

Privacy Notice

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.

I. Who We Are

This notice describes the privacy practices of Hazelden Betty Ford Foundation (“HBFF”), which includes each of our facilities in California, Florida, Illinois, Minnesota, New York, and Oregon, and Recovery Partners, P.C. When we say “HBFF” we mean all of these facilities, individually and collectively.

II. Our Privacy and Confidentiality Obligations

We are required by law to maintain the privacy and confidentiality of information about your health, health care, and payment for services related to your health (referred to in this notice as “protected health information” or “information”) and to provide you with this notice of our legal duties and privacy practices with respect to your protected health information. When we use or disclose this information, we are required to abide by the terms of this notice (or other notice in effect at the time of the use or disclosure).

- **Protected Health Information in connection with alcohol or drug services:**
 - 42 CFR Part 2 protects your health information if you are applying for or receiving services (including diagnosis or treatment, or referral) for drug or alcohol abuse. Generally, if you are applying for or receiving services for drug or alcohol abuse, we may not acknowledge to a person outside the program that you attend the program or disclose any information identifying you as an alcohol or drug abuser except under certain circumstances that are listed in this notice.
- **All Protected Health Information, including alcohol or drug services:**
 - The Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Regulations (45 CFR Parts 160 and 164), also protect your health information whether or not you are applying for or receiving services for drug or alcohol abuse. Generally, if you are not applying for or receiving services for drug or alcohol abuse, the way we may use and disclose information differs slightly. These differences will be listed in this notice.

III. Uses and Disclosures WITH Your Authorization: All Protected Health Information

- Generally, we may use or disclose your protected health information when you give your authorization to do so in writing on a form that specifically meets the requirements of laws and regulations that apply.
- There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent. They are listed in sections IV and V.
- You may revoke your authorization except to the extent that we have already taken action upon the authorization. If you are currently receiving care and wish to revoke your authorization, contact your counselor. After you are discharged, you will need to contact the Health Information Department.



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- Please be aware of the fact that a court with appropriate jurisdiction or other authorized third party could request or compel you to sign an authorization.

IV. Uses and Disclosures WITHOUT Your Authorization: All Protected Health Information

Even when you have not given your written authorization, we may use and disclose information under the circumstances listed below. This list applies to all protected health information, including the information we get when you are applying for or receiving services for drug or alcohol abuse.

- A. Treatment. We may use or disclose your protected health information for treatment purposes. Treatment includes diagnosis, treatment and other services, including discharge planning. For example, counselors may disclose your health information to each other to coordinate individual and group therapy sessions for your treatment or information about treatment alternatives or other health-related benefits and services that are necessary or may be of interest to you.
- B. Health Care Operations. We may use or disclose your protected health information for the purposes of health care operations that include internal administration and planning and various activities that improve the quality and effectiveness of care. For example, we may use information about your care to evaluate the quality and competence of our clinical staff. We may disclose information to qualified personnel for outcome evaluation, management audits, financial audits, or program evaluation; however, such personnel may not identify, directly or indirectly, any individual patient in any report of such audit or evaluation, or otherwise disclose patient identities in any manner. We may disclose your information as needed within HBFF in order to resolve any complaints or issues arising regarding your care. We may also disclose your protected health information to an agent or agency which provides services to HBFF under a qualified service organization agreement and/or business associate agreement, in which they agree to abide by applicable federal law and related regulations (42 CFR Part 2 and HIPAA). Health Care Operations may also include use of your protected health information for programs offered by HBFF, such as sending you invitations to alumni events and workshops sponsored by HBFF. This list of examples is for illustration only and is not an exclusive list of all of the potential uses and disclosures that may be made for health care operations.
- C. Other allowable uses and disclosures without your authorization, aside from treatment and health care operations, include:
 1. Appointment Reminders. We may contact you to send you reminder notices of future appointments for your treatment.
 2. Medical Emergencies. We may disclose your protected health information to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 CFR Part 2) this information might include HIV status, if applicable.
 3. Minors. We may disclose to a parent or guardian or other person authorized under state law to act on behalf of a minor, those facts about a minor which are relevant



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to reducing a threat to the life or physical well being of the minor or any other individual, if the program director judges that the minor applicant lacks capacity to make a rational decision and the minor's situation poses a substantial threat to the life or physical well being of the minor or any other individual which may be reduced by communicating relevant facts to such person.

