

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 it carefully.

This document describes the type of health information Reilly Counseling Center gather about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to the confidentiality of your health information and the right to approve or refuse the release of specific information in certain circumstances. If you have any questions regarding this privacy notice, please contact the following individual or position:

Director of Reilly Center for Children and Families

225-928-9398

Who Does This Notice Cover?

Reilly Counseling Center a Volunteers of America Enterprise and its affiliated entities are organized as a single affiliated covered entity for purposes of safeguarding your health information. This Notice of Privacy Practices describes the privacy practices of all of the entities affiliated with Volunteers of America for this purpose.

The privacy practices described in this Notice will be followed by any health care professional authorized to enter information into your chart; all departments and units of the affiliated entities' skilled nursing facilities, home health care providers, or other health services providers; any member of a volunteer group we allow to help you while you are receiving services while living in one of our facilities or participating in one of our programs; and all employees, staff and other personnel.

All of the entities affiliated with Volunteers of America for this purpose may share health information with each other as described in this Notice as if they were a single entity.

Our Pledge Regarding Health Information

We understand that health information we collect about you and your health is private. We are required by Federal and State law to protect this information, and we are committed to protecting your privacy. As part of our routine operations, we create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our facilities, whether made by our staff or your personal doctor or other health care provider. Your personal doctor or other health care providers may have different policies or notices regarding their use and disclosure of your health information created in their programs or locations.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the notice that is currently in effect;
- Follow any more stringent state privacy laws that relate to the use and disclosure of health information;
- Notify affected individuals following a breach of unsecured health information.

How We May Use and Disclose Health Information

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use health information about you to provide you with health treatment or services. We may disclose health information about you to health care providers involved in your care, such as doctors, nurses, technicians, or other personnel who are involved in providing services to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that appropriate meals can be arranged. Also, a home care provider may need to share information about your diabetes with home care staff and with your doctor so that you receive the proper monitoring and treatment. Different departments of your health care providers also may share health information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose health information about you to people outside the facility or program who may be involved in your health care or to other individuals who provide services that are part of your care.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or a third party. For example, we may need to give your health plan information about the care you received so that your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for the proper operation of our facilities and programs. These uses and disclosures are necessary to operate our programs so that everyone receives quality care and services. For example, we may use health

information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose health information about you for accreditation and licensing activities. We may also combine health information about people we serve to decide what additional services we should offer, what services are not needed, and whether certain new treatments or services are effective. We may also disclose information to doctors, nurses, technicians, students, and other personnel for review and learning purposes. We may also combine the health information we have with health information from other facilities or programs to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning the names of specific residents.

- **Treatment Alternatives.** We may use and disclose health information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We are a nonprofit, charitable organization, and we may use certain information (name, address, telephone number, dates of service, age, gender, department of service information, treating physician, outcome information, and health insurance status) to contact you or your family members to raise money for Volunteers of America programs and services. We may also disclose this information to a foundation related to Volunteers of America so that the foundation may contact you in raising money to expand and improve the services and programs we provide. You will have the right to opt out of receiving such communications with each solicitation. Your decision to receive or decline solicitations has no effect on your treatment or payment for the services we provide.
- **Facility Directory.** We may include certain limited information about you in directories of our residents and clients. This information may include your name, location, your general condition (e.g., fair, stable, etc.), and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. Our facilities offer this service so your family, friends, and clergy can visit you and generally know how you are doing. If you would prefer not to have your name or other information included in a directory, or you wish to limit the release of this information, please notify the individual listed on the first page.
- **Disclosures to Family, Friends, and Others.** We may disclose health information about you to a friend, family member, or other person involved in your health care. You have the right to object to the sharing of this information. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law.** We may disclose health information about you when required by law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Business Associates.** We contract with business associates to provide some services. Examples include labs, billing entities, and the copy service used to make copies of your health records. To allow these services to be performed, we may disclose your health information to our business associates. To protect your health information, we require our business associates to sign contracts agreeing to appropriately safeguard your information.
- **By Written Authorization.** Except as described herein or as permitted by law, we will disclose your health information only with your prior written permission (called an "authorization" under HIPAA). Most uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your written medical information require your authorization. You may revoke an authorization, in writing, at any time, unless we have taken action relying on the authorization or if you signed the authorization as a condition of obtaining insurance coverage.

