



Notice of HIPAA Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. The privacy of your health information is important to us.

Our Legal Duty

We are required by applicable federal and state law, including by the Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this notice while it is in effect. If a breach of your unsecured protected health information should occur, we are required to notify you.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment and healthcare operations. We typically use or share your health information in the following ways:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. *Example: To provide information external physicians in the event you require a different level of care or upon discharge from the program.*

Payment: We may use and disclose your health information to obtain payment for services we provide to you. *Example: We provide information about you to your health insurance plan so it may pay for your services.*

Healthcare Operations: We may use and disclose your health information for the purpose of quality assessment and improvement activities, reviewing the competence or qualifications of professionals, evaluating practitioner or provider performance, conducting training, accreditation, certification, licensing or credentialing activities. *Example: We use health information about you to manage your treatment and services.*

Required by Law: We may use or disclose your health information when we are required to do so by law, including to the Department of Health and Human Services to confirm we are complying with federal privacy law, or in response to a legally obtained subpoena, or court or administrative order. *Example: We provide information about you in response to a legal obligation, such as a subpoena or emergency request from a state department.*

Effective 1.24.2020

In addition to our use of your health information for treatment, payment, healthcare operations, or as required by law, you may give us written authorization to use your health information or disclose it to anyone for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization we cannot use or disclose your health information for any reason except those described in this notice. In the interest of clarity, we will never share substance abuse treatment records without your written permission. Potential uses authorized by you may include, but are not limited to, the following:

To Your Family and Friends: We must disclose your health information to you, as described in the patient rights section of this notice. We may only disclose your health information to a family member, friend or other person if you agree that we may do so and provide written authorization.

Persons Involved In Care: We may use or disclose your health information to notify, or assist in the notification of a family member, your personal representative or another person responsible for your care in the event of an emergency in which you are incapacitated. We will disclose health information based on a determination using our professional judgement while only disclosing health information that is directly relevant to the person's involvement in your healthcare.

Workers' Compensation or Disability: We may disclose your health information to facilitate a claim for workers' compensation and/or disability.

Research: We may use or share your information for health research.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail, text, letters, push notifications).

Patient Rights

Access: You have the right to inspect or obtain electronic or paper copies of your health information, with limited exceptions. You may request access to your health information in person, by mail or by phone.

Restrictions: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Correction or Amendment: You have the right to request that we correct or amend your health information. Your request must be in writing and it must explain why the information should be amended. We may deny your request under certain circumstances, but we'll tell you why in writing within 60 (sixty) days.

Communication: You have the right to receive confidential communications from us. You can ask us to contact you in a specific way (for example, to home, office or cell phone) or to send mail to a different address.

Accounting of Disclosures: You have a right to receive an accounting of disclosures of your protected health information for six years prior to the date you ask, who we shared it with and why. We will include all disclosures except for those about treatment, payment and healthcare operations.

Questions and Complaints

Effective 1.24.2020

If you are concerned that we may have violated your privacy rights, you disagree with a decision we made about access to your health information or a request you made to amend or restrict the use of your health information you may contact the Director of Compliance 1-800-683-8313. Any individual filing a complaint will not be retaliated against.

You may also submit a written 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/.



Notice of HIPAA Privacy Practices

HIPPA – ACKNOWLEDGEMENT OF RECEIPT Notice of Privacy Practices

Printed Member Name: _____
Member Date of Birth: _____

Groups Recover Together is required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please ask to speak with our Director of Compliance in person or by phone at 1- 800-683-8313. If you would like a copy of this Notice, please ask.

I acknowledge that I have received and reviewed the HIPAA Notice of Privacy Practices from Groups Recover Together.

Signature of Member

Date

Printed Name of Member