

# NOTICE OF PRIVACY PRACTICES

**IMPORTANT: THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT ALL PEOPLE WE SUPPORT MAY BE USED AND DISCLOSED AND HOW THEY CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Purpose of this Notice:** Birch Family Services is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI), and personally identifiable information known as PII, and to provide you with a notice of our legal duties and privacy practices with respect to service recipients' PHI and PII. This Notice describes legal rights, advises of our privacy practices and outlines how Birch Family Services is permitted to use and disclose PHI about the individuals we support.

Birch Family Services is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without permission, but there are some situations where we may use it only after we obtain written authorization from the people we support, if we are required by law to do so.

**Uses and Disclosures of PHI/PII:** Birch Family Services may use PHI for the purposes of treatment, payment and other routine health care operations (TPO), in most cases without written permission. Examples of our use of PHI/PII are the sharing of such information between 2 providers of care or Covered Entities who bill Medicaid and provide services to an individual:

**1. For treatment (T):** This includes the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a person we support, or the referral of a person we support for health care from one health care provider to another.

**2. For payment (P):** This includes any activities we must undertake in order to get reimbursed for the services provided to a person we support, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review and collection of outstanding accounts.

Birch Family Services will not use or disclose more information for treatment / service delivery, payment purposes, or administrative oversight than is necessary. This is known as using only the minimum necessary rule or the amount to accomplish the purpose and/or use or disclosure. We are accountable to the Secretary of Health and Human Services, Office of

Civil Rights to safeguard (keep secure) and protect (keep private) the information of the people we support.

**3. For other routine health care operations (O)** : This includes quality assurance activities, licensing and training programs to ensure that our staff meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising and certain marketing activities.

**Notification in the Case of a Breach**: A breach is when PHI or PII is accessed, acquired or disclosed to someone who is not authorized to have such information. Birch Family Services is required by law to notify people we support in case of a breach of their protected health information or personally identifiable information when it has been or is reasonably believed to have been accessed, acquired or disclosed as a result of a breach.

**Use and Disclosure of PHI Without Your Authorization**: Birch Family Services is permitted to use and/or disclose PHI / PII *without* written authorization, or opportunity to object in certain situations, including:

1. For Birch Family Services' use in obtaining payment for services provided or in other health care operations;
2. To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
3. To another health care provider (such as a hospital) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with the persons we support and the PHI/PII pertains to that relationship;
4. For health care fraud and abuse detection or for activities related to compliance with the law;
5. To a person meeting the criteria of a qualified or authorized person or personal representative as defined in current laws and/or regulations, if we give the people

we support an opportunity to object to such a disclosure and you do not raise an objection, In situations where the people we support are not capable of objecting (because the individuals are not present or due to incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to the person's parent, legal guardian or other authorized personal representative is in the best interest of the individual we support. In that situation, we will disclose only health information relevant to that person's involvement in the care of the person we support.;

6. To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects or to notify a person about exposure to a possible communicable disease) as required by law;
7. For health oversight activities including audits or government investigations, inspections, disciplinary proceedings and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
8. For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
9. For law enforcement activities in limited situations, such as when there is a warrant for the request or when the information is needed to locate a suspect or stop a crime;
10. For military, national defense and security and other special government functions;
11. To avert a serious threat to the health and safety of a person or the public at large;
12. For workers' compensation purposes and in compliance with workers' compensation laws;

13. To coroners, medical examiners and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law; and
14. If the person we support is an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ donation and

Any other use or disclosure of PHI or PII, other than those listed above, will only be made with written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **Authorization may be revoked at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

***Rights of Individuals we Support:*** Our service recipients have a number of rights with respect to the protection of their PHI.

**Birch Family Services will assist individuals to exercise their rights.**

***The right to access, copy or inspect PHI.*** This means the individuals we support and /or their legal guardian or other qualified, authorized representatives as defined by current laws and regulations, may come to our offices and inspect and copy most of the medical and other health care / treatment related

information about them that we maintain in both paper and electronic format. We generally would reserve the ability to go through the information with the qualified party first to understand the purpose of the request and take the opportunity to explain or clarify any information. We will generally permit access, copying or inspection of PHI.

Information held electronically must be provided in electronic form if requested by the person we support.

***The right to amend PHI.*** Our service recipients have the right to ask us to amend their written health care information. We will consider amendment of any persons' PHI once verified that something recorded is incorrect or inappropriate to record based upon confidentiality laws. It should be noted that Birch can not amend or alter any information in a document authored by another provider, but will advocate for such change if the information is incorrect.

***The right to request an accounting of our use and disclosure of an individual's PHI.*** People we support and/or the qualified parties/eligible requestors as defined in current laws and regulations, may request an accounting from us of certain disclosures of their confidential information that we have made in the last six years prior to the date of the request.

We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment or other routine health care operations (T, P, O).

We also are not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the confidential information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.

***The right to request that we restrict the uses and disclosures of an individual's PHI.*** People we support and/or the qualified parties/eligible requestors as defined in current laws and regulations have the right to request that we restrict how we use and disclose their confidential information that we have for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in their health care. But if the information is needed to provide emergency treatment, then we may use the PHI / PII or disclose the PHI /PII to a health care provider to provide them with emergency treatment.

People we support have a right to a restriction to disclosure of PHI /PII to a health plan for payment if the person has paid in full for the services and items provided in that visit.

***Revisions to the Notice:*** Birch Family Services reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to PHI / PII that we maintain. Any material changes to the Notice will be promptly posted to our website. The people we support will be given a copy of the latest version of this Notice by the program supervisor or designee, or by contacting the contacting the Privacy Officer identified below.

***Your Legal Rights and Complaints:*** All people we support and/or the qualified parties/eligible requestors as defined in current laws and regulations also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if they believe their privacy or security rights have been violated. Complainants will not be retaliated against in any way for filing a complaint with us or the government. Should individuals have any questions, comments or complaints they may direct all inquiries to the Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.