



Notice of Information Privacy Practices

Effective Date: September 25, 2017

Region 6 Behavioral Healthcare, 415 South 132nd Street, Omaha, NE 68137

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.

If you have any questions about this notice, please contact the Privacy Officer at the contact information at the top of this page.

Region 6 Behavioral Healthcare (Region 6) and the professional staff, employees, and trainees, in all of its programs follow the privacy practices described in this Notice. This notice only applies to individuals receiving services directly from Region 6. Region 6 keeps your health information in records that will be maintained and protected in a confidential manner, as required by law. Please note that in order to provide you with the best possible care and treatment all staff involved in your treatment and employees involved in the operations of the agency may have access to your records.

Your record contains personal information about you and the services you are receiving through Region 6. This information about you that may identify you and that relates to your past, present, or future health or condition and related health care services is referred to as Protected Health Information (“PHI”). This Notice of Privacy Practices describes how we may use and disclose PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control of your PHI.

Your record will be retained by Region 6 for approximately seven (7) years after your discharge. After that time has elapsed, your record will be erased, shredded, or burned or otherwise destroyed in a way that protects your privacy.

How We May Use and Disclose Protected Health Information:

Region 6 engages in the following practices involving the use and disclosure of individually identifiable health information:

For Treatment: We may use your health information to provide you with treatment or services. We may disclose health information about you to others who are involved in your treatment within Region 6. For example, information may be disclosed in order to coordinate the different things you need, or to support and maintain your continuum of care.

For Payment: We may use and disclose your health information internally or to another organization for payment purposes. For example, we may use your health information to determine whether a third party will cover the treatment.

For Health Care Operations: We may use and disclose health information about you in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and for conducting other business activities. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operations.

We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning the identity of the person served.

For Appointment Reminders, Treatment Alternatives, and Related Services: We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternative and services that may be of interest to you.

Special Situations

Region 6 is permitted to make the following uses and disclosures of your PHI should circumstances warrant such uses and disclosures:

- **As Required By Law:** We may use or disclose your PHI when required to do so by international, federal, state, or local law. You will be notified, if required by law, of any such uses or disclosures.

- **To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures will be made only to someone who may be able to help prevent the threat.
- **Business Associates:** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for their functions and services. For example, we may use another company to provide information technology support or interpreter services. All of our Business Associates are required to protect the privacy of your information and are not allowed to use or disclose information other than as specified in our contract.
- **Public Health Risks:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. These activities generally include disclosures to prevent or control disease, injury, or disability; report reactions to medications or problems with products; notify people of recalls or products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading the disease.
- **Health Oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, and inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Child Abuse or Neglect:** We may disclose your PHI to a public health authority or other authorized government authority authorized by law to receive reports of child abuse or neglect.
- **Adult Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your PHI if we believe that you have been a **victim** of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information, to the extent required by law. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws. If such a report is made, you will be notified of the report unless we believe that the notification will place you or another individual in serious harm.
- **Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court order or administrative tribunal (to the extent such disclosure is expressly authorized). We may also and in certain conditions in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) in response to a court order, subpoena, warrant, summons, or similar process; (2) limited information requests to identify a suspect, fugitive, material witness, or missing person, (3) about the victim of a crime even if, under very limited circumstances, we are unable to obtain the person's agreement; (4) suspicion that death has occurred as a result of criminal conduct, and (5) about criminal conduct on our premises, (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.. We may also disclose PHI to funeral directors as necessary for their duties. Protected Health Information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.
- **Military and Veterans:** If you are a member of the armed forces, we may release PHI as required by military command authorities . We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **National Security and Intelligence Activities:** We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities authorized by law, including the provision of protective services to the President or other authorized persons.
- **Workers' Compensation:** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- **Inmates or Individuals in Custody:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official if the information is necessary for (1) the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) the safety and security of the correctional institution.
- **Required Uses and Disclosures:** Under the law, we must make disclosures when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, Section 164, seq. seq.

Uses and Disclosures That Require Us To Give You An Opportunity to Agree or Object

- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment related to your health care. If you are unable to agree or object to such as disclosure, we may disclose this information if we determine that it is in your best interest based on our professional judgment.
- **Disaster Relief:** We may disclose your PHI to disaster relief organizations that authorized to assist in disaster relief efforts, coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with the opportunity to agree or object to this type of disclosure whenever we can practically do so.

Your Written Authorization is required for Other Uses and Disclosures

- Uses and disclosures of PHI for marketing purposes and/or fundraising may only be made with your written authorization.
- Uses and disclosures of PHI related to psychotherapy notes may only be made with your written authorization.
- Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time in writing.

