Privacy Statement

NAME: Amber (Case 2) Doe
DOB: 01/02/1980   MR:7777
ADMIT DATE: 10/31/2018

At Focus Treatment Centers our care goes beyond the clinical setting by protecting the privacy and security of your health information.

NOTICE OF PRIVACY PRACTICES
1. 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. This notice is provided in two layers. The front Page briefly summarizes how we handle your health information, and the back page provides further details of our privacy policies and procedures.
2. How we may use and disclose your health information. We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your authorization for several reasons. But beyond those situations, we will ask for your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.
3. Your rights. With your doctor’s permission, you have the right to look at, or get a copy of, your health information that we use to make decisions about you. If you request copies, we may charge you a cost based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.
4. Our legal duty. We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgment for receipt of this notice. We may change our privacy policies any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our new privacy policies, contact the person listed below.
5. Privacy complaints. If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may send a written complaint to the following address:

U.S. Department of Health and Human Services Office for Civil Rights, Roosevelt Freeman, Regional Manager, Atlanta Federal Center, Suite 3B70,61 Forsyth Street SW, Atlanta GA 30303-8909, (404)562-7886.

If you have any questions or complaints, please contact: Administration, 7429 Shallowford Rd, Chattanooga, TN 37421 423-308-2560

Acknowledgment of receipt of Notice of Privacy Practices: Please sign below a Privacy Practices copy is available upon request.

HIPAA

Under the HIPAA Privacy Rule, you have the following patient rights
1. The right to receive Focus Treatment Centers Notice of Privacy Practices
2. The right to authorize the release of information for all purposes other than treatment, payment and health care operations
3. The right to request restrictions on disclosures of information
4. The right to request access to your record and bill. Our state law requires physician approval before we can release your record directly to you. HIPAA privacy regulations say that if a state law sets a stricter privacy requirement than the regulations, the state law applies
5. The right to request amendment of the record
6. The right to request an accounting of disclosures
7. The right to complain about privacy violations
8. The right to have only minimum necessary information disclosed

Focus Treatment Centers has a legal duty to safeguard your protected health information (PHI). Our policies and procedures may change from time to time, and if they do, we will update this notice and make it available to you.

Focus Treatment Centers must make a good-faith effort to obtain your acknowledgment of receipt of the Notice before we use our disclose your PHI for treatment purposes.

Focus Treatment Centers will make reasonable efforts to limit the amount of PHI we use internally to the minimum necessary to accomplish the treatment purposes for which the PHI is being used.

Focus Treatment Centers does not need to account for disclosures of PHI made for treatment purposes.

In general, incidental uses and disclosures of your PHI to others not involved in your treatment do not violate the HIPAA Privacy Regulations. Incidental uses or disclosures are deemed as secondary disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a by-product of an otherwise permitted use or disclosure.

Patient:

Witness:
   --Digitally Signed: 11/19/2018 09:31 am   Director of Admissions Preston Goforth, LPC-MHSP