

Champaign Residential Services, Inc.
HIPAA Notice of Privacy Practices

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.

This notice describes how we, Champaign Residential Services, Inc. (“CRSI”), use or disclose your protected health information (“PHI”). PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health or condition, in the past, present or future. This notice also describes your rights to access and control of your PHI.

We have summarized our responsibilities and your rights on the first page. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities

CRSI is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

Your Rights

You have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will provide you or your authorized representative a copy of our revised Notice of Privacy Practices, as well as post a copy of the revised Notice of Privacy Practices on our website. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

If you have questions and would like additional information, you may contact Cindy Cantrell at 937-653-1320.

Understanding Your Health Record/Information

Each time you receive services from us, a record is made. This record may contain examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for medical research;
- A source of information for public health officials who oversee the delivery of health care in the United States;
- A source of data for our planning and marketing; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

How We Will Use or Disclose Your Health Information For Treatment Payment and Health Care

Operations:

- (1) Treatment. We may use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. That way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.
- (2) Payment. We may use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

- (3) Health Care Operations. We may use or disclose your health information for our own operations and as necessary to provide quality care to all of our service recipients. Health care operations includes but is not limited to the following activities: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of CRSI. For example, we may use PHI to evaluate our staff performance or combine your health information with other patient PHI to evaluate how to better serve all of our patients. Another example may be the disclosure of your PHI to staff or contracted personnel for certain limited training purposes.

How We May Use or Disclose Your Health Information For Appointment Reminders, Treatment Alternatives, or Fundraising Activities:

We may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit. We may use and disclose your health information to advise you or recommend possible service options or alternatives that may be of interest to you. We may contact you for fundraising activities. However, you will be provided the opportunity to opt out of receiving such fundraising communications.

Disclosures You May Authorize Us To Make:

We will not use or disclose your health information without authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose your health information for marketing without your authorization. We may not sell your health information without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time.**

Other Specific Uses or Disclosures:

- (1) When Legally Required. We will disclose your health information when required by Federal, State or local law.
- (2) In the Event of a Serious Threat to Life, Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your health information, if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health or safety, or to the health and safety of the public.

- (3) When There Are Risks to Public Health. We may disclose your health information for public activities and purposes allowed by law in order to prevent or lessen a serious and imminent threat to your life, health, or safety, or to the health and safety of the public.
- (4) To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law, or when the patient agrees to the disclosure.
- (5) To Conduct Health Oversight Activities. We may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.
- (6) In Connection With Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or, in response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information. Under 42 C.F.R. Part 2 and Ohio law, some requests may require a court order for the release of any confidential medical information.
- (7) For Law Enforcement Purposes. As permitted or required by law, we may disclose specific and limited health information about you for certain law enforcement purposes.
- (8) For research purposes. We may, under very select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited as with Medicaid.
- (9) For Specified Government Functions. Federal regulations may require or authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations; and inmates and law enforcement custody.
- (10) For Workers' Compensation. We may use or disclose your health information for workers' compensation or similar programs.
- (11) Transfer of information at death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- (12) Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- (13) Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible of your care and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

(14) Communication with family. We may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

Your Health Information Rights

Although your health record is our physical property, the information in your health record belongs to you. You have the following rights:

Right to a Personal Representative. You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care if it allows such person to act when you are able to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. To request such restrictions, please contact Cindy Cantrell at 937-653-1320.

Right to Receive Confidential Communications. You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no other family members present. If you wish to receive confidential communications, please contact Cindy Cantrell at 937-653-1320. We may not require that you provide an explanation for your request and will attempt to honor any reasonable requests.

Right to Inspect and Copy Your Health Information. Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your health information upon request. You have the right to inspect and copy such health information, including billing records, at a reasonable time and place. A request to inspect and copy records containing your PHI may be made to Cindy Cantrell at 937-653-1320. If you request a copy of such health information, we may charge reasonable copying, processing, and personnel fees. If the health information that is the subject of a request is maintained in one or more designated record sets electronically and if you request an electronic copy of such information, we will provide you with access to the health information in the electronic form and

format requested if readily producible in such form and format; or, if not, in a readable electronic form and format as agreed upon by us and you.

Right to Amend Your PHI. You have the right to request that we amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing to Cindy Cantrell at 1150 Scioto Street, PO BOX 29 Urbana, OH 43078. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing or destroying any necessary information related to your health care.

Right to Know What Disclosures Have Been Made. You have the right to request an accounting of disclosures of your health information made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. . Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures made pursuant to a valid authorization; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. The request for an accounting must be made in writing to Cindy Cantrell at 1150 Scioto Street, PO BOX 29 Urbana, OH 43078. The request must specify the time period for the accounting, and may not be made for periods of time greater than six (6) years prior to the date on which the accounting is requested. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.

Right to a Paper Copy of This Notice. You have a right to receive paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact Cindy Cantrell at 937-653-1320.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Cindy Cantrell at 937-653-1320.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by us. The complaint form may be obtained from Cindy Cantrell at 937-653-1320, and when completed should be returned to Cindy Cantrell at our corporate office at 1150 Scioto Street, PO BOX 29 Urbana, OH 43078. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call toll-free (877) 696-6775, by e-mail to OCRComplaint@hhs.gov, or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693.

Contact Person:

We have designated the Privacy Official as our contact point for all issues regarding patient privacy and your rights under this Notice. If you have any questions regarding this Notice, please contact Cindy Cantrell at 937-653-1320 or at 1150 Scioto Street, PO BOX 29 Urbana, OH 43078.

Effective Date:

This Notice was effective on September 23, 2013; amended on July 22, 2014; amended on November 2, 2015.