Your Rights

- **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 or payment for 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 or the Privacy Officer at the address on the top of this Notice. We have up to 30 days to make your Protected Health Information available to you. 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 not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based assistance program. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request the denial be reviewed by an individual not involved in the denial of your request. For more information call the **Region 6 Privacy Officer, at (402) 444-6573.**

- **Right to an Electronic Copy of Electronic Health Records.** If your Protected Health Information is maintained in an electronic format (often called an electronic medical record or electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity that you have authorized to receive the information. We will make every effort to provide access in the form or format you request, if it is readily producible in such as format. If the information you request is not readily producible in the form or format you request your record will provided in either our standard electronic format or if you do not want this format, in a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic record.
- **Right to Get Notice of a Breach.** You have the right to be notified of a breach of any of your unsecured Protected Health Information.
- **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 disclosure of Protected Health Information we made for purposes other than treatment, payment, healthcare operations, or for which you provided written authorization. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address on 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.
 - **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. To request a restriction, you must make your request, in writing, to the Privacy Officer at the address at the top of this Notice.

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree with your request, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **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 worker at the address on the top of this form. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **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. To obtain a paper copy of this notice, call (402) 444-6573 during regular working hours. You may also obtain a copy of this notice at our website, <http://www.regionsex.com>.

Changes to the Notice of Information Practices

Region 6 reserves the right to amend this Notice at any time in the future and to make the new Notice apply to Health Information we already have as well as any information we receive 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 posted at our office and website, www.regionsex.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Region 6 Privacy Officer, Monday through Friday from 8:00 a.m. to 5:00 p.m., except State holidays, at the address shown at the top of this Notice or with the Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 601 East 12th Street, Room 248, Kansas City, MO 64106, Voice Phone (816) 426-7277, FAX (816) 426-3686, TDD (816) 426-7065. You will not be penalized for filing a complaint.

For more information about your privacy rights, visit the Office of Civil Rights at www.hhs.gov/ocr/



Aviso Sobre Prácticas de Privacidad de Información

Region 6 Behavioral Healthcare, 4715 South 132nd Street, Omaha, NE 68137

ESTE AVISO DESCRIBE COMO SE PUEDE UTILIZAR Y DIVULGAR LA INFORMACIÓN MÉDICA SOBRE USTED Y COMO USTED PUEDE TENER ACCESO A LA MISMA. FAVOR DE, REVISARLA CUIDADOSAMENTE.

Este aviso se emite y entra en vigencia el 14 de abril del 2003

USTED TIENE LOS SIGUIENTES DERECHOS CON RESPECTO A LA INFORMACIÓN MÉDICA QUE MANTENEMOS SOBRE USTED:

- ❖ **Derecho De Examinar Y Copiar.** Usted tiene el derecho de examinar y copiar la información médica que se puede utilizar para tomar decisiones sobre su cuidado médico. Generalmente, esto incluye expedientes y cuentas médicas pero no incluye los apuntes de la psicoterapia.

Para inspeccionar y copiar su información médica, usted tiene que someter su solicitud por escrito a la atención del encargado de su caso, a la dirección en el encabezado de este aviso. Si usted solicita una copia de la información, podemos cobrarle una cuota para el costo de copiar, enviar, o proveer otro servicio asociado con su solicitud. En ciertas circunstancias muy limitadas podemos negar la petición de examinar y copiar. Si se le negara acceso a la información médica, usted podría solicitar que repasemos la negación. Para mayor información, comuníquese con el Oficial de Privacidad de Región 6, al (402) 546-1196.

- ❖ **Derecho de Enmendar.** Si cree que la información médica sobre usted es incorrecta o incompleta, puede pedir que enmendemos la información. Usted tiene el derecho de solicitar una enmienda mientras que la información es mantenida por o para la Región 6. Para solicitar una enmienda, su petición tiene que ser por escrito y sometida al Oficial de Privacidad de Región 6, a la dirección en el encabezado de este aviso. Además, usted tiene que dar una razón que apoye su petición. Podemos negar su petición para una enmienda si no es por escrito o no incluye una razón que apoye la petición. Además, podemos negar su petición si usted pide que enmendemos la información que:

- No fue desarrollada por nosotros, a menos que la persona o entidad que desarrolló la información ya no está disponible para hacer la enmienda;
- No es parte de la información médica mantenida por o para la Región 6;
- No es parte de la información que se le permitiría a usted examinar y copiar; o
- Es exacta y completa.

