

NOTICE OF PRIVACY PRACTICES

(45 CFR §164.520(a)

(42 CFR Part 2)

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THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH 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 Bowen Center Privacy Officer at PO Box 497, Warsaw, Indiana, 46581-0497, phone number, (800) 342-5653.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our practices and that of:

- Any health care professional authorized to document or inspect information in your Bowen Center record.
- All departments, units, and locations of Bowen Center.
- Any volunteer we allow to help you at Bowen Center.
- All employees, staff, students contracted, and personnel of Bowen Center.
- All Business Associates and their subcontractors.

OUR PLEDGE REGARDING MEDICAL/HEALTH INFORMATION.

We understand that medical/health information about you and your health is personal. We are committed to protecting medical/health information about you. We create a record of the care and services you receive at Bowen Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Bowen Center. This notice informs you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical/health information.

We are required by law to:

- make sure that medical/health information that identifies you and all of your records are kept private;
- give you this notice of our legal duties and privacy practices with respect to medical/health information about you;
- provide only the minimum necessary information when disclosure is permitted; and
- follow the terms of the notice that is currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL/HEALTH INFORMATION ABOUT YOU.

- **As Required by Law.** We will disclose medical/health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We will use and disclose medical/health information about you when we have a "Duty to Warn/Report" under state or federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

- **Public Health Risks.** We will disclose medical/health information about you for public health reporting required by federal or state law. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a client has 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.
- **Health Oversight Activities.** We will disclose medical/health information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** We will disclose medical/health information about you when properly ordered to do so by a court, or when you have authorized the disclosure.
- **Law Enforcement.** We will release medical/health information if asked to do so by a law enforcement official, and if permitted by law:
 - in response to a court order;
 - if 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 criminal conduct;
 - about criminal conduct at a Bowen Center facility; and
 - in emergency circumstances to report a crime; the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Protective Services for the President and Others.** We will disclose medical/health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations.

HOW WE MAY USE AND DISCLOSE MEDICAL/HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical/health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. Uses and disclosures not addressed below will be made only with the client's authorization.

- **For Treatment.** We may use medical/health information about you to provide you with medical/health treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other Bowen Center personnel or Business Associates who are involved in your care. We also may disclose medical/health information about you to individuals and entities outside Bowen Center, such as other health care providers involved in providing medical/health treatment for you, to people who may be involved in your medical/health care, or to people who pay for your care.

- **For Payment.** We may use and disclose medical/health information about you so that the treatment and services, you receive at Bowen Center may be billed to, and payment may be collected from, you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Bowen Center so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. If you pay for your services in full out of pocket, you may restrict disclosures to your insurance company or health plan.
- **For Health Care Operations.** We may use and disclose medical/health information about you for Bowen Center operations or to another health care provider or health plan if you have a relationship with that health care provider or health plan. These uses and disclosures are necessary to ensure that all clients receive quality coordinated care.
- **Appointment Reminders.** We may use and disclose medical/health information to contact you as a reminder that you have an appointment for treatment or medical/health care at Bowen Center.
- **Treatment Alternatives.** We may use and disclose medical/health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical/health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release certain limited information about you to a friend or family member who is involved in your medical/health care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical/health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research.** Under certain circumstances, we may use and disclose medical/health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical/health information, trying to balance the research needs with clients' needs for privacy of their medical/health information. Before we use or disclose medical/health information for research, the project will have been approved through this research approval process. However, we may disclose medical/health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific medical/health needs, so long as the medical/health information they review does not leave Bowen Center. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care. You may opt-out of participation in any research that identifies you individually.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical/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 or tissue donation and transplantation.
- **Military.** If you are a member of the armed forces, we may release medical/health information about you as required by military command authorities. We may also release medical/health information about foreign military personnel to the appropriate foreign military authority.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical/health information 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 release medical/health information about clients of Bowen Center to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical/health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of law enforcement, we may release medical/health 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 of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL/HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding medical/health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your medical/health information. To inspect and copy medical/health information that may be used to make decisions about you, you must submit your request in writing to the Bowen Center Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. You may request that PHI that is created or currently stored electronically is provided electronically. You may request that PHI is sent to a clearly designated third party as a paper copy or electronic.
- **Right to Amend.** If you feel that medical/health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Bowen Center. To request an amendment, your request must be made in writing and submitted to the Bowen Center Privacy Officer. In addition, you must provide a reason that 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 medical information kept by or for the Bowen Center;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.
- **Right to authorize or deny use of your PHI for sale, marketing or fundraising.**

- **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures". This is a list of the disclosures we made of medical/health information about you. Your "Accounting of Disclosures" will not include certain disclosures that are exempt from accounting requirements by federal or state law, including but not limited to disclosures made for treatment, payment, and health care operations and pursuant to an authorization. To request this list or accounting of disclosures, you must submit your request in writing to the Bowen Center Privacy Officer. Your request must state a time period which may not be longer than six years prior to the date of request. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical/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 medical/health information we disclose about you to someone who is involved in your care or the payment for your care. We will comply with your request unless the information is needed to provide you emergency treatment, to coordinate your care with other providers, support Bowen Center operation, or is necessary to receive payment for your services. In the event that you pay for a service or product out of pocket and request that we not notify your health insurer or health plan of this product or service, we must agree to your request. To request restrictions, you must make your request in writing to the Bowen Center Privacy Officer. 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.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical/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 the Bowen Center Privacy Officer. We will not ask you the reason for your request. 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. You may obtain a copy of this Notice at our website, www.bowencenter.org. To obtain a paper copy of this notice, ask your treatment provider or the client services staff. You may also contact the Bowen Center Privacy Officer to request a paper copy.
- **Right to be notified when a breach of your PHI is discovered.** When it is discovered that unsecured PHI about you has been, or is reasonably believed to have been accessed, acquired, used or disclosed as a result of a breach, you will be notified without delay, and in no case longer than 60 days from the discovery.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our facilities and on the Bowen Center website. Each time you register at or are admitted to Bowen Center for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Bowen Center or with the Secretary of the Department of Health and Human Services. To file a complaint with Bowen Center, contact the Bowen Center Privacy Officer at PO Box 497, Warsaw, Indiana, 46581-0497, or contact the Quality Manager (Patient Advocate) at (574) 267-7169. You may also contact the Division of Mental Health and Addiction (DMHA) Consumer Service Line at 1-800-901-1133. You have the right to contact and consult with legal counsel. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL/HEALTH INFORMATION.

Uses and disclosures of medical/health information not covered by this Notice or the laws will be made only with your written permission. If you provide us permission to use or disclose medical/health information about you, you may revoke that permission, in writing, at any time. You understand that we are unable to take back any disclosures made prior to the date you revoked your authorization.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS.

When a client is enrolled in a Bowen Center substance abuse treatment program, the confidentiality of alcohol and drug abuse client records maintained by Bowen Center is protected by 42 CFR Part 2 Federal law and regulations. Generally, Bowen Center may not communicate to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser *UNLESS*:

- the client consents in writing;
- the disclosure is allowed by a court order; or
- the disclosure is made to medical personnel for research, audit, or program evaluation.

Disclosures which are permitted without the client's written consent include:

- internal communications between Bowen Center staff who have a need to know for continuity of treatment, billing purposes, etc.;
- qualified service organizations who provide services to the program, including but not limited to data processing, bill collecting, medication dosage preparation, laboratory analyses, legal/medical/accounting services, etc.;
- medical emergencies.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.