

# Wasatch Crest Confidentiality Policy

In order to help you understand our commitment to confidentiality, we've explained our practices on keeping the details of your treatment private below.

Your therapy and treatment are personal and confidential. The only individuals with access to your treatment details are you, other patients (if in a group therapy setting), and/or your family.

At Wasatch Crest, our professionals work as a team to provide each patient with the highest quality of care. Our clinicians are professionally licensed, graduate student interns, or working toward certification in substance abuse counseling. At times, it is necessary for our clinicians to consult with other Wasatch Crest professionals regarding patients' treatment, either individually or during team meetings.

Wasatch Crest does not release information regarding a patient's consultation or treatment without the patient's written consent. To release treatment information, patients must complete a "Release of Information" form, stipulating the professional or individual with whom they intend to share their treatment details.

The law stipulates that if a patient is an imminent danger to him or herself or others, we must breach confidentiality standards. The law also states that we must act in accordance with applicable state laws regarding mandatory disclosure of the abuse of children, elders, or others.

## Satisfaction Survey

Our goal is to provide you with high quality, human-centric care that benefits you. In order to keep a pulse on your treatment experience, we distribute a satisfaction survey allowing you to express which treatment services are beneficial and which we can improve. Your signature is optional.

## Uses and Disclosures of Health Information

The following notice describes how you access your health information, and how it may be used and disclosed. This notice is effective as of April 15, 2003.

Wasatch Crest Treatment Services is committed to protecting the privacy of the personal and health information that we collect while providing health care services. This information is known as "protected health information" or "PHI." PHI typically includes your name, address, birth date, billing arrangements, and other details relating to your health, health care, or health care payment. PHI does not include information that is de-identified or cannot be linked to you.

The following Health Information Privacy Practices ("Notice") describes Wasatch Crest Treatment Services' duties regarding the privacy of PHI, uses and disclosures of PHI, client rights, and contact information for comments, questions, and complaints.

## Wasatch Crest's PRIVACY PROCEDURES AND LEGAL OBLIGATIONS

Wasatch Crest obtains most PHI directly from you, through care applications, assessments, and direct questions. We may collect additional personal information depending on your needs and your expressed consent to make additional referrals and inquiries. We may also obtain PHI from community health care agencies, governmental agencies, or other health care providers as we set up your service arrangements.

Wasatch Crest is required by law to provide you with this Notice. Wasatch Crest reserves the right to amend this Notice at any time to reflect changes in our privacy practices. Changes will be applicable to and effective for all PHI that we maintain, including PHI we created or received prior to the effective date of the Notice. Any revised notices will be mailed to you or provided upon request.

Wasatch Crest is required by law to maintain the privacy of all PHI. Wasatch Crest will comply with federal and state law that further limits or restricts the uses and disclosures discussed below. In order to comply with these state and federal laws, Wasatch Crest has adopted policies and procedures that require its employees to obtain, maintain, use, and disclose PHI in a manner that protects client privacy.

Except as outlined below, Wasatch Crest will not use or disclose your PHI without your written authorization. The authorization form is available on your request from Wasatch Crest. You have the right to revoke your authorization at any time, except to the extent that Wasatch Crest has taken action in reliance on that authorization.

The law permits Wasatch Crest to use and disclose your PHI for the following reasons without your authorization:

For your treatment: We may use or disclose your PHI to physicians, psychologists, nurses, and other authorized healthcare professionals who need your PHI in order to conduct an examination, prescribe medication, or otherwise provide health care services to you.

To obtain payment: We may use or disclose your PHI to insurance companies, government agencies, or health plans to assist us in getting payment for our services. For example, we may release information such as dates of treatment to an insurance company in order to obtain payment.

For our health care operations: We may use or disclose your PHI in the course of activities necessary to support our health care operations such as performing quality checks on our employee services. We may also disclose PHI to other persons not in Wasatch Crest's workforce or to companies who help us perform our health services (referred to as "business associates"). We require these business associates to appropriately protect the privacy of your information.

