

Behavioral Health Solutions, PC

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.

Behavioral Health Solutions, PC (BHS) will use and distribute this Notice as its Notice of Privacy Practices and follow the information practices described in this Notice when using or disclosing records and information.

Understanding Your Health Information

Each time you visit a hospital, clinic, physician, or other health care provider, a record of your visit is made. Typically, this health record contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance, billing, and employment information. This health information, often referred to as your health record, serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care. Your health information is also used by insurance companies and other third-party payers to verify the appropriateness of billed services.

Our Responsibilities

BHS and its staff members are required by law to:

- Maintain the privacy of your health information.

- Provide you with an additional current copy of our Notice upon request.

- Abide by the terms of our current Notice.

- We will not use or disclose your health information without your written authorization, except as described in this Notice. Such authorization may be revoked in writing at any time except with respect to any actions we have taken in reliance on it.

Examples of Using Health Information for Treatment, Payment and Health Care

We will use and disclose your health information for treatment purposes.

For example: Information obtained by your treatment team will be recorded in your record and used to determine the course of treatment. Health care team members will communicate with one another personally and through the health record to coordinate care provided. We will also provide your physician or subsequent health care provider with copies of various reports that should assist him or her in treating you in the future.

We will use and disclose your health information for payment purposes.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose health information about you to other qualified parties for their payment purposes.

Teaching: As a teaching site for UNMC, residents, fellows, and students in medicine, dentistry, nursing, pharmacy, allied health and graduate studies, may be assisting with your care under the supervision of a licensed health care provider as a part of their professional health care training program.

Other Uses and Disclosures of Your Health Information

Notification. We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

Communication With Family and Others. We may disclose relevant health information to a family member, friend, or other person involved in your care. We will only disclose this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf.

Business Associates. There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associates so that they can perform such services. However, we require the business associate to appropriately safeguard your information.

Appointment Reminders. We may contact you as a reminder that you have an appointment for treatment or medical care.

Workers' Compensation. We may disclose health information to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Correctional Institutions. If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose to the correctional institution, its agents or the law enforcement official your health information necessary for your health or the health and safety of other individuals.

Law Enforcement. We may disclose health information if asked to do so by a law enforcement official as required or permitted by law or in response to a subpoena.

Health Oversight Activities. We may disclose health information for health oversight activities authorized by law. For example, oversight activities include 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.

Threats to Health or Safety. Under certain circumstances, we may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

As Required by Law. We will use or disclose your health information as required by federal, State or local law.

Lawsuits and Administrative Proceedings. We may release your health information in response to a court or administrative order. We may also provide your information in response to a subpoena or other discovery request, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Incidental Uses and Disclosures. There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. We will make reasonable efforts to limit these incidental uses and disclosures.

Your Health Information Rights

You have the following rights regarding your health information:

Right to Inspect and Copy. You may request to look at your medical and billing records and obtain a copy. If you ask for a copy of your records, we may charge a fee for the cost of copying, mailing, or other supplies needed to respond to your request.

Right to Request Amendment. You may request that your health information be amended if you feel that the information is not correct. We may deny your request, and will notify you of our decision in writing.

Right to an Accounting of Disclosures. You may request an accounting of certain disclosures of your health information showing with whom your health information has been shared (does not apply to disclosures to you, with your authorization, for treatment, payment or health care operations, and in certain other cases).

Right to Request Restrictions. You may request restrictions on how your health information is used for treatment, payment or health care operations, or to certain family members or others who are involved in your care. We may deny your request. If we agree to a restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

Right to Request Private Communications. You may request that we communicate with you in a certain way in a certain location. You must make your request in writing to the patient registration area and explain how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You may request an additional paper copy of this Notice at any time from any patient registration area.

Changes to this Notice

We reserve the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current Notice in patient registration areas and on our websites.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact Amanda Volkmer, M.S., LMHP, Owner and President of BHS. If you believe your privacy rights have been violated, you may file a complaint or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Updated: 10/23/2007

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