

# NOTICE OF PRIVACY AND CONFIDENTIALITY & BILL OF RIGHTS

**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.**

## **GENERAL INFORMATION**

The confidentiality of alcohol and drug abuse client records maintained by The Springboard Center (TSC) is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 132d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Generally, The Springboard Center may not say to a person outside the program that you attend the program, nor disclose any information identifying you as an alcohol and/or drug user, or disclose any other protected information except as permitted by federal law.

TSC must obtain your written consent before it can disclose information about you for payment purposes. For example, TSC must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before TSC can share information for treatment purposes or for health care operations. However, federal law permits TSC to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluation;
3. To report a crime committed on TSC premises or against TSC personnel;
4. To medical personnel in a medical emergency;
5. In connection with treatment, payment (insurance company) or health care operations;
6. To appropriate authorities to report suspected child or elder abuse and/or neglect;
7. As allowed by a court order.

Before TSC can use or disclose any information about your health in a manner which is not described above, we must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. TSC is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. TSC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy our own health information maintained by TSC, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information in TSCs' records, and to request and receive an accounting of disclosures of your health related information made by TRS during the six years prior to your request. You also have the right to receive a paper copy of this notice.

## **Your Rights Under HIPAA and The Confidentiality Law**

- a. You have the right to have information about you kept private and to be told about the times when the information can be released without your permission. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2 and HIPAA. You have the right to receive covered entity's Privacy Notice.
- b. The right to be accorded access to your file and the right to own the information within your file with the exception of psychotherapy notes.
- c. The right to request corrections or erroneous and/or incomplete information.
- d. The right to prohibit re-disclosure of client information.
- e. The right to request transmittal of communications in an alternative manner.
- f. The right to obtain an accounting of disclosures.

- g. The right to make a complaint to the Springboard Center's Privacy Officer or the HHS Office of Civil Rights without fear of retaliation.

### **CLIENT BILL OF RIGHTS**

In accordance with Title 6 of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title 9, Section 10800, and Americans with Disabilities Act of 1990, and Texas DSHS 448.701, each person receiving services from an alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

1. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2 and HIPAA and the right to receive the above Privacy Notice.
2. To be accorded dignity in contact with staff, volunteers, board members and other persons. You have the right to have your rights explained to you in simple terms, in a way you can understand within 24 hours of admission, which can help in decision-making.
3. You have the right to accept or refuse treatment after receiving this explanation.
4. If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law).
5. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs and the right to be accorded safe, healthful and comfortable accommodations to meet your needs.
6. You have the right to be free from abuse, neglect, and exploitation.
7. You have the right to be treated with dignity and respect.
8. You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
9. You have the right to be told the program's rules and regulations before you are admitted including without limitations, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraint and seclusion.
10. You have the right to be told before admission:
  - a. the condition to be treated;
  - b. the proposed treatment;
  - c. the risks, benefits, and side effects of all proposed treatment and medication;
  - d. the probable health and mental health consequences of refusing treatment;
  - e. other treatments that are available and which ones, if any, might be appropriate for you;
  - f. the expected length of stay; and
  - g. what is to be expected of treatment.
11. You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan.
12. You have the right to meet with staff to review and update the plan on a regular basis.
13. You have the right to refuse to take part in research without affecting your regular care.
14. You have the right not to receive unnecessary or excessive medication.
15. You have the right to be told in advance of all estimated charges and any limitations on the length of services of which TSC is aware.
16. You have the right to receive an explanation, in simple terms, of your treatment and your rights if you have questions while you are in treatment.
17. You have the right to make a complaint and receive a fair response from TSC within a reasonable amount of time. You have the right to be informed by the program of the procedures to file a grievance (without fear of retaliation) or appeal discharge.
18. You have the right to complain directly to the Texas DSHS at any reasonable time.
19. You have the right to get a copy of these rights before you are admitted, including the address and phone number of the Texas DSHS.
20. You have the right to have your rights explained to you in simple terms, in a way you can understand, within 24 hours of being admitted.
21. The right to be free from discrimination based on ethnic group identification, religion, age,

- sex, color, or disability.
22. The right to express preferences regarding counselor service providers.
  23. The right to be free from fiduciary abuse.
  24. The right to be free from any marketing or advertising publicity without written authorization.
  25. The right to provision of services that will be responsive to the your social support and legal advocacy needs, when necessary.
  26. The right to be free from intrusive procedures (strip searches or pat downs).
  27. Any program conducting research using persons served as subjects shall comply with all federal regulations for protection of human subjects (Title 45. Code of Federal Regulations 46.) However, you have the right to refuse to take part in research without affecting your regular care.
2. For residential clients, the Client Bill of Rights also includes:
1. You have the right not to be restrained or placed in a locked room by yourself unless you are a danger to yourself or others.
  2. You have the right to communicate with people outside TSC. This includes the right to have visitors, to make telephone calls, and to send and receive sealed mail. This right may be restricted on an individual basis by your physician or the Program Coordinator if it is necessary for your treatment or for security, but even then you may contact an attorney or DSHS at any reasonable time.
  3. If you consented to treatment, you have the right to leave TSC within four hours of requesting release unless a physician determines that you pose a threat of harm to yourself and others.

### **THE SPRINGBOARD CENTER'S DUTIES**

TSC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. TSC is required by law to abide by the terms of this notice. TSC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revised notices will be posted in all TSC locations and website, as well as given to all active clients.

### **COMPLAINTS AND REPORTING VIOLATIONS**

Complaints regarding your HIPAA/confidentiality/Client rights may be directed to TSC's Privacy Officer, at 200 Corporate Drive; Midland, TX; 79707 (432)620-0255. You may complain to the Secretary of the United States Department of Health and Human Services Office of Civil Rights at 200 Independence Avenue S.W., Washington, D.C. 20201, if you believe that your privacy rights have been violated under HIPAA.

You may complain to the Texas DSHS Department of State Health Services 1100 West 49<sup>th</sup> Street Austin, TX 78756; (800)832-9623 regarding your Client Rights.

TSC will take no retaliatory action against you if you file a complaint about our privacy practices or client rights practices.

### **CONTACT**

If you have questions about this notice or any complaints, please contact our Compliance Officer at 200 Corporate Drive; Midland, TX; 79707; (432)620-0255. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United State Attorney in the district where the violation occurs.

**Effective Date:** This notice is effective on January 1, 2009.