



MARYHAVEN®

Helping People Restore Their Lives®

## **NOTICE OF 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 carefully.

### **Our Privacy Policy**

Maryhaven, at all of its facilities and with all its workforce members is committed to providing you with quality treatment services. An important part of that commitment is protecting your health information according to applicable law. This notice (“Notice of Privacy Practices”) describes your rights and our duties under Federal Law. Protected health information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of healthcare services; or the past, present, or future payment for the provision of healthcare services to you.

See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.

### **Our Duties**

We are required by law to maintain the privacy of your PHI; to provide you with notice of our legal duties and privacy practices with respect to your PHI; and to notify you following a breach of unsecured PHI related to you. We are required to abide by the terms of this Notice of Privacy Practices. This Notice of Privacy Practices is effective as of the date listed on the first page of this Notice of Privacy Practices. This Notice of Privacy Practices will remain in effect until it is revised. We are required to modify this Notice of Privacy Practices when there are material changes to your rights, our duties, or other practices contained herein.

We reserve the right to change our privacy policy and practices and the terms of this Notice of Privacy Practices, consistent with applicable law and our current business processes, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revisions of this Notice of Privacy Practices will be provided as follows:

Upon request;

Electronically via our website or via other electronic means; and

As posted at our facilities.

## **Use and Disclosure of Your Maryhaven Records**

We will obtain your written authorization to use and disclose your health information unless we are permitted to use or disclose your information without your authorization under applicable law. The following categories describe the ways that we may use and disclose your health information without your written authorization under Part 2. To the extent applicable Ohio law is even more restrictive than Part 2 on how we use and disclose any of your health information, we comply with more restrictive Ohio law.

**Within Our Facilities.** Maryhaven workforce members who have a need for your information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment may use and share your information.

**Emergency Treatment.** In the event of a bona fide medical emergency in which your prior authorization cannot be obtained, we may disclose your identifying information to medical personnel. We will obtain your authorization prior to disclosing your information for non-emergent treatment.

**Business Associates/Qualified Service Organizations.** We may disclose your information to third party “business associates” and “qualified service organizations” that perform various services on our behalf, such as transcription, billing, and collection services, and who agree to protect the privacy of your health information.

**Audits.** We may disclose your health information to entities who are legally permitted to perform audits of our facilities. Those entities are required to maintain the privacy of your information.

**Legal Proceedings.** We may disclose your health information pursuant to court orders that meet the requirements of applicable law.

**Reporting Crimes on Our Premises or Against Our Personnel.** We may disclose a patient’s commission (or threatened commission) of a crime on our premises or against our personnel to a law enforcement agency or official. We are permitted to disclose information regarding the circumstances of such incident, including the suspect’s name, address, last known whereabouts, and status as a patient in our program.

**Reporting Child Abuse or Neglect.** We may report incidents of suspected child abuse and neglect to the appropriate state or local authorities.

**Deceased Persons.** We may disclose information relating to the cause of death of a patient under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

**Research.** Under certain circumstances, we may disclose your health information to researchers who are conducting a specific research project. Your identifying information will never be published without your written authorization.

**FDA Reporting.** We may disclose patient identifying information to medical personnel of the Food and

Drug Administration (“FDA”) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

## **OTHER USES AND DISCLOSURES**

Use or disclosure of your health information for any purpose other than those listed above requires your written authorization. Some examples include:

- **Release of Your Presence in Our Facility:** We will not disclose your presence in treatment to individuals who may call the facility or present in person at the facility unless you have provided your written authorization permitting the release.
- **Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization except as otherwise permitted by law.
- **Sale of Your Health Information:** We will not sell your health information without your written authorization except as otherwise permitted by law.