Special Situations Involving the Use or Disclosure of Your Health information

- **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Specialized Government Functions.** We may release health information about you for military and veterans, national security, correctional institutions, and public benefit purposes. For example, if you are a member of the armed forces, or separated/discharged from the military, we may release health information about you as required by military command authorities or the Department of Veterans Affairs. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you to workers' compensation or similar programs as permitted by law. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health activities (e.g., to prevent or control disease, injury or illness).
- **Victim of Abuse.** We may notify the appropriate government authority, if we believe you are a victim of abuse, neglect or domestic violence.

- **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law, such as 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.
- **Lawsuits and Disputes.** We may disclose health information about you in the course of any judicial or administrative proceeding in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official.
- **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 may also release health information about residents of the facility to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Research.** We may release your health information under certain circumstances for research.
- **Organ and Tissue Donation.** We may use and disclose your health information to facilitate organ and tissue donation and transplant.
- **Investigations.** We may release health information about you in response to investigations by the Department of Health and Human Services.

Your Rights Regarding Your Health Information

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records. This does not include psychotherapy notes or information compiled in anticipation of a criminal, civil, or administrative action or proceeding.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the individual listed on the first page. We will generally act on your written request within 30 days of receipt. Where appropriate, we may provide you with a summary of your health information, rather than access to, and copies of, it. To the extent that

this information is used or maintained in an electronic health record, you may request that we provide you with a copy of such information in an electronic format. We will provide access in the electronic format requested if it is readily reproducible in the requested format.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request (in accordance with applicable laws).

We may deny your request to inspect and copy your health information. In certain very limited circumstances, our denial will be unreviewable. Ordinarily, however, you may request within a reasonable period of time that the denial be reviewed. Another licensed healthcare provider chosen by us will review your request and denial. 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 Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the facility.

To request an amendment, your request must be made in writing and submitted to the individual listed on the first page. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, 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 that we keep;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Any changes we make to your health information will be disclosed to those with whom we disclose information, as described above.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of health information about you, with certain exceptions. We do not need to account for disclosures made:
 - To you or to persons involved in your health care or payment for that care;
 - Pursuant to your written authorization;
 - For the purpose of carrying out treatment, payment, or health care operations;
 - That are incidental to another permissible use or disclosure;
 - For disaster relief, national security, or intelligence purposes;
 - To correctional institutions or law enforcement officers who had you in custody at the time of the disclosure;
 - As part of a limited data set; or

- To a health oversight agency or law enforcement official if they so request.

To request this list or accounting of disclosures, you must submit your request in writing to the individual listed on the first page. Your request must state a time period that may not be longer than six years. Your request should indicate in what form you want the list (i.e., on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before **any costs are incurred**.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a health procedure that you had to your spouse, or your siblings.

To request restrictions, you must make your request in writing to the individual listed on the first page. 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 your spouse. You can request, either in writing or verbally, that any restrictions you put in place be terminated.

We are required to grant your request to restrict or limit the health information we use or disclose about you for payment and/or health care operations if such health information relates only to a health care item or service for **which you paid in full, out-of-pocket. In all other circumstances, we are not required to agree to your request.**

If we are required to grant your request, or we elect to do so, a restriction may later be terminated by your written request, by agreement between you and us (including an oral agreement) or unilaterally by us for health **information created or received after you are notified that the restriction had been removed. We may also disclose health information about you if you need emergency treatment, even if we have agreed to a restriction.**

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask us to send information to a post office box or your work address instead of your home address.

To request confidential communications, you must make your request in writing to the individual listed on the first page. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this

notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at any of our facilities or program sites.

Changes to this Notice

We reserve the right to change this notice. Any changes will apply to 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 at our facilities and will make a paper version available to you upon request. A current copy of the notice will also be posted on the Volunteers of America website. The notice will contain an effective date on the first page, in the top right-hand corner. In addition, if you stop receiving our services for an extended period of time and then resume, we will offer you a copy of the current notice when you resume your services.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Volunteers of America Privacy Officer, or with the Secretary of the Department of Health and Human Services. To file a complaint with Volunteers of America, contact the individual listed on the first page or to the Privacy Officer, Volunteers of America Greater Baton Rouge, 7389 Florida Blvd, Suite 101A. Baton Rouge, LA 70806. All complaints must be submitted in writing.