



HIPAA Compliance Notice of Privacy Practice

(Long Form)

This Notice of Privacy Practices (“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.

Our commitment to your privacy

Privacy is an important concern for all those who come to this agency. It can also be complicated because of the many federal and state laws and our professional ethics. Because the rules are so complicated some parts of this Notice are detailed and you may need to read them several times to understand them. If you have any questions, our Privacy Officer (contact information at the end of this Notice) will be happy to help you understand our procedures and your rights.

A. What we mean by “medical information.”

Each time you receive services from Lighthouse Youth & Family Services (“us” or “Agency”) or any doctor’s office, hospital, clinic, or any other what are called “healthcare providers,” information is collected about you and your physical and mental health or service needs. It may be information about your past, present or future health or conditions, tests and treatment you got from us or from others, or about payment for healthcare. The information we collect from you is called **PHI**, which stands for Protected Health Information. This information goes into your **medical or healthcare record**. In this Agency, this PHI is likely to include the following types of information:

- **Your history.** As a child, in school, at work, and family.
- **Reasons you came for treatment.** Your problems, complaints, symptoms, or needs.
- **Diagnoses.** Diagnoses are the medical terms for your needs, problems, or symptoms.
- **A treatment or service plan.** A list of the services and any other services that we think will be best to help you.
- **Progress notes.** Each time you come in we write down some things about how you are doing, what we notice about you, and what you tell us.
- **Records.** Information we get from others who treated or evaluated you in the past.
- **Psychological and psychiatric reports, school records, and other reports.**
- Information about **medications** you took in the past or are taking currently.
- **Billing and insurance information** (about the services provided and payment for them).

This list is meant to give you an idea about the information that may be part of your PHI. There may be other/additional kinds of information that go into your healthcare record here.

In partnership with you, we may choose to use this information (PHI) for many purposes. For example, we may use it:

- To plan your care and services.
- To evaluate how well our services are working for you.
- To verify you received services from us.
- For teaching and training other healthcare professionals.
- For Quality Assurance purposes.
- For public health officials working to improve health care in our region.
- To improve our services by measuring the results of our work.

When you understand what is in your record and what it is used for you can make better decisions about who, when, and why others should have this information.

Although your health record is the property of the program or agency that collected it, the information belongs to you. You can read it, and if you want a copy, we can make one for you. We may charge you for the costs of copying and mailing if you want it mailed to you. In rare situations, you cannot see everything in your records. If you find anything in your records that you think is incorrect or if you believe that something important is missing, you can ask us to amend (add information to) your records. In most cases, however, we don't have to agree to do that but will listen to your concerns. Our Privacy Officer can explain more about this.

B. Privacy and the Law

We are also required to tell you about privacy because of the privacy regulations of a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The HIPAA law requires us to keep your Protected Healthcare Information (or PHI) private and to give you this notice of our legal duties and privacy practices. That is called the **Notice of Privacy Practices** (or **NPP**). We will obey the rules of this notice during the time it is in effect. If we make changes, the new NPP will apply to all the PHI we keep. If we change the NPP, we will post the new Notice in our office where everyone can see. Anyone can get a copy from our Privacy Officer at any time and it will be posted on our website at www.lys.org.

C. How your Protected Health Information (PHI) can be used and shared.

When your information is read by the Agency's staff and used in partnership with you to make decisions about your care, that is called "**use**." If the information is shared with or sent to others outside this Agency, that is called "**disclosure**." In most cases, we will not disclose your PHI without your written consent. If or when we get your consent to share information, we share only the **minimum necessary** PHI needed for those other people to do their jobs. The law gives you the right to know about your PHI, how it is used, and to have a say in how it is disclosed (shared).

We may use and disclose PHI for several reasons without first getting your permission. Mainly, we will use and disclose it for routine purpose explained more fully in Section 1. For all other uses and disclosures, you will be asked to sign a Release of Information (ROI).

1. Uses and disclosures of PHI *without* your permission.

On your first visit to the Agency and after you have read this Notice, you will be asked to sign a separate **Acknowledgement Form** saying that you have read our Notice that describes how we use and share your PHI without your permission. This occurs in routine activities that allow us to provide **services** to you, arrange **payment** for our services, or some other business functions called health care operations. Together these routine activities and your signature on the Acknowledgement Form confirms that we have told you that the law permits us to use and disclose your PHI for these reasons without your consent. Take a minute to re-read that last sentence until it is clear because it is very important. Next, we will tell you more about these routine activities.

a. For payment or health care operations

We need information about you and your health to provide care for you. Without it, we cannot treat you properly. So, for these vital purposes, the laws permit us to share information. Therefore, you must sign the Consent form before we begin your treatment because if you do not consent, we cannot provide treatment.

When you come to see us, several people in our Agency may collect information about you and all of it will go into your healthcare records here. Generally, we may use or disclose your PHI without consent for two purposes: obtaining payment and what are called healthcare operations.