As permitted or required by law: In some cases, we are required by law to disclose PHI. Such disclosures may be required by statute, regulation court order, government agency, or when we reasonably believe an individual to be the victim of abuse, neglect, or domestic violence for judicial and administrative processes and enforcement purposes.

For public health: We may use or disclose your PHI for public health purposes such as reporting communicable disease results to public health departments as required by law or when required for law enforcement purposes.

To avoid threat to health and safety: We may disclose PHI if we believe in good faith that doing so will prevent or lessen a serious or imminent threat to the health or safety of any person or the public at large.

Disclosures of health related benefits or services: Sometimes we may want to contact you regarding service reminders or health related products and services that may be of interest to you. This may include but is not limited to health care providers and settings of care, or to tell you about other health related products or services offered at Wasatch Crest. You have the right to not accept such information.

Incidental uses and disclosures: Incidental uses and disclosures of PHI are those that cannot be reasonably prevented, are limited in nature, and occur as a by-product of a permitted use or disclosure. Such incidental uses and disclosures are permitted as long as Wasatch Crest uses reasonable safeguards and uses or discloses only the minimum amount of PHI necessary.

To personal representatives: We may disclose PHI to a person designated by you to act on your behalf to make decisions about your care in accordance with state law. We will act according to your written instructions in your chart and our ability to verify the identity of anyone claiming to be your personal representative.

To family and friends: We may disclose PHI to persons that you indicate are involved in your care or payment of care. These disclosures may occur if you are unavailable, incapacitated or facing an emergency medical situation, and we determine that a limited disclosure may be in your best interest. We may also disclose limited PHI to public or private entities that are authorized to assist in disaster relief efforts in order for that entity to locate a family member or other person that may be involved in caring for you. You have the right to limit or stop these disclosures.

## YOUR RIGHTS CONCERNING PRIVACY

Access to Certain Records: You have the right to inspect and copy your PHI in a designated record set except where state law may prohibit client access. A designated record set contains medical, billing, and/or case management information. If we do not have your PHI record set but know who does, we will inform you on how to get it. If our PHI is a copy of information maintained by another health care provider, we may direct you to request the PHI from them. If Wasatch Crest produces a copy for you, we may charge up to \$1.00 per page up to a maximum fee of \$50.00. Should we deny your request for access to information contained in your designated record set, you have the right to ask for the denial to be reviewed by another healthcare professional designated by Wasatch Crest.

Amendments to Certain Records: You have the right to request certain amendments to your PHI if, for example, you believe a mistake has been made or a vital piece of information is missing. Wasatch Crest is not required to make the requested amendment and will respond in writing to your request.

Accounting of Disclosure: You have the right to receive an accounting of disclosures of your PHI that were made by Wasatch Crest for a period of six (6) years prior to the date of your written request. This accounting does not include for purposes of treatment, payment, health care operations, or certain other excluded purposes, but includes other types of disclosures, including disclosures for public health purposes or in response to a subpoena or court order.

Restrictions: You have the right to request that we agree to restrictions on certain uses and disclosures of PHI, but we are not required to agree to your request. You cannot place limits on uses and disclosures that we are legally required to make.

Revoke Authorizations: You have the right to revoke any authorizations you have provided, except to the extent that Wasatch Crest has already relied upon the prior authorization.

Delivery by Alternate Means or Alternate Address: You have the right to request that we send your PHI by alternate means or to an alternate address.

Complaints and How to Contact Us: If you believe your privacy rights have been violated, you have the right to file a complaint by contacting Wasatch Crest at the address and/or phone number indicated. You also have the right to file a complaint with the Secretary of the United States Department of Health and Human Services in Washington D.C. Wasatch Crest will not retaliate against you for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint by contacting:

Linda Potere HIPPA Privacy Office at (561) 738-1369

or

the Secretary for the Department of Health and Human Services. The U.S. Department of Health and Human Services is located at

200 Independence Avenue, S.W.

Washington D.C. 20201, and can be reached toll Free at 1-877-696-6775