

FIRST CHANCE CENTER
NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS
(45 CFR part 164.520(a))

**Your Information.
Your Rights.
Our Responsibilities.
Our Commitment to Your Privacy.**

This notice describes how medical/treatment/service delivery information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

WHO WILL FOLLOW THIS NOTICE?

This notice describes First Chance Center's practices and that of:

- Any healthcare professional authorized to enter information into your First Chance Center record;
- All departments and units of First Chance Center;
- Any member of a volunteer group we allow to help you at First Chance Center;
- All employees, staff, and other personnel of First Chance Center; and
- All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or First Chance Center operations purposes described in this notice.

OUR RESPONSIBILITIES

We understand that medical information about you, your health, and the services provided through First Chance Center is personal. We create a record of care and services you receive at First Chance Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by First Chance Center. Our legal responsibilities are to:

- Make sure that medical information that identifies you is kept private for up to 50 years after your death;
- To maintain the privacy and security of your protected health information. We maintain physical and electronic safeguards for the protection of your personal information. We restrict access of your information to our employees who need it to perform their jobs. Our employees understand the importance of the safeguards. We have trained them on the proper handling of your personal information.
- Let you know promptly if a breach occurs that may have compromised the privacy and security of your information.
- To follow the duties and privacy practices described in this notice and give you a copy of it.
- Not share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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OUR USES AND DISCLOSURES

1. We are allowed or required to share your information in the following ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

Comply with the law.

- We will share information about you if local, state, or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Help with public health and safety issues.

- We can share health information about you for certain situations such as:
 - Preventing or controlling disease, injury or disability;
 - Notifying people of recalls of product, they may be using;
 - Reporting births and deaths;
 - Reporting adverse reactions to medications or problems with products;
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
 - Notifying a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition
 - Notifying the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Address workers' compensation, law enforcement, and other government request.

- We can use or share health information about you:
 - For workers' compensation claims.
 - For law enforcement purposes or with a law enforcement official, and if permitted by law.
 - Response to a court order;
 - Required by state or federal law;
 - To identify or locate a suspect, fugitive, material witness or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of a criminal conduct;
 - About criminal conduct at a First Chance Center facility; and
 - In emergency circumstances to report a crime; the location of the crime or victim; or the identity, description of location of the person who committed the crime.

- With health oversight agencies for activities authorized by law (i.e. audits, investigations, inspections, and licensures)
- For special government functions such as military, national security, and Presidential protective services.

Respond to lawsuits and legal actions.

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
2. We typically use or share your health information described below. For each area of uses or disclosure we will explain what we mean and try to give you an example. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment/Care for You.

- We can use your health information and share it with other professionals who are treating you whether First Chance Center employs them. *Example:* A doctor treating you for an injury asks First Chance Center personnel, involved in taking care of you, about your overall health condition. Different departments of First Chance Center also may share medical information about you in order to coordinate the different things you need such as the Day Services and Transportation Departments.
- We may release limited information about you to a friend or family member who is involved in your care. *Example:* You complain that your acid reflux is bothering you and call your mom to let her know since she takes care of your medicine.
- We may disclose health information about you to someone assisting in disaster relief so that your family can be notified about your status and location.

Payment for Your Services.

- We can use and share your health information to bill and get payment from health plans or other entities for services provided by First Chance Center. *Example:* We give information about you to obtain payment for service provided by First Chance Center or another healthcare provider.
- We may also give information to someone who helps pay for your care.

For Health Care Operations (i.e. Run our organization).

- We can use and share your health information to ensure that we run a quality program, improve your service, and contact you when necessary. *Example:* We use health information about you to manage your services and to ensure you are receiving quality care. Your health information may be used in evaluation the performance of our staff in caring for you. We also may combine medical information of many Clients to decide what additional services First Chance Center should offer.

Notification.

- We can notify you treatment options, and/or health-related benefits/services that may be of interest to you. *Example:* We send you information on a support group for persons with diabetes.
- We may use and disclose medical information to contact you as a reminder that you have an appointment services/treatment/medical care at First Chance Center. *Example:* We leave you a phone message that you First Chance Center staff will be picking you up the next day to take you to the dentist.

Do research.

We can use or share your information for health research.

Fundraising Activities

- We may use limited information about you to contact you in effort to raise money for First Chance Center and its operations. If you do not want First Chance Center to contact you for fundraising efforts, you must notify the Director of Development.
3. Other Special Situations we may use or share your health information.
- Respond to organ and tissue donation requests, if you are an organ donor.**
- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director.

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Inmates

- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security and security of the correctional institution.

4. Other Uses of Medical Information

- Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke your permission, we will no longer use or disclose medical 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 care we provided to you.

YOUR RIGHTS

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When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Inspect and request paper copy of your First Chance Center record.

- You/your legal guardian/representative (with written authorization) can ask to see or get a paper copy of your health information that may be used to make decisions about your care. Usually this includes treatment, service delivery, and billing records, but does not include psychotherapy notes. Requests are required to be in writing.
- We will provide a copy or summary of your First Chance Center information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record.

- You can ask us to correct First Chance Center information about you that you think is incorrect or incomplete. Requests are required to be in writing.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has the authority and can act for you before we take any action.

Right to Request Restrictions (Ask us to limit what we use or share).

- You can ask us to restrict or limit the health information we use or share about you for treatment, payment, or our operations. You can also ask us to limit the health information we share about you to someone who is involved in your care or the payment of your care, like a family member or friend.
 - We are not required to agree to your request and may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share information.

- To request restrictions, you must make your request in writing to First Chance Center. 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.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or work phone) or to send mail to a different address.
- You must make your request in writing to the First Chance Center Privacy Officer. Your request must specify how or where you wish to be contacted.
- We will say “yes” to all reasonable requests.

Get a copy of this privacy notice.

- You have the right to receive a copy of this notice every year at your annual ISP meeting. You can ask for a paper copy of this notice at any time, please contact the Day Services On-site Supervisor or Support Specialist. The notice is also available on our website, www.firstchancecenter.com.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with First Chance Center by submitting your complaint in writing to our Privacy Officer (contact information is located below).

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized for filing a complaint.

CHANGES TO THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website. The effective date and revision date is located at the bottom left-hand corner of this notice.

The **Notice of Privacy Practices and Client Rights** Summarizes the Official Privacy Policy of First Chance Center. Our Official Privacy Policy is available upon request.

Orange County Rehabilitative and Developmental Services, INC.

dba First Chance Center

Privacy Officer

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ORANGE COUNTY REHABILITATIVE AND DEVELOPMENTAL SERVICES, INC.
FIRST CHANCE CENTER
NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS SIGNATURE PAGE
(45 CFR part 164.520(a))

By signing this form, I am acknowledging that First Chance Center has provided me with a Notice of Privacy Practices and Client Rights in which they have detailed information regarding the ways they will use my protected health information.

Name of Client

Name of Guardian/Caregiver (if applicable)

Client's Signature

Signature of Guardian/Caregiver (if applicable)

Date

Date

Name Staff Witness

Name of Second Staff Witness (if client refuses to sign)

Staff Witness's Signature

Signature of Second Staff Witness (if client refuses to sign)

Date

Date

Reason Given by Client for Refusing to Sign this Notice