

CONFIDENTIALITY NOTICE/HIPAA NOTICE OF PRIVACY PRACTICES

THIS INFORMATION DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

General Information

Information about your treatment and care, including payment for care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)* and the Confidentiality Law**. Under these laws Manchester Alcoholism Rehabilitation Center dba Farnum Center (“the program”) may the program disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by the federal laws referenced below.

The program must obtain your written consent before it can disclose information about you for payment purposes. For example, the program must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before the program can share information for treatment purposes or for health care operations. However, federal law permits the program to disclose information in the following circumstances without your written permission:

1. To program staff for the purposes of providing treatment and maintaining the clinical record;
2. Pursuant to an agreement with a business associate (e.g. Clinical laboratories, pharmacy, record storage services, billing services);
3. For research, audit or evaluations (e.g. State licensing review, accreditation, program data reporting as required by the State and/ or Federal government);
4. To report a crime committed on the program's premises or against program personnel;
5. To medical personnel in a medical/ psychiatric emergency;
6. To appropriate authorities to report suspected child abuse or neglect;
7. To report certain infectious illnesses as required by state law;
8. As allowed by a court order.

Before the program can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing. (NOTE: Revoking a consent to disclose information to a court, probation department, parole office, etc. may violate an agreement that you have with that organization. Such a violation may result in legal consequences for you.)

*42 U.S.C. 130D et. Seq., 45 C.F.R. Parts 160 & 164

** 42 U.S.C. 290dd-2, 42 C.F.R. Part 2

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Your Rights

- Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health and treatment information. The program is not required to agree to any restrictions that you request, but if it does agree with them, it is bound by that agreement and may not use or disclose any information which you have restricted except in limited circumstances under applicable law.
- You have the right to request that we communicate with you by alternative means or at an alternative location (e.g. another address). The program will accommodate such requests that are reasonable and will not request an explanation from you.
- Under HIPAA you also have the right to inspect and copy your own health and treatment information maintained by the program, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
- Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in the program's records, and to request and receive an accounting of disclosures of your health related information made by the program during the six (6) years prior to your request.
- If your request to any of the above is denied, you have the right to request a review of the denial by the program Administrator.
- To make any of the above requests, you must fill out the appropriate form that will be provided by the program.
- You also have the right to receive a paper copy of the notice.

The Use of Your Information by the Program

In order to provide you with the best care, the program will use your health and treatment information in the following ways:

- Communication among program staff (including students, interns or volunteers) for the purposes of treatment needs, treatment planning, progress reporting and review, staff supervision, incident reporting, medication administration, billing operations, medical record maintenance, discharge planning, and other treatment related processes.
- Communication with Business Associates such as clinical laboratories (blood work, urinalysis), food service (special dietary needs), agencies that provide on-site services (lectures, group therapy) long term record storage.

The Program's Duties

The program is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. The program is required by law to abide by the terms of this notice. The program reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. The program will provide current patients with an updated notice, and will provide affected former patients with new notices when substantive changes are made in the notice.

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Complaints and Reporting Violations

Patients have the right to make a complaint about the confidentiality and Privacy of their Health Information. If you need help filing a complaint or have a question about the complaint form, please call OCR toll free number: 1-800-368-1019.

You can submit your complaint in any written format. We recommend that you use the OCR Health Information Privacy Complaint Form which can be found on our web site or at an OCR Regional office. If you prefer, you may submit a written complaint in your own format. Be sure to include the following information in your *written* complaint:

- **Your name, full address, home and work telephone numbers, email address.**
- **If you are filing a complaint on someone's behalf, also provide the name of the person on whose behalf you are filing.**
- **Name, full address and phone of the person, agency or organization you believe violated your (or someone else's) health information privacy rights or committed another violation of the Privacy Rule.**
- **Briefly describe what happened, including how, why, and when you believe your (or someone else's) health information privacy rights were violated, or the Privacy Rule otherwise was violated.**
- **Any other relevant information.**
- **Please sign your name and date your letter.**

Office for Civil Rights
U.S Department of Health and Human Services,
JFK Federal Building – Room 1875
Boston, MA 02203
(617) 565-1340 Phone
(617) 565-3809 FAX
(617) 565-1343 (TDD)

You will not be retaliated against for filing such a complaint.

Violation of the Confidentiality law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Changes to this Notice

We may change this Notice at any time by updating this posting. Changes to the new Notice will be effective when posted and the new effective date will be identified.



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Contact Us

To exercise your rights, or for more information or to ask questions about our privacy practices or this Notice, you may contact us in one or more of the following ways:

Mail:

Manchester Alcoholism Rehabilitation Center dba Farnum Center

Attn: Compliance Officer

555 Auburn Street, Manchester, NH 03103

Email address: ComplianceFC@Farnumcenter.org

Toll free telephone number: 1 (888) 840-4243

Effective Date of Notice

This Notice is effective as of January 14, 2021 and supersedes and replaces any prior online version of this Notice.