

SAMPLE PATIENT NOTICE

THIS NOTICE 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 regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Green Valley Recovery Center (Green Valley) may not say to a person outside Green Valley that you attend the program, nor may Green Valley disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Green Valley must obtain your written consent before it can disclose information about you for payment purposes. For example, Green Valley 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 Green Valley can share information for treatment purposes or for health care operations. However, federal law permits Green Valley to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluations;
3. To report a crime committed on Green Valley's premises or against Green Valley personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

[Insert more stringent protections provided by State law, if any]

For example, Green Valley can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization / business associate agreement in place.

Before Green Valley 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.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Green Valley is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Green Valley 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 information maintained by Green Valley, 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 Green Valley's records, and to request and receive an accounting of disclosures of your health related information made by Green Valley during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Green Valley's Duties

Green Valley 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. Green Valley is required by law to abide by the terms of this notice. Green Valley reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. *[Insert description of how the covered entity will provide individuals with a revised notice.]*

Complaints and Reporting Violations

You may complain to Green Valley and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. *[Insert description of how a complaint is filed with the covered entity.]* 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.

Contact

For further information, contact *[insert name or title and telephone number of person or office to contact for further information.]*

Effective Date

[Insert date on which notice became effective; cannot be earlier than date on which notice was printed or published.]

Acknowledgement

I hereby acknowledge that I received a copy of this notice.

Dated: _____

(Signature of patient)