



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

NOTICE OF PRIVACY PRACTICES (EFF. SEPTEMBER 23, 2013)

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.

Uses and Disclosures of Health Information

- We use health information about you for payment purposes. This includes paying your provider and obtaining payment for our services from the health plan. It also includes our utilization review activities. For example, we may use health information about you to determine whether the services your provider recommends are medically necessary and covered under your health plan. We may use health information about you to verify the services that were provided to you.
- We use health information about you to conduct our health care operations. These are uses necessary to conduct our business, including medical review, and legal and auditing services. For example, we use health information about you to conduct our quality improvement activities, such as patient satisfaction surveys. We may also use this information to evaluate the competence of our network providers in caring for you. We may combine your health care information with that of other patients to evaluate outcomes and develop our clinical guidelines.
- We may use or disclose health information about you to remind you that you have an appointment for treatment.
- We may use or disclose health information about you to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may release medical information about you to a friend, family member, or personal representative who is involved in your medical care.
- We will disclose medical information about you when required to do so by federal, state, or local law.
- We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure would only be to someone able to help prevent the threat. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may disclose medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.
- We may disclose protected health information to the benefit plan sponsor.
- We may disclose medical information about you to a provider for your treatment.
- We may disclose medical information about you to a provider, health plan, or clearinghouse for their payment purposes.
- We may disclose medical information about you to a provider, health plan, or clearinghouse for their health care operations (such as quality improvement) or for fraud and abuse detection or compliance. We will do this only if the requesting party also has a relationship with you. The information requested must pertain to that relationship.
- In other instances, we will ask for your written authorization before using or disclosing any identifiable health information about you. This includes uses and disclosures of psychotherapy

(continued on reverse)

notes (except to defend ourselves in a legal action brought by you), or for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Individual Rights

- In most cases, you may make a written request to look at or obtain a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you 5 cents for each page.
- You have the right to request that we communicate with you about your protected health information in a certain way or at a certain location.
- You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a requested restriction. However, we will agree to your requested restriction regarding information to be disclosed to another health care plan for payment or health care operations (i.e., non-treatment) purposes if the information is about a health care item or service for which you or another person on your behalf paid the provider out-of-pocket in full.
- You have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes.
- If you believe that information in your record is incorrect or that important information is missing, you may make a written request that we correct the existing information or add the missing information. Your request must include the reason for the amendment.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may request a complaint form from the person listed below. You also may send a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. The person listed below can provide you with the appropriate address upon request. We will not take any action against you for filing a complaint.

Our Legal Duty

We are required by law to protect the privacy of your health information, to provide this notice about our information practices, to notify affected individuals following a breach of unsecured protected health information, and to follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice. We may make the new notice provisions effective for all protected health information that we maintain, including that created or received before the effective date of the notice. If we change our policies and notice, we will notify you through your benefit plan sponsor before the effective date of the change. We will also post the new notice on our website (www.behavioralhealthsystems.com). You can request a paper copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

**If you have any questions or complaints, or
if you wish to exercise any of your individual rights, please contact:**

**Vice President, Clinical Services
Behavioral Health Systems, Inc.
P.O. Box 830724
Birmingham, AL 35283-0724
Phone: (205) 879-1150 or 1-800-245-1150
Fax: (205) 879-1178
Email: info@behavioralhealthsystems.com**