

Accordia Health
NOTICE OF HEALTH INFORMATION 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.

We have a legal duty to safeguard your (PHI) Protected Health Information. This PHI includes information that can be used to identify you that we have created or reviewed about your past, present or future health conditions. It contains what healthcare we have provided to you, or the payment history on healthcare related accounts. We must provide you with notice about our privacy practices and explain how, when and why we use and disclose your PHI.

We will not use or disclose your health information without your authorization, except as described in this notice or otherwise required by law. We are legally required to follow the privacy practices that are described in this notice.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RECORDS:

The confidentiality of alcohol and drug abuse records maintained by this organization is protected by federal law and regulations. Generally, the program may not communicate to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser unless one of the following conditions is met:

- * you consent to it in writing
- * the disclosure is allowed by a court order
- * the disclosure is made to medical personnel in a medical emergency or to qualified personnel for program evaluation

Violations of federal laws and regulations by a program are a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations.

Federal laws and regulations do not protect any information about a crime committed by you either at the program or against any person(s) 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.

YOUR HEALTH INFORMATION RIGHTS:

Although your medical record is the physical property of Accordia Health, the information belongs to you. You have the right to:

- * request in writing a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- * request in writing to obtain a paper copy of your health record as provided for in 45 CFR 164.524
- * request in writing to amend your health record as provided in 45 CFR 164.526
- * obtain a paper copy of the notice of information practices upon request
- * request in writing to obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- * request in writing communication of your health information by alternative (other) means or at other locations
- * revoke in writing your authorization to use and disclose health information except to the extent that action has already been taken
- * obtain notice following any breach of your unsecured protected health information as provided in 45 CFR 164.520(b)(1)(v)(A)

OUR RESPONSIBILITIES:

Accordia Health is required to:

- * maintain the privacy of your health information
- * provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- * abide by the terms of this notice
- * notify you if we are unable to agree to a requested restriction
- * accommodate reasonable requests you may have to communicate health information by other means or at other locations
- * train our personnel concerning privacy and confidentiality; implement a sanction policy to discipline those who breach privacy or confidentiality of our policy

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our Information practices change; the revised notice will be available through your clinician and in the lobby of the facility.

We will not use or disclose your health information without your authorization, except as described in this notice.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you have questions and would like additional information, you may contact the Patient Relations Specialist at 251-450-4303. If you believe your privacy rights have been violated you can file a complaint with the Patient Relations Specialist at Accordia Health or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Your written statement to Accordia Health and/or the Office of Civil Rights must include your name; address; telephone number; your signature; how, why, and when you believe you were discriminated against; name and address of institution or agency you believe discriminated against you; and any other relevant information.

You may submit in writing a request for review of any discrepancy or complaint under HIPAA to any of the following:

Director

Office of Civil Rights
U.S. Department of Health & Human Service
61 Forsyth St., SW – Suite 31370
Atlanta, GA 30323
(404) 562-7858 or 562-7884

Patient Relations Specialist
Accordia Health
5750-B Southland Drive
Mobile, AL 36693
(251) 450-4303

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:

We will use your health information for treatment (fox example):

Information obtained by a, doctor, nurse or other mental health professional will be recorded in your record and used to determine the course of treatment that will work best for you. Any service provided to you will be documented in the record.

We will use your health information for payment (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. You may request restrictions on such uses only if the request relates to services paid of out-of-pocket and the request is for nondisclosure to a health plan related solely to such services as provided in 45 CFR164.520(v)(1)(iv)(a) and 164.522(a)(1)(vi)

We will use your health information for regular health operations (for example):

Members of the medical staff, the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

Business Associates:

We provide some services through contracts with business associates. (Example: certain diagnostic tests).

Directory:

We do not have a directory that provides any information concerning your treatment here.

Notification:

We will not disclose any information to anyone about you without your written consent/authorization. Examples of uses or disclosures requiring your authorization include most disclosures of psychotherapy notes as provided in 45 CFR 164.520(b)(1)(ii)(E)

Communication with Family:

Only with your written authorization/consent will we disclose to a family member, another relative, a close friend, or any other person that you identify; health information relevant to that person's involvement in your care or payment related to your care.

