

Notice of Privacy Practices

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

Timberline Behavioral Health is legally required to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set, which consists of your “Protected Health Information” (PHI/ePHI), such as your financial and health information

We are required by law to:

- Maintain the privacy of your PHI/ePHI
- Provide you with this notice of privacy practices to outline our legal duties regarding your PHI/ePHI
- Adhere to the terms outlined in this notice.

Understanding Your PHI/ePHI

Each time you are admitted to or treated by Timberline Behavioral Health, there will be a record of your treatment, which contains information about your condition, your treatment, and payment related to your treatment.

Understanding your Health Record (HR), or Electronic Health Record (EHR), and its contents, will determine how your PHI/ePHI is used. It ensures HR/EHR accuracy, your understanding of who can access your data, and allows you to make an informed decision when the need to authorize access arises.

Both mental health and substance abuse treatment records are confidential and privileged to the patient, and may only be disclosed

according to applicable federal and state law—including Colo. Rev. Stat. § 27-65-121, including Part 2 and HIPAA. Authorized members of the Department of Human Services may access confidential information to assure compliance with the rules.

How We May Use and Disclose Your PHI/ePHI

The following categories describe several ways in which we can use and disclose your PHI/ePHI. Except for the purposes described below, we will not use or disclose your protected data—paper or electronic— without your written permission, and you can revoke such permission at any time.

- **For Treatment.** We may use or disclose your PHI/ePHI to doctors, nurses, therapists or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
- **For Payment.** We may use and disclose your PHI/ePHI for billing purposes, such as to an insurance company or a third party for payment of the treatment and services you received.
- **For Health Care Operations.** We may use and disclose your PHI/ePHI for health care operations, to ensure that all our clients receive quality care, and to operate and manage our office. We also may share information with other entities that have a relationship with you, such as your health plan. Further, our corporate office may use your PHI/ePHI for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. If used in testing health information systems and programs, the data will be de-identified, and testing will occur in a redundant manner, in a Test environment that is backed up regularly. We may also use and

disclose information for professional review, performance evaluation, and for training programs.

- Other reasons we may be required to use and disclose your PHI/ePHI include:
 - Accreditation
 - Certification
 - Licensing and credentialing activities
 - Review and auditing, including compliance reviews, medical reviews
 - Legal services
 - Compliance programs.
- In limited circumstances, we may disclose your PHI/ePHI to another entity subject to HIPAA for its health care operations. We may remove information that identifies you (i.e. de-identification), so that it may be used to study health care and health care delivery without learning the identities of clients.
- **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services.** We may use and disclose your PHI/ePHI to contact you about an appointment with us, or to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose your PHI/ePHI for research purposes, such as for an approved research project if the researcher does not remove or take a copy of your PHI/ePHI.

Other Allowable Uses of Your PHI/ePHI

- **Business Associates.** We may disclose your PHI/ePHI to our business associates that perform functions on your behalf or provide us with

services if the information is necessary for such functions or services, such as an outside billing agency, medical directors, outside attorneys and copy services. Our business associates are not allowed to use or disclose any information other than as specified in our contract.

- **Providers**. Many of the services you receive are provided by physicians, therapists, caregivers, pharmacies, psychologists, LCSWs, etc.
- **Fundraising Activities**. Due to the nature of our work, there are many fundraising activities, which may require us to use your PHI/ePHI to contact you to support our fundraising efforts. Or, we may share your contact information with a third-party fundraising company who may contact you on our behalf. We will only release contact information, such as your name, address, and phone number, and the dates you received treatment or services at Timberline Behavioral Health.
- **As Required by Law**. We will disclose PHI/ePHI about you when required to do so by international, federal, state, or local law. See Law Enforcement section below for further details.
- **To Avert a Serious Threat to Health or Safety**. In cases where we must prevent a serious threat to the health and safety of yourself or the public, we may use and disclose your PHI/ePHI only to someone who may be able to help prevent the threat.
- **Organ and Tissue Donation**. If you are an organ donor, we may use or release your PHI/ePHI to organizations that handle or are engaged in organ procurement.
- **Military and Veterans**. We may release your PHI/ePHI if you are a member of the armed forces, and it is required by military or foreign military authorities.
- **Workers' Compensation**. We may disclose your PHI/ePHI to workers' compensation or similar programs.

