ask that we not use or disclose information about your diagnosis.
- **We are not required to agree to your request for restrictions.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to your case manager, at the address on the top of this Notice. In your request you must tell us: (1) what information you want to limit, (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.
- **Right to Revoke Permission.** If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose this information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to your case manager, at the address on the top of this form. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website, www.regionsex.com or to obtain a paper copy of this Notice, call (402) 444-6573 during regular working hours.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the **Region 6 Privacy Officer, at the address at the top of this Notice, or with the Secretary, U.S. Department of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 1-866-OCR-PRIV (627-7748), 1-866-778-4989-TTY. You will not be penalized for filing a complaint.**

For further information about the complaint process, you may contact the **Region 6 Privacy Officer, at (402) 546-1196 Monday through Friday from 8:00 a.m. to 5:00 p.m., except State holidays.**

CHANGES TO THE NOTICE OF INFORMATION PRACTICES

Region 6 reserves the right to amend this Notice at any time in the future. Until such amendment is made, Region 6 is required by law to abide by the terms of this Notice. If this Notice does change, a copy of the revised version will be available at Region 6.

This notice fulfills the “Notice” requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Final Privacy Rule.