4. Incompetent and Deceased Patients. In such cases, authorization of a personal representative, guardian or other person authorized by applicable state law may be given in accordance with 42 CFR Part 2.
5. Decedents. We may disclose protected health information to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.
6. Judicial and Administrative Proceedings. We may disclose your protected health information in response to a court order that meets the requirements of federal regulations, 42 CFR Part 2 concerning Confidentiality of Alcohol and Drug Abuse Patient Records. Note also that if your records are not actually "patient records" within the meaning of 42 CFR Part 2 (e.g., if your records are created as a result of your participation in the family program or another non-treatment setting), your records may not be subject to the protections of 42 CFR Part 2.
7. Commission of a Crime on Premises or against Program Personnel. We may disclose your protected health information to the police or other law enforcement officials if you commit a crime on the premises or against program personnel or threaten to commit such a crime.
8. Child Abuse. We may disclose your protected health information for the purpose of reporting child abuse and neglect and, in Minnesota, prenatal exposure to controlled substances, including alcohol, to public health authorities or other government authorities authorized by law to receive such reports.
9. Duty to Warn. Where the program learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, the program will carefully consider appropriate options that would permit disclosure.
10. Audit and Evaluation Activities. We may disclose protected health information to those who perform audit or evaluation activities for certain health oversight agencies, e.g., state licensure or certification agencies, the Joint Commission on Accreditation of Healthcare Organizations, which oversees the health care system and ensures compliance with regulations and standards, or those providing financial assistance to the program.
11. Fundraising Communications. We may contact you to request a tax-deductible contribution to support important activities of HBFF. In connection with any fundraising, we may use certain demographic information about you and dates of health care provided to you. If you do not want to receive fundraising requests, call 1-888-535-9485.



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12. Research. We may use or disclose protected health information without your consent or authorization if our research privacy board approves a waiver of authorization for disclosure.
13. Marketing Communications. We may contact you with information about HBFF health-related services and products that may be beneficial to you. Such communications are a part of Health Care Operations, and examples of these communications are invitations to continuing care programs, alumni events and catalogs of recovery and self-help materials such as books, videotapes and other items.

V. Uses and Disclosures WITHOUT Your Authorization—Protected Health Information NOT in Connection with Drug or Alcohol Abuse Diagnosis, Treatment, or Referral.

If you are not applying for or receiving services for drug or alcohol abuse, the rules governing the use and disclosure of protected health information are different from and less restrictive than the rules governing information involving drug and alcohol diagnosis, treatment and referral. The next section lists the additional allowable disclosures that may be made without your authorization if you are not applying for or receiving services for drug or alcohol abuse. **(This list does NOT apply to those persons applying for or receiving services for drug or alcohol abuse):**

1. Allowable disclosure when required by law. We may disclose your protected health information as required by state or federal law.
2. Allowable disclosure for health or safety. We may disclose your protected health information to avert or lessen a serious threat of harm to you, to others, or to the public.
3. Expanded allowable abuse reporting/investigation of abuse. We may disclose protected health information to a person legally authorized to investigate a report of abuse or neglect.
4. Expanded allowable public health and health oversight activities. We may disclose your protected health information for public health purposes and health oversight purposes including licensing, auditing or accrediting agencies authorized or allowed by law to collect such information, including, for example, when we are required to collect, report or disclose information about disease, injury, vital statistics for public health purposes or other information for investigation, audit or other health oversight purposes.
5. Expanded allowable disclosure for law enforcement activities. We may disclose protected health information to law enforcement officials in response to a valid court order or warrant or as otherwise required or permitted by law.
6. Expanded allowable disclosure to your legally authorized representative (LAR). We may disclose your health information to a person appointed by a court to represent or administer your interests.