If you change your mind after authorizing a use or disclosure of your health information, you may withdraw your permission by revoking the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of your health information that occurred before you notified us of your decision, or any actions that we have taken based upon your authorization. To revoke an authorization, please notify your assigned clinician. We will honor oral revocations upon authenticating your identity until a written revocation is obtained. In the alternative, you may notify us by mail at Maryhaven, Attn: Chief Compliance Officer, 1791 Alum Creek Drive, Columbus, Ohio 43207 or by contacting our Medical Records Department at [medicalrecords@maryhaven.com](mailto:medicalrecords@maryhaven.com)

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

This section describes your rights regarding the health information we maintain about you. All requests or communications to exercise your rights discussed below must be submitted in writing to Maryhaven, Attn: Compliance, 1791 Alum Creek Drive, Columbus, Ohio 43201 or by email to our Medical Records Department at [medicalrecords@maryhaven.com](mailto:medicalrecords@maryhaven.com)

**Right to Inspect and Copy.** You have the right to inspect and receive a copy of your health information. We may charge you a fee as authorized by law to meet your request. You may request access to your health information in a certain electronic form and format, if readily producible, or, if not readily producible, in a mutually agreeable electronic form and format. Further, you may request in writing that we transmit such a copy to any person or entity you designate. Your written, signed request must clearly identify such designated person or entity, what you want to be disclosed, and where you would like us to send the copy. We may deny your request to inspect and copy in limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Request Confidential Communications.** You have the right to request that we communicate your health information to you in a certain manner or at a certain location. For example, you may wish to receive information through a written letter sent to a private address. We will grant reasonable requests. We will not ask you the reason for your request.

**Right to Amend.** You have a right to request that we amend or correct your health information that you believe is incorrect or incomplete. For example, if your date of birth is incorrect, you may request that the information be corrected. To request a correction or amendment to your health information, you must make your request in writing and provide a reason for your request. You have the right to request an amendment for as long as the information is kept by or for us. Under certain circumstances we may deny your request. If your request is denied, we will provide you with information about our denial and how you can file a written statement of disagreement with us that will become part of your medical record.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures we make of your health information. Please note that certain disclosures need not be included in the accounting we provide to you, including most disclosures we make pursuant to your authorization. Your request must state a time period which may not go back further than six years. You will not be charged for this accounting, unless you request more than one accounting per year, in which case we may charge you a reasonable cost-based fee for providing the additional accounting(s). We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

**Right to Request Restrictions.** HIPAA provides that you have the right to request restrictions on how your health information is used or disclosed for treatment, payment, or health care operations activities but that we are not required to agree to your requested restriction, unless that restriction is regarding disclosure of health information to your health insurance company and: (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the health information pertains solely to a health care item or service for which you or another person (other than your health insurance company) paid for in full. Note, however, that Part 2 requires that we obtain your written authorization for most disclosures, except as expressly outlined above.

**Right to a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. A paper copy of this Notice can be obtained from the front desk staff at any Maryhaven facility.

#### **Right to Notification of a Breach**

You have the right to be notified in the event that we (or one of our Business Associates/Qualified Service Organizations) discover a breach involving unsecured PHI.

### **Complaints/Questions**

You have the right to file a complaint if you believe your privacy rights have been violated. If you would like to file a complaint about our privacy practices, you can do so by sending a letter outlining your

concerns to: Maryhaven, Attn: Chief Compliance Officer, 1791 Alum Creek Drive, Columbus, Ohio 43207 or by contacting our Client Rights Advocate at 614-445-8131.

You also have the right to complain to the Secretary of the United States Department of Health and Human Services, the United States Attorney for the judicial district in which the violation occurs, and the Substance Abuse and Mental Health Services Administration (SAMHSA) office responsible for opioid treatment program oversight. You will not be penalized or otherwise retaliated against for filing a complaint.

U.S. Attorney's Office	SAMHSA
303 Marconi Boulevard, Suite 200	5600 Fishers Lane
Columbus, OH 43215	Rockville, MD 20857
Main number: 614-469-5715	1-877-726-4727
Hearing Impaired: 614-469-5734	

U.S. Department of Health & Human Services Office for Civil Rights  
200 Independence Avenue, S.W. Washington, D.C. 20201  
877-696-6775  
[OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or at [www.hhs.gov](http://www.hhs.gov)