



RETRAC MENTAL HEALTH CLINIC AND COMMUNITY CENTER

Notice Of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND/OR HOW TO RECEIVE ACCESS TO THIS INFORMATION.

REVIEW CAREFULLY

Retrac Mental Health Clinic and Community Center is committed to protecting the privacy of your medical information. This document contains important information about federal laws, the Health Insurance Portability and Accountability Act (HIPAA)that provides protection and patient rights regarding the disclosure of your Protected Health Information (PHI) used for the purpose of treatment , payment, and healthcare operations.

HIPAA requires that RETRAC Mental Health Clinic and Community Center provides a Notice of Privacy Practices that explains how your medical information is released and outlines your privacy rights. Medical information used or released may include information that appears on treatment, payment, and other records used to make decisions about you in the course of providing care, services, or other benefits.

YOUR HEALTH INFORMATION RIGHTS

You Have the Right To:

- 1. See or Copy Your Health Information - You have the right to see and/or obtain a copy of your health information. Your request must be in writing , and you must sign a release of information form. Forms may be obtained from the receptionist.**

You may be charged a reasonable fee for copying costs. RETRAC Mental Health Clinic and Community Center is not required to allow copies of psychotherapy notes or information prepared for use in legal actions or proceedings.

- 2. Correct Information You Believe to Be Incorrect or Incomplete** - If the records are incorrect or missing important information, a request can be submitted to RETRAC Mental Health Clinic and Community Center to have the information changed. The request must be submitted in writing and must include the reason(s) that the information be changed. The form to submit the request may be obtained from the receptionist. RETRAC Mental Health Clinic and Community Center is not required to approve the request. Written notification will be given if RETRAC Mental Health Clinic and Community Center does not approve the request, including the decision for denying the request.
- 3. Request a Listing of Who Was Given Your Information and Why** - You have the right to request a list of disclosures of your medical information that RETRAC Mental Health Clinic and Community Center made in accordance with federal and state law. The request must be made in writing; the form may be obtained from the receptionist. The list will include the date the medical information was released, the name of the person or organization the medical information was released to, and the reason for the release. RETRAC Mental Health Clinic and Community Center will provide one list free of charge per year.
- 4. Request Restrictions on How RETRAC Mental Health Clinic and Community Shares Your Information** - You have the right to request a restriction or limitation on how RETRAC Mental Health Clinic and Community Center uses or releases medical information for the purpose of treatment, payment, or operations. The request must be made in writing; the form may be obtained from the receptionist. RETRAC Medical Clinic and Community Center may choose not to comply with the request unless you or another entity has paid for services on your behalf, out-of-pocket, in full, and the request is for the purpose of payment or our operations with your health insurer.
- 5. Request Confidential Communication** - You may ask that we communicate with you about health matters in a certain way or at a certain location. For example, you could request that you be contacted at your workplace via email. This request must be made in writing; the form may be obtained from the receptionist.

6. **Request A Paper Copy of This Notice** - You have the right to request a paper copy of this notice at any time.
7. **Notified of a Breach** - You have the right to be notified if your health information was unlawfully released by RETRAC Mental Health and Community Center.

HOW YOUR HEALTH CARE INFORMATION MAY BE USED WITHOUT YOUR WRITTEN PERMISSION

1. **For Treatment** - RETRAC Mental Health Clinic and Community Center may share your information to coordinate services you may need, such as medications or hospitalizations. For example, your medical information may be given to a pharmacist when you need a prescription filled.
2. **For Payment** - Your medical information may be released for billing purposes to collect payment for services and treatment that you receive.
3. **For Health Care Operations** - Your information may be released to ensure that the services and benefits provided to you are appropriate and high quality. For example, your information may be used to evaluate our treatment and service programs. Your information may be combined with medical information about many individuals to research health trends, or to determine what services and programs RETRAC Mental Health Clinic and Community Center should offer.
4. **To A Health Information Exchange** - Your information may be used through an information exchange service to other health care providers, health plans, and health care clearinghouses that request your information.
5. **To A Government Agency Providing Benefits or Services** - Your information may be released to government agencies/programs that provide similar services or benefits to you if the release is necessary to coordinate the delivery of your services or benefits, or improves our ability to administer or manage the program at RETRAC Mental Health Clinic and Community Center.
6. **For Public Health** - Your information may be released to prevent or control disease or to keep vital statistical records, to notify social service agencies that are authorized to receive reports on abuse, neglect, or domestic violence, and to report reactions to medications to the Federal Food and Drug Administration.

7. **For Health Oversight** - Your information may be shared with divisions of the Department of Health Services and other agencies for oversight activities such as audits, inspections, investigations, and licensing activities.
8. **Law Enforcement** - To fulfill a requirement by law or law enforcement agencies such as identifying or locating a missing person.
9. **Court or Other Hearings** - To comply with a court order.
10. **For Research** - Your medical information may be released for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the medical information.
11. **For Lawsuits and Disputes** - If you are involved in a lawsuit or dispute, your information may be released in response to a legal order, subpoena, discovery request or other lawful process by another party involved in the dispute, but only if they made an effort to tell you about the request or to obtain an order protecting the medical information requested.
12. **To Coroners, Medical Examiners, and Funeral Directors** - To carry out their duties as required by law such as to identify a deceased person.
13. **For Organ Donations** - If you are an organ donor, your information may be released to an organization that procures, banks, or transports organs for the purpose of donation and transplantation.
14. **To Avert a Serious Threat to Health or Public Safety** - To prevent or lessen a serious threat to your health and safety, the health and safety of another person, or to the general public.
15. **For National Security and Protection of the President** - To an authorized federal official for the purpose of national security, providing protection to the President, or to conduct special investigations as authorized by law.
16. **To Correctional Institutions** - If you are an inmate of a correctional institution or in custody of a law enforcement officer, your information may be released to provide you with health care, protect your health and safety, the health and safety of others, or for the safety and security of the correctional institution.

- 17. Specialized Government Functions** - To the government for specialized government functions. For example, to the Department of Veteran Affairs to determine eligibility for benefits.
- 18. To Individuals Involved in Your Care** - To a family member, other relative, friend, or person you have identified to be involved in you health care or the payment of your health care.
- 19. To Family** - To notify a family member, a personal representative, or a person responsible for your care of your location, general condition, or death.
- 20. To Disaster Relief Agencies** - To an agency authorized by law to assist in disaster relief activities.
- 21. Required by Law** - In addition to the ways previously listed, your medical information may be disclosed when required by law.

Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than federal laws, including disclosures related to mental health and substance abuse, developmental disabilities, and HIV testing.

Release of your medical information for reasons other than those necessary for treatment, payment, or operations, as outlined in this Notice, or as otherwise permitted by state or federal law will be made only with your written authorization.

RETRAC Mental Health Clinic and Community Center is required to abide by the provisions of the Notice but reserves the right to revise this Notice and to make the revised Notice effective for the medical information that is maintained. A copy of this Notice will be placed in public areas of the RETRAC Mental Health Clinic and Community Center. You may ask for a paper copy of our current privacy practices whenever you come to RETRAC Mental Health Clinic and Community Center for treatment or services.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

Please send your written complaints about this Notice, how we handle your medical information, or if you believe your privacy rights have been violated to the Privacy Officer at RETRAC Mental Health Clinic and Community Center. A complaint form may be obtained from the receptionist. You may also file a complaint with the Secretary at the United States Department of Health and Human Services. There will be no retaliation against you in any way for filing a complaint.

EFFECTIVE DATE OF NOTICE: OCTOBER 1, 2023