

AllHealth Network  
**NOTICE OF PRIVACY RIGHTS**

THIS NOTICE DESCRIBES HOW MEDICAL [INCLUDING MENTAL HEALTH] INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, AllHealth Network will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

**I. USES AND DISCLOSURES OF PROTECTED INFORMATION**

A. General Uses and Disclosures Not Requiring the Consumer's Consent. The Network will use and disclose protected health information in following the ways.

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, Network staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.

2. *Payment.* Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, the Network will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payers may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado's Medicaid program, including but not limited to your treatment, condition, diagnosis, and services received.

3. *Health Care Operations.* Health Care Operations refers to activities undertaken by the Network that are regular functions of management and administrative activities. For example, the Network may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

4. *Contacting the Consumer.* The Network may contact you to remind you of appointments and to tell you about treatments or other services that might be of benefit to you.

5. *Required by Law.* The Network will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to:
- (a) reporting child abuse or neglect;
  - (b) when court ordered to release information;
  - (c) when there is a legal duty to warn or take action regarding imminent danger to others;
  - (d) when the consumer is a danger to self or others or gravely disabled;
  - (e) when required to report certain communicable diseases and certain injuries; and
  - (f) when a Coroner is investigating the consumer's death.

6. *Health Oversight Activities.* The Network will disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, and regulatory programs or determining compliance with program standards.

7. *Crimes on the premises or observed by Network personnel.* Crimes that are observed by Network staff that are directed toward staff, or occur on the Network's premises will be reported to law enforcement.

8. *Business Associates.* Some of the functions of the Network are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

9. *Research.* The Network may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation are followed. 45 CFR § 164.512(i).

10. *Involuntary Consumers.* Information regarding consumers, who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

11. *Family Members.* Except for certain minors, incompetent consumers, or involuntary consumers, protected health information cannot be provided to family members without the consumer's consent. In situations where family members are present during a discussion with the consumer, and it can be reasonably inferred from the circumstances that the consumer

does not object, information may be disclosed in the course of that discussion. However, if the consumer objects, protected health information will not be disclosed.

12. *Fund Raising.* The Network, or its fund raising Foundation, may contact consumers as a part of its fund raising activities.

13. *Emergencies.* In life threatening emergencies Network staff will disclose information necessary to avoid serious harm or death.

B. Consumer Authorization or Release of Information. The Network may not use or disclose protected health information in any other way without a signed authorization or release of information. When you sign an authorization, or a release of information, it may later be revoked, provided that the revocation is in writing. The revocation will apply, except to the extent the Network has already taken action in reliance thereon

## II. YOUR RIGHTS AS A CONSUMER

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information the Network has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Network staff for the appropriate request form.

B. Amendment of Your Record. You have the right to request that the Network amend your protected health information. The Network is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Network staff for the appropriate request form.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures the Network has made regarding your protected health information. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you, disclosures made pursuant to a signed Authorization, or disclosures made prior to April 14, 2003. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Network staff for the appropriate request form.

D. Additional Restrictions. You have the right to request additional restrictions on the use or disclosure of your health information. The Network does not have to agree to that request, and there are certain limits to any restriction, which will be provided to you at the time of your request. To make a request, ask Network staff for the appropriate request form.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive communications of protected health information from the Network by alternative means or at alternative locations. For example, if you do not want the Network to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Network staff for the appropriate request form.

F. Copy of this Notice. You have a right to obtain another copy of this Notice upon request.

## III. ADDITIONAL INFORMATION

A. Privacy Laws. The Network is required by State and Federal law to maintain the privacy of protected health information. In addition, the Network is required by law to provide consumers with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. The Network is required to abide by the terms of this Notice, or any amended Notice that may follow. The Network reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in the Network's service delivery sites and will be available upon request.

C. Complaints Regarding Privacy Rights. If you believe the Network has violated your privacy rights, you have the right to complain to Network management. To file your complaint, call the ALLHEALTH NETWORK Privacy Officer at 303-723-4297. You also have the right to complain to the United States Secretary of Health and Human Services by sending your complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 1961 Stout Street, Room 1426, Denver, CO 80294. It is the policy of the Network that there will be no retaliation for your filing of such complaints.

D. Additional Information. If you desire additional information about your privacy rights at the Network, please call the ALLHEALTH NETWORK Privacy Officer at 303-723-4297.

E. Effective Date. This Notice is effective April 14, 2003.

### **CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CONSUMER INFORMATION**

Federal law and regulations protect the confidentiality of alcohol and drug abuse consumer records maintained by Arapahoe/Douglas Mental Health Network. Generally, ALLHEALTH NETWORK may not say to a person outside the Network that a consumer attends ALLHEALTH NETWORK, or disclose any information identifying a consumer as an alcohol or drug abuser, unless:

- (1) The consumer consents in writing; OR
- (2) The disclosure is allowed by a court order; OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
- (4) The consumer commits or threatens to commit a crime either at ALLHEALTH NETWORK or against any person who works for the Network.

ALLHEALTH NETWORK is licensed by the State of Colorado to provide substance abuse treatment. The state requires that information about your services be sent to the local managed services organization (MSO) and to the state's Alcohol and Drug Abuse Division. This permits the state and MSO to audit and evaluate our program to ensure quality services. It also allows the state and MSO to track trends and changes in substance abuse patterns and services. Both our managed services organization and the state have agreed that all consumer information will be kept in accordance with federal law and will be destroyed when it is no longer needed. These disclosures are permitted without your written consent by federal law including 42 CFR Part 2

Violation of the federal law and regulations by ALLHEALTH NETWORK is a crime. Suspected violations may be reported to the United States Attorney in the District of Colorado.

Federal law and regulations do not protect any information about suspected child abuse or neglect being reported under Colorado law to appropriate state or local authorities.