- **Reporting** Federal and state laws may require or permit Timberline Behavioral Health to disclose certain Health Information, paper or electronic, related to the following:
 - *Public Health Risks*, including:
 - Prevention or control of disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
 - Notifying the appropriate government authority if we believe a patient 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* authorized by law, including audits, investigations, inspections, and licensure.
 - *Data Breach Notification* of unauthorized access to or disclosure of your health information.
 - *Judicial and Administrative Proceedings and Disputes* in case you are involved in a lawsuit or dispute, such as a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, and 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 disclose your PHI/ePHI when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct on our premises, and
 - In emergency circumstances 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** to identify a deceased person or determine the cause of death.
 - **National Security and Intelligence Activities** as authorized by law.
 - **Correctional Institution** if you are an inmate of a correctional institution or under the custody of a law enforcement official and you require health care, or to protect your health and safety, or the health and safety of others.

Uses & Disclosures That Require Us to Give You an Opportunity to Object & 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 PHI/ePHI that directly relates to that person's involvement in your healthcare or is helping to pay for your 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** for the purposes of coordinating your care or to 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 can practically do so.

Other Uses of Health Information

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, paper and electronic, for marketing purposes, and
2. Disclosures that constitute a sale of your PHI/ePHI

Other uses and disclosures of PHI/ePHI not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide permission to use or disclose Health Information about you, you may revoke that permission, in writing, at any time, and we will no longer use or disclose PHI/ePHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Rights Regarding Your Protected Health Information

Although your health record is the property of Timberline Behavioral Health, this information belongs to you. You have the following rights regarding your Health Information:

Right to Inspect and Copy All patient records including PHI/EPHI held by a health care entity must be made available to the patient upon a at a reasonable time and with reasonable notice through the facility's

attending physician or other facility representative. The request for inspection must be signed and dated and the BCBA must acknowledge the request in writing. Once the patient has inspected the record, he or she must confirm this by signing and dating an acknowledgment in writing. The inspection should generally occur within 24 hours of the request and there must not be any charge to the patient. To request access, you must make your request, in writing, to admin@timberlinebehavioralhealth.com, and Timberline Behavioral Health has up to 30 days to make your requested PHI/ePHI available to you. Please note that there may be a fee for the costs of copying, mailing or other supplies associated with your request unless you require the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances, in which case you have the right to have the denial reviewed by a licensed healthcare professional that was not directly involved in the denial, and we will comply with the outcome of the review.

A discharged patient may inspect or obtain a copy of his or her medical record after submitting a signed and dated request to the facility. The facility must provide a copy or opportunity for inspection within a reasonable time, not to exceed 10 days (excluding weekends and holidays) unless the attending physician is unavailable to attend to the request, in which case the patient must be informed. Discharged patients or their representatives must not be charged for inspection of the record. The discharged patient or his or her personal representative is required to pay the reasonable copying costs not to exceed \$14 for the first 10 pages, \$.50 per page for pages 11-40, and \$.33 per page thereafter. The copying fee for microfilm is \$1.50 per page. Patients are also responsible for paying actual shipping costs and sales tax. Other representatives of the discharged patient may be charged for the reasonable costs of copying the record in the amount of \$16.50 for the

first 10 pages, \$.75 for pages 11-40, and \$.50 per page thereafter. No fees are charged for requests for medical records from other health care providers in order to continue a patient's care.

Any changes, modifications or deletions may to any part of the medical record must note the time and date of such change reason for the change, name of the person making the change, and name of the witness.