For payment

We may use your information to bill so we can be paid for the services we provide to you. We may have to share your diagnoses, what services you have received, and the changes we expect in your conditions. We will need to tell them about when we met, your progress, and other similar things. When we share information for payment purposes, we only share the “minimum necessary” to obtain payment for our services – not your entire record.

For health care operations

There are a few other ways we may use or disclose your PHI. They’re called health care operations. For example, we may use your PHI to see where we can make improvements in the care and services we provide. This can also include providing PHI to a secure health information exchange so information can be shared seamlessly with your other providers. We may be required to supply some information to some government health agencies so they can study disorders and treatment and make plans for services that are needed. If we do, your name and personal information will be removed from what we send.

b. Other uses in healthcare that do not require your permission.

Appointment Reminders. We may use and disclose medical information to reschedule or remind you of appointments for services or other care.

Service Alternatives. We may use and disclose your PHI to tell you about or recommend possible services or alternatives that may be of help to you.

Other Benefits and Services. We may use and disclose your PHI to tell you about health- related benefits or services that may be of interest to you.

Research. We may use or share your information to do research to improve services. For example, comparing two services for the same problems to see which works better or faster or costs less. In all cases your name, address and other personal information will be removed from the information given to researchers. If they need to know who you are, we will discuss the research project with you, and you will have to sign a special Authorization form before any information is shared.

Business Associates. There are some jobs we hire other businesses to do for us. They are called our Business Associates. Examples include those helping us develop computer systems and auditors assuring that we follow all rules about providing services and managing our business. These business associates need to receive some of your PHI to do their jobs properly. To protect your privacy, they have agreed in their contract with us to safeguard your information.

When required by law. There are some federal, state, or local laws that require us to disclose PHI without first notifying you.

- We must report suspected child abuse.
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may have to release some of your PHI. We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information they requested.

- We must disclose some information to the government agencies that check on us to see that we are obeying the privacy laws.

For Law Enforcement Purposes. We may release medical information if asked to do so by law enforcement officials to investigate a crime or criminal activity.

To Prevent a Serious Threat to Health or Safety. If we come to believe that there is a serious threat to your health or safety or that of another person or the public, we can disclose some of your PHI. We will only do this to people who can prevent the danger.

2. Uses and disclosures where you have an opportunity to object.

We can share limited information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want, and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information in an emergency, we will tell you as soon as we can. If you don't approve, we will stop as long as it is not against the law.

3. Uses and disclosures that require your Authorization.

If we want to use or disclose your information for any purpose besides payment and operations (or those we described above in parts 1 and 2) we need your permission on a Release of Information (ROI). We don't expect to need this often. Examples where we would need an Authorization before we can use or disclose your PHI are: (1) to use your PHI for marketing purposes, (2) to disclose "Psychotherapy Notes" (as defined in HIPAA), or (3) to disclose PHI to any employer.

If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time. After that time, we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we have already disclosed with your permission or that we used in our office.

D. Your rights regarding your health information

1. You have the right to request an accounting of certain disclosures of your PHI. When we disclose your PHI for reasons other than PTO, we keep some records of who we sent it to, when we sent it, and what we sent. You can get an accounting (a list) of many of these disclosures but must make the request in writing.
2. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place that is more private for you. We will try our best to do as you ask.
3. You have the right to ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request in most cases, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you. Under new laws, however, we will honor your request to prevent disclosures about your treatment to your health insurance company (or other payer, such as Medicaid) but only for those services that you pay for entirely on your own ("out of pocket").
4. In most cases, you have the right to look at the health information we have about you such as your service and billing records. You can even get a copy of these records, but we may charge you. Contact our Privacy Officer to arrange how to see or get a copy of your records.

5. If you believe the information in your records is incorrect or missing important information, you can ask us to make changes (called amending) to your health information. You must make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes. We do not have to agree to your request but must tell you in writing why your requested changes will not be made.
6. You have the right to a copy of this notice. If we change this NPP, we will post the new version in our waiting area, and you can always get a copy of the NPP from the Privacy Officer.
7. Privacy Rules require us to notify you if there is a “breach” of your PHI.
8. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

Also, you may have other rights, which are granted to you by the laws of Ohio, and these may be the same or different from the rights described above. I will be happy to discuss these situations with you now or as they arise.

If you have questions or problems

If you need more information or have questions about the privacy practices described above, please speak to the Privacy Officer whose name and telephone number are listed below. If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Department of Health and Human Services. We promise that we will not in any way limit your care here and any actions will be taken against you.

Our Privacy Officer -- If you have any questions regarding this notice or our health information privacy policies, please contact our Clinical Director, who also serves as our Privacy Officer. Our Privacy Officer is Amanda Walker and can be reached by phone at 513-221-3350 or by e-mail at awalker@lys.org.