Research:

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Funeral Directors:

We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

Marketing/continuity of care:

We may contact you to provide appointment reminders or information about treatment alternatives that may be of interest to you.

Fund raising:

We will not contact you concerning any fund raising activities.

Food and Drug Administration (FDA):

We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or postmarketing surveillance information to enable product recalls, repairs, or replacements.

Workers Compensation:

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

Public Health:

We may disclose your health information as required by law.

Correctional institution:

If you are an inmate of a correctional institution, we may disclose to the institution health information necessary for your health and the health and safety of other individuals.

Law Enforcement:

We may disclose your health information for law enforcement purposes as required by law or in response to a court order.

Health Oversight Agencies & Public Health Authorities:

By Federal law provisions your health information may be released provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (MEDICAL RECORDS) THAT WE MAINTAIN. IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL HAVE THE REVISED NOTICE AVAILABLE IN THE LOBBY OF THE FACILITY.



Patient Rights

As a patient of Accordia Health Primary Care, you have the following rights:

- To be treated with respect, consideration, dignity and to receive high quality healthcare.
- To not be discriminated against in the delivery of healthcare services.
- To be assured of confidential treatment and to authorize the release of identifiable healthcare and other personal information.
- To review and receive copies of your medical records and/or request that your records be amended.
- To choose your healthcare provider.
- To be informed of your medical condition, treatment plan, and expected outcome.
- To receive accurate, easily understood information and to request assistance or be represented by parents, guardians, family members, or others in making informed healthcare decisions.
- To refuse treatment and refuse to participate in research.
- To be informed of the names, functions, and credentials of all persons providing service to you and to receive the names and telephone numbers of management.
- To be informed of available services, hours of service, and after hour coverage.
- To have a fair and efficient process for voicing grievances.

Patient Responsibilities

As a patient of Accordia Health Primary Care, you have the following responsibilities:

- To give truthful and accurate information about your health and past medical treatment.
- To ensure that you fully understand and follow the treatment plan prescribed by your healthcare provider.
- To inform your healthcare provider of any changes in your condition or of any adverse reactions to the treatment plan.
- To keep appointments and inform the center in advance when you are unable to keep an appointment.
- To pay for services rendered in accordance with the fee policy and to provide truthful and accurate financial and/or insurance information to allow for appropriate billing.
- To become informed of and to follow health center rules and regulations concerning patient care and conduct.



Procedure for Review of Records

Any consumer or legal representative of a consumer may request an opportunity to review his/her records to obtain information from his/her records at Accordia Health. Such a request must be submitted in writing on a facility provided *Release of Authorization to Disclose Protected Health Information* form.

Upon receipt of this request, the Health Information Department shall forward the consumer's request and medical record to the clinician for determination if release of information would be detrimental to the consumer.

If after review the clinician determines the information may be released, the requested information will be copied and released to the consumer.

The copying fee for such requested records is:

On disc: \$6.50 disk fee

On paper: \$5.00 labor fee, \$1.00 per page for the first 25 pages, \$0.50 per page thereafter

\$15.00 Certification fee if requested

Requests for Release of Health Information not completed and witnessed at one of our facilities require a notarized validation of identity of the requestor.

Appeal Process

Step 1: You may report any complaint/grievance to any employee of Accordia. All complaints received will be reported to Patient Relations. You will receive a response with possible solutions to your complaint within 10 working days from the Patient Relations Specialist.

Step 2: If you are not satisfied with the solution you may request that your complaint be reviewed by the Patient Relations Committee. You will receive a response with a possible solution from the Patient Relations Committee within 10 working days.

Step 3: If you are not satisfied with the solution offered by the Patient Relations Committee you may request that your complaint be reviewed by the CEO of Accordia Health. You will receive a response from the CEO within 30 days.

At any time you may contact the following agencies regarding your complaint/grievance:

Department of Mental Health – Mental Retardation Office of Advocacy Services
1-800-367-0955

Alabama Disabilities Advocacy Program
1-800-826-1675

Patient Relations Specialist
(251) 450-4303

Department of Human Resources
(251) 450-9100 (Children) or (251) 450-1800 (Adult)

You may contact the Joint Commission's Office of Quality Monitoring to report any concerns or register complaints about ACCORDIA by either calling 1-800-994-6610 or e-mailing complaint@jointcommission.org.