- ❖ **Derecho a Un Historial de Divulgaciones.** Usted tiene derecho a solicitar un 'historial de divulgaciones'. Es una lista de las divulgaciones que hemos hecho de su información médica. Para solicitar la lista, usted tiene que someter su solicitud por escrito al encargado de su caso, a la dirección en el encabezado de este aviso. Su petición tiene que indicar un plazo de tiempo que no puede exceder más de seis (6) años y no puede empezar antes del 14 de abril del 2003. Su solicitud debe indicar en qué forma usted quiere que se le proporcione la lista: por ejemplo, como documento o por fax.

- ❖ **Derecho de Solicitar Restricciones.** Usted tiene el derecho de solicitar una restricción o limitación sobre la información médica que utilizamos o divulgamos sobre usted para tratamiento, pago, u operaciones administrativas del cuidado médico. Usted también tiene el derecho de solicitar un límite sobre la

Aviso Sobre Prácticas de Privacidad de Información

información médica que divulgamos sobre usted a alguien que está participando en su cuidado médico o el pago por ello, así como un miembro de la familia o un amigo. Por ejemplo, usted puede pedir que no utilicemos o divulguemos información de su diagnóstico.

No estamos obligados a cumplir con su solicitud para restricciones. Si estamos de acuerdo, cumpliremos con su solicitud a menos que se necesitara la información para proporcionarle tratamiento urgente. Para solicitar restricciones, usted tiene que hacer su petición por escrito al oficial de privacidad de la Región 6, a la dirección en el encabezado de este Aviso. En su petición usted tiene que decirnos: (1) cuál información usted desea limitar, (2) si usted desea limitar nuestro uso, divulgación, o ambas cosas; y (3) a quién quisiera que se aplicaran los límites; por ejemplo, divulgaciones a su cónyuge.

- ❖ **Derecho A Revocar El Permiso.** Si usted nos dio permiso de utilizar o divulgar su información médica, puede revocarlo por escrito en cualquier momento. Si usted revoca su permiso, no utilizaremos ni divulgaremos esta información sobre usted por las razones dadas en su autorización escrita. Usted entiende que no podemos retractar cualquier divulgación que ya habíamos hecho anteriormente con su permiso, y que tenemos la obligación de conservar nuestros expedientes del cuidado médico que le proporcionamos.
- ❖ **Derecho de Solicitar Comunicaciones Confidenciales.** Usted tiene el derecho de solicitar que nos comuniquemos con usted sobre asuntos médicos de cierta manera o en cierto lugar. Por ejemplo, usted puede pedir que le contactemos solamente en el trabajo o por correo. Para solicitar comunicaciones confidenciales, usted tiene que hacer solicitud por escrito al encargado de su caso, a la dirección en el encabezado de este Aviso. No le pediremos la razón para la petición. Acomodaremos toda solicitud razonable. Su solicitud tiene que especificar cómo o donde desea que nos comuniquemos con usted.
- ❖ **Derecho A Una Copia En Papel De Este Aviso.** Usted tiene el derecho a una copia en papel de este aviso. Usted puede pedir que le demos una copia de este aviso en cualquier momento. Incluso, si usted ha acordado recibir este aviso electrónicamente, todavía tiene derecho a una copia en papel de este aviso. Para obtener una copia en papel de este aviso, llame al (402) 444-6573 durante las horas hábiles regulares. Usted puede obtener también una copia de este aviso en nuestro sitio web, <http://www.regionsix.com>.

QUEJAS

Si usted cree que sus derechos a la privacidad han sido violados, puede someter una queja al oficial de privacidad de Región 6. De lunes a viernes a partir de las 8:00 de la mañana hasta las 5:00 de la tarde, excepto los días feriados del estado, a la dirección en el encabezado de este aviso, o con el Secretario del Departamento federal de salubridad y servicios humanos, Oficina de Derechos Civiles: **Office of Civil Rights, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 1-866-OCR-PRIV (627-7748), 1-866-778-4989-TTY.** No le penalizarán por someter la queja.

Cambios al Aviso de las Prácticas de la Información

La Región 6 se reserva el derecho de enmendar este aviso en cualquier momento en el futuro. Hasta que se haga tal enmienda, la Región 6 tiene la obligación por ley de seguir los términos de este Aviso. Si este Aviso cambiara, una copia de la versión revisada estará disponible en las oficinas de Región 6.



Aviso Sobre Prácticas de Privacidad de Información

Este aviso satisface los requisitos del "aviso" según las Reglas finales sobre privacidad de la Ley de 1996 de la portabilidad y responsabilidad de seguro médico (*Health Insurance Portability and Accountability Act of 1996 - HIPAA*).