- i) These provisions must be posted in a conspicuous location and must be provided to the patient upon admission.
 - ii) This law does not require the disclosure of patient records of sexually transmitted disease patients or drug abuse minor patients to parents, guardians, or other representatives.
 - iii) Patient requests for inspection of records should note the time and date of the request and the time and date of the inspection.
- iv)* All patient records are considered to be the property of and are held in the custody of the health care facility.
- **Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (ePHI), you have the right to request the electronic copy of your record. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format. Otherwise, your record will be provided in either our standard electronic format or a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
 - **Right to Get Notice of a Breach.** You have the right to be notified of a breach of any of your unsecured Protected Health Information. If the data is not rendered unreadable or unusable to unauthorized persons, it is considered unprotected.

- **Right to Amend** in the case that you feel the PHI we have is incorrect or incomplete, if the information is kept by or for our office. To request an amendment, you must make your request in writing, to admin@timberlinebehavioralhealth.com.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Also, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the Health Information kept by or for Timberline Behavioral Health, or
- Is accurate and complete.

- **Right to an Accounting of Disclosures**. You have the right to request a list of certain disclosures we made of your PHI for purposes other than treatment, payment, and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to admin@timberlinebehavioralhealth.com. Your request must state a period that may not be longer than ten years from the date the request is submitted and may not include dates before 06/01/2019. . Your request should indicate in what form you want the list (for example, hard copy or electronic). The first list you request within a twelve-month period will be free. For additional lists, we may charge you. We will notify you of the cost involved, and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to Request Restrictions** or limitation on the PHI/ePHI we use or disclose for treatment, payment, or health care operations, or what we disclose to someone involved in your care or the payment for your care, like a family member or friend. To request a

restriction, you must make your request, in writing, to admin@timberlinebehavioralhealth.com. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to spouse. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI/ePHI to a health plan for payment or health care operation purposes. and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

- **Out-of-Pocket-Payments.** If you paid out-of-pocket (not billed to your health plan) and in full, for a specific item or service, you have the right to ask that your PHI/ePHI not be disclosed to a health plan for purposes of payment or health care operations (with respect to that item or service), and we will honor that request.
- **Right to Request Confidential Communications** about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request, in writing, to admin@timberlinebehavioralhealth.com. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, and you may ask us to give you a copy of this notice at any time, regardless of how you agreed to receive it. You may obtain a copy of this notice on our website, www.timberlinebehavioralhealth.com. To obtain a paper copy of this notice, send your request to admin@timberlinebehavioralhealth.com.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for Health Information we already have about you, as well as any information we receive in the future. We will post a copy of the current Notice in all client's CentralReach accounts and Timberline Behavioral Health's website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting Raeghan Dessel at admin@timberlinebehavioralhealth.com.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Timberline Behavioral Health or with the Secretary of the Department of Health and Human Services. To file a complaint with our Company, contact Connor Dessel at admin@timberlinebehavioralhealth.com. All complaints must be submitted in writing. To file a complaint with the Department of Health and Human services at the following website: <https://www.colorado.gov/pacific/cdhs/contact-us-5>. **You will not be penalized for filing a complaint.**



Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name:

Medical Record No.

Address:

I have been given a copy of Timberline Behavioral Health’s *Notice of Privacy Practices* (“*Notice*”), which describes how my Health Information is used and shared. I understand that Timberline Behavioral Health has the right to change this *Notice* at any time. I may obtain a current copy by contacting Company Manager Email, or by visiting Company Website.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

Signature of Client, Parent/Guardian or POA Date

Print Name

For Company Use Only: Complete this section if you are unable to obtain a signature.

1. If the client, parent/guardian or Power of Attorney (POA) is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

Describe the steps taken to obtain the client’s (or parent/guardian’s or POA’s) signature on the *Acknowledgement*:

Signature Print Name Date

File original in patient's Business Office Record.