



**GINO
BEHAVIORAL
HEALTH**

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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 READ IT CAREFULLY.

GBH is committed to maintaining privacy and understands the importance of safeguarding your personal health information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you. Information regarding your health is protected by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and if applicable 45 C.F.R Parts 160 & 164, and the Confidentiality Law, 42 U.S.C § 290dd-2, 42 C.F.R Part 2. GBH is dedicated to follow the terms of this Notice. We will not use or disclose personal health information about you without your consent, except as described in this Notice or as required by law. Typically, your medical record contains your symptoms, assessments and test results, diagnoses, treatment, and plans for future treatment by providers of the GBH. This information serves as a:

- Basis for planning your treatment from provider(s) at GBH.
- Means by communication among the many health professionals who contribute to your care;
- Legal documents describing the treatment from GBH that you received;
- Means by which you or a third party payer can verify services billed were actually provided;
- Source of information for public health officials charged with improving the health of the nation;
- Tools to assess and continually work to improve the treatment GBH renders and outcomes achieved.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, and why others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

You have the following rights with respect to your protected health information:

- **Obtain a copy of this Notice of Privacy Practices upon request** – You may request a copy of this Notice at any time.
- **Request a restriction on certain uses and disclosures of your health record** – You have the right to request additional restrictions on GBH’s use or disclosure of health information about you by contacting the GBH. We are not required to agree to those restrictions and you will be notified if that is the case.
- **Inspect and obtain a copy of your health record** – You have the right to inspect and obtain a copy of your health record for as long as GBH maintains the record. GBH may charge you a fee for the costs of copying, mailing, or other supplies that are necessary to grant each request. GBH may deny your request to inspect and maintain a copy of your health record in certain limited circumstances. If denied access to your health record you may request a review of the denial.
- **Request amendments to your health record** – If you feel that your health record is incomplete or incorrect, you may request that GBH amend it. You may request an amendment

for as long as GBH maintains the health record. You must submit a written request that includes a reason that supports your request to GBH's health provider(s). GBH has the right to deny your request for amendment. If GBH denies your request, you have the right to file a statement of disagreement with the decision.

• **Receive an accounting of disclosures of your health record** – You have the right to receive an accounting of the disclosures GBH has made of your health record for purposes other than treatment, payment, or health.

• **Request communications of your health record by alternative means or at alternative locations** – For example, you may request that GBH contact you about your health information only in writing or communication be sent to a different residence or post office box. GBH will accommodate requests that are reasonable, and will not request an explanation by you. Again, you may be charged a fee for such requests.

• **Revoke your authorization to use or disclose health information except to the extent that action has already been taken** – GBH will obtain written authorization before using or disclosing your health information for purposes other than those provided in this Notice. You may revoke this authorization at any time.

GBH's Responsibilities:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction. GBH reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to you within sixty (60) days.

How we may use and disclose your protected health information:

GBH will use your information for treatment:

For example: Information you share with GBH's treatment staff will be entered into your record and used to determine the course of treatment that should work best for you. Response to treatment will be recorded to help individualize your treatment.

GBH will use your information for payment:

For example: A bill may be sent to a third party payer (your insurance). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and treatment.

GBH will use your information for day-to-day program operations:

For example: GBH staff may use information in your health record to assess the GBH treatment results in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide. We may also contact you for appointment reminders or follow up.

GBH may use your information for appointment reminders, treatment alternatives and health related benefits and services: GBH may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health related benefits and services that may be of interest to you.

Other uses and disclosures:

As Required by Law - We will disclose Health Information when required to do so by international, federal, State, or local law.

To Avert a Serious Threat to Health or Safety - We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates - We may disclose Health Information to our business associates who perform functions on our behalf or provide us with services, if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation - If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans - If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation - We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks - We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority, if we believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities - We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes - We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to, or disclosure of your health information.

Lawsuits and Disputes - If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health 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.

Law Enforcement - We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors - We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities - We may release Health Information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others - We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons, foreign heads of state, or to conduct special investigations.

Inmates or Individuals in Custody - If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

Uses and Disclosures That Require GBH to Give You an Opportunity to Object and Opt Out

Individuals Involved in Your Care or Payment for Your Care - Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief - We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization is Required for Other Uses and Disclosures.

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and

2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization; however disclosures that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

For more information or to report a problem:

If you have questions and would like additional information, you may contact GBH at 808-450-3010.

If you believe your privacy rights have been violated, you can file a written complaint to the COO at 808-375-9867 or with the United States Department of Health and Human Services – Office of Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC. 20201. There will be no retaliation for filing a complaint.

State & Federal Laws:

Some of the restrictions described in the Notice may be limited in some cases by applicable state or federal laws that are more stringent than the standards described in this Notice.

This notice is in accordance with the original HIPAA enforcement effective April 14, 2003, and to the HIPAA Omnibus Rule effective March 26, 2013.

This Notice of Privacy Practices is also available on our GBH web page at www.Ginoclinic.com.

Client/Legal Guardian Signature/ or electronically sign on Psytrace:

Signed: _____ printed name: _____ Date: _____