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7. Expanded allowable disclosure in judicial and administrative proceedings. We may disclose your health information pursuant to a valid court or administrative order, or in some cases, in response to a valid subpoena or discovery request.
8. Allowable disclosure to the Secretary of Health and Human Services. We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

VI. Your Individual Rights

- A. Right to Receive Confidential Communications. Normally we will communicate with you through the phone number and /or address you provide. You may request, and we will accommodate, any reasonable, written request for you to receive your protected health information by alternative means of communication or at alternative locations.
- B. Right to Request Restrictions. At your request, we will not disclose health information to your health plan if the disclosure is for payment of a health care item or service for which you have paid HBFF out of pocket in full. You may request additional restrictions on our use and disclosure of protected health information for treatment, payment and health care operations. While we will consider requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions and you are currently receiving services, please contact your counselor.

Once you are no longer receiving services, contact the Health Information Department in writing. We will send you a written response.

- C. Right to Inspect and Copy Your Health Information. You may request access to your medical record maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records and you are currently receiving services, please ask your counselor for the records. Once you are no longer receiving services, contact the Health Information Department in writing. If you request copies, there may be a charge and you will be told the cost prior to the copies being made.
- D. Right to Amend Your Records. You have the right to request that we amend protected health information maintained in your clinical file or billing records. If you desire to amend your records and you are currently receiving services, please contact your counselor. Once you are no longer receiving services, contact the Health Information Department in writing. Under certain circumstances, HBFF has the right to deny your request to amend your records and will notify you of this denial as provided in the HIPAA regulations. If your requested amendment to your records is accepted, a copy of your amendment will become a permanent part of the medical record. When we "amend," a record, we may append information to the original record, as opposed to physically removing or changing the original record. If your requested amendment is denied, you will be informed of your right to have a brief statement of disagreement placed in your medical records.
- E. Right to Receive an Accounting of Disclosures. Upon request, you may obtain a list of instances that we have disclosed your protected health information other than when



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you gave written authorization OR those related to your treatment and payment for services, or our health care operations. The accounting will apply only to covered disclosures prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve (12) month period, there will be a charge. You will be told the cost prior to the request being filled.

- F. Right to Receive Notification of Breach. You will be notified in the event we discover a breach has occurred such that your protected health information may have been compromised. A risk analysis will be conducted to determine the probability that protected health information has been compromised. Notification will be made no more than 60 days after the discovery of the breach, unless it is determined by a law enforcement agency that the notification should be delayed.
- G. Right to Receive a Paper Copy of This Notice. Upon request, you may obtain a paper copy of this notice.
- H. For Further Information and Complaints. If you desire further information about your privacy and confidentiality rights, you may contact the HBFF Privacy Office at 651-213-4438. You may call this number if you are concerned that we have violated your privacy rights, if you disagree with a decision that we made about access to your protected health information, or if you wish to complain about our breach notification process. You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. Upon request, we will provide you with the correct address. We will not retaliate against you if you file a complaint.

Violation of federal law and regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is a crime and suspected violations of 42 CFR Part 2 may be reported to the United States Attorney in the district where the violation occurs.

VII. Effective Date and Duration of This Notice

- A. Effective Date. This notice is effective on August 8, 2016
- B. Right to Change Terms of This Notice. We may change the terms of this notice at any time. If we change this notice, we may make the new notice terms effective to all protected health information that we maintain, including any information created or received prior to issuing the new notice. If we change this notice, we will post the new notice in public access areas at our service sites and on our Internet site at www.hazeldenbettyford.org. You may also obtain any new notice by contacting the HBFF Privacy Office.
- C. Privacy Office. You may contact the HBFF Privacy Office at 651-213-4438.

Effective date: 04/14/03; Revised 1/03/05; Revised 5/20/09; Revised 6/14/10; Revised 9/23/13; Revised 5/1/14' Revised 8/3/16; Revised 9/29/16.

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