

NOTICE OF INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT OUR CLIENTS MAY BE USED AND DISCLOSED AND HOW CLIENTS CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

If you have any questions about this notice, please contact our Director of Continuous Quality Improvement.

Who Will Follow This Notice

This notice describes Circle of Care's practices and that of:

- All employees, staff, volunteers and other personnel.
- Any health care professional authorized to enter information into the resident's file or record.
- All of our Business Associates.

All these entities follow the terms of this notice. In addition, these entities may share health information with each other for treatment, payment, or office operations purposes described in this notice.

Our Pledge Regarding Health Information

We understand that protected health information (PHI) about you is personal. We are committed to protecting this information. We create a record of treatment and services you receive while in our program. We need this record to provide quality care and to comply with licensing, accreditation and other legal requirements. This notice applies to all of your care records generated by Circle of Care.

This notice tells you about the ways in which we may use and disclose your protected health information (PHI) for treatment, payment, or health care operations, and for other purposes permitted by law. It also describes your rights to access and control your PHI and certain obligations we have regarding the use and disclosure of PHI. PHI is information about you that identifies you or relates to your past, present or future physical or mental health condition and related health care services.

We are required by law to:

- Make sure that PHI that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- Follow the terms of the notice that is currently in effect

How We May Use and Disclose Protected Health Information (PHI) About Our Residents

The following categories describe different ways that we may use and disclose PHI. For each category of uses and 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 PHI about you to provide you with treatment or services. *Example:* Circle of Care (CoC) employees, physicians, nurses, or other members of your treatment team will record information in your record to evaluate progress, discuss strategies and determine the best course of treatment for you. We may also disclose PHI about you to doctors, physician assistants, nurses, technicians, medical students, pharmacists, other healthcare professionals, or a healthcare provider to assist them in treating you and coordinating the different things you need, such as prescriptions, lab work and x-rays. PHI may also be disclosed to public school officials or teachers to assist them coordinating your educational needs.
- **For Payment.** We may use and disclose PHI about you for payment purposes. *Example:* We may disclose your PHI to an insurance company to obtain payment or pre-approval for services.
- **Health Care Operations.** We may use or disclose your PHI for health care operations. *Example:* Members of the treatment team, the risk or quality improvement manager, or members of the quality

assurance team may use information in your record to assess the care and outcomes in your treatment and the competence of the care-givers. We will use this information in an effort to continually improve the quality and effectiveness of the services we provide.

- **Continuity of Care.** We may contact you to provide appointment reminders or information about treatment alternatives or other related benefits or services that may be of interest to you.
- **Fund-raising.** We may contact you as a part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.
- **As Required by Law.** We may disclose PHI about you when required to do so by federal, state or local law. *Example:* We are required by law to report criminally inflicted injuries and cases of abuse and neglect. These reports may include your PHI.
- **To Avert Serious threat to Health or Safety.** We may use or disclose PHI about you 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.

SPECIAL SITUATIONS

- **Activities.** We may disclose PHI about you to an outside organization in order for you to participate in the organizations program or activity. These programs or activities include, for example, clubs, camps, church programs, tutoring, or mentoring.
- **Sponsorship Program.** We may disclose PHI about you to a sponsor. Sponsors are individuals or groups who have chosen to be involved with a resident by providing for their needs, recognizing special events, and/or written correspondence.
- **Public Health Risks.** We may disclose PHI about you for public health activities. These activities generally include the following:
 - To prevent or control diseases, injury or disability;
 - To report deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a youth has been a victim of child abuse, neglect or domestic violence.
- **Health Oversight Agencies and Public Health Authorities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspectors, and licensure. These activities are necessary for the government to monitor the residential care system, government programs, and compliance with civil rights law.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. But 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 release PHI if asked to do so by law enforcement officials:
 - 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;

- About criminal conduct at our facilities; 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.
 - **National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
 - **Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials so they may provide protection to the President or other authorized persons or foreign heads of state or conduct special investigations.

Oklahoma law requires that we inform you that your PHI used or disclosed as described in this Notice of Information Practices may include records which indicate the presence of a communicable disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as AIDS. Any use or disclosure also may include mental health or other sensitive information.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Although resident records are the physical property of the Circle of Care, you have certain rights with regard to the information contained therein. You have the right to:

- **Inspect and Copy.** You have the right to inspect and obtain a copy of the PHI used to make decisions about your care mentioned in our designated record set. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
 - Psychotherapy notes;
 - Information compiled in anticipation or for use in civil, criminal, or administrative actions; and
 - Information obtained from someone other than a healthcare provider under the promise of confidentiality and access would likely reveal the source of the information.

If we grant access, we will tell you what, if anything, you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

- **Request an Amendment or Correction of Your PHI.** If you feel that the information that we created is incorrect or incomplete, you may request that we amend the information by adding or clarifying language. You have this right for as long as the information is kept by our organization. To request an amendment, your request must be made in writing and submitted to our Director of Continuous Quality Improvement. In addition you must provide a reason that supports your request.

We may deny your request 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;
 - Is not part of the information kept by our organization;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - In our judgment, is accurate and complete as it appears or as it was at the time it was originally captured and recorded.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the non-routine uses and disclosures we made of your PHI. We do not need to provide accounting for:
 - Disclosures to you or authorized by you;
 - National security or intelligence purposes;
 - Correctional institutions or law enforcement officials; and
 - That occurred before September 1, 2003

We must provide the accounting within 60 days. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee. To request this list, you must submit your request in writing to our Director of Continuous Quality Improvement. Your request must state a time period, which may be no longer than six years.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI information we use or disclose about you for treatment, payment, or health care operations. However, we must receive restrictions in writing before we have made such disclosures. This right does not extend to uses or disclosures permitted or required by law or government regulations. We reserve the right to deny the request.

You must make your request in writing to our Director of Continuous Quality Improvement. 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.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work, or at home, or by mail, or by phone.

Please make your request in writing to our Director of Continuous Quality Improvement. 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 a right to receive and keep a copy of this notice. You may ask us to give you a copy of this notice at any time. The law requires us to ask you to acknowledge receipt of your copy.

You may obtain a copy of this notice at our website, www.circleofcare.org

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 PHI 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 our office. The notice will contain on the first page, in the bottom left corner, the effective date. We will offer you the revised notice at your next visit.

REQUESTS OR COMPLAINTS

If you wish to make a request or would like more information, please contact

Circle of Care, Inc.
1501 NW 24th Street
Oklahoma City, OK 73106
(405) 530-2078

ATTN: Director of Continuous Quality Improvement

If you believe your privacy rights have been violated, you may file a complaint in writing with our Director of Continuous Quality Improvement or with the Secretary of the Department of Health and Human Services. Our Director of Continuous Quality Improvement can provide you with current contact information.

OTHER USES OF PROTECTED HEALTH INFORMATION

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

Thank you for allowing us to provide you with quality care. We are making every effort to comply with the federal regulations.

NOTICE OF INFORMATION PRACTICES ACKNOWLEDGEMENT

I have received a copy of the Notice of Information Practices.

I have read, or have had explained to me, the Notice of Information Practices.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____