



The Nord Center

Comprehensive Behavioral Healthcare

HIPAA (Health Care Insurance Portability Accountability Act) The Nord Center is in compliance with all applicable HIPAA regulations regarding your services and protected health information (PHI). The Nord Center NOTICE OF PRIVACY PRACTICES, presented here, will help you better understand how The Nord Center may use or disclose PHI, as well as providing contact information for any privacy related concerns.

The Nord Center NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

1. Purpose of This Notice

This notice describes how we, The Nord Center, use or disclose your Private Health Information (PHI). PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health or condition, in the past, present or future. This notice also describes your rights to access and control your PHI.

2. Acknowledgment of Receipt of this Notice

You will be asked to sign a Treatment Consent form acknowledging your receipt of this Notice. Our intent is to make sure you are aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of health care services will in no way be conditioned upon your signed acknowledgment. If you refuse to sign acknowledgment, we will continue to provide treatment, and will use and disclose your PHI for treatment, payment, and health care operations when necessary.

3. Our Responsibilities

Federal law requires that we maintain the privacy of your PHI and provide to you with this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice.

4. How We May Use or Disclose Private Health Information (PHI)

- **Disclosures You Authorize Us to Make.** We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of your client record, as applicable, require your authorization. Subject to certain limited exceptions, we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, you may revoke that authorization in writing at any time.

- For Treatment. We may use and disclose your PHI to coordinate or manage your care within The Nord Center and with individuals or organizations outside of The Nord Center that are involved in your care, such as your attending physician, other health care professionals, contracted service providers or related organizations. For example, certain service providers involved in your care may need information about your medical condition in order for us to deliver services properly and appropriately.
- To Obtain or Provide Payment. We may include your PHI in invoices to collect or provide payment to or from third parties for the care you received through The Nord Center. For example, some PHI is transmitted to the Lorain County Mental Health Board and the Ohio Department of Job and Family Services when billing transactions are conducted.
- To Conduct Health Care Operations. We may use and disclose PHI for our own operations and as necessary to provide quality care to all of our service recipients. Health care operations includes but is not limited to the following activities: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of The Nord Center. For example, we may use PHI to evaluate our staff performance or combine your health information with other consumer PHI to evaluate how to better serve all of our customers. Another example may be the disclosure of your PHI to staff or contracted personnel for certain limited training purposes.
- For Appointment Reminders, Treatment Alternatives, or Fundraising Activities. We may use and disclose your PHI to contact you as a reminder that you have an appointment. Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home or may call your home phone to remind you of your appointment, or contact you via secured email. We may use and disclose your PHI to advise you or recommend possible service options or alternatives that may be of interest to you. We may contact you for fundraising activities. However, you will be provided the opportunity to opt out of receiving such fundraising communications.
- When Legally Required. We will disclose your PHI when required by any Federal, State or local law.
- In the Event of a Serious Threat To Life, Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health, or safety, or to the health and safety of the public.
- When There Are Risks to Public Health. The Nord Center may disclose your PHI for public activities and purposes allowed by law in order to prevent or control disease, injury or disability; report disease, injury, and vital events such as birth or death; conduct public health surveillance, investigations, and interventions; or notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe a consumer is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law, or when the consumer agrees to the disclosure.
- To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.
- For Law Enforcement Purposes. As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.

- In Connection With Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or, in response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information. Under Ohio law, some requests may require a court order for the release of any confidential medical information.
- For Research Purposes. We may, under very select circumstances, use your PHI for research. Before we disclose any of your PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited as with Medicaid.
- For Specified Government Functions. Federal regulations may require or authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations; and inmates and law enforcements custody.
- For Worker's Compensation. We may use or disclose your PHI for workers' compensation or similar programs.
- Transfer of Information at Death. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- Organ Procurement Organizations. Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

5. Your Rights with Respect to Your Private health Information (PHI)

You have the following rights regarding PHI that we maintain:

- To Receive This Notice. You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously.
- To Choose How We Contact You. You have the right to ask that we send you information at an alternative address or by an alternative means.
- To Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. We cannot agree to limit disclosures that are required by law. To request restrictions, please contact your primary service provider or The Nord Center Privacy Officer.
- To Receive Confidential Communications. You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no other family members present. If you wish to receive confidential communications, please contact your primary service provider or The Nord Center Privacy Officer at (440) 233-7232. We may not require that you provide an explanation for your request and will attempt to honor any reasonable request.
- To Inspect and Receive a Copy Your PHI. Unless your access is restricted for clear and documented treatment reasons, you have the right to see your PHI upon request. We agree to respond to your request within 30 days. If you want copies of your PHI, there is usually a charge for copying for which you would be responsible. You have the right to choose what parts of your information you would like copied and to have prior information regarding the cost of copying. If you wish to review

and/or receive copies of our PHI, request should be made to your primary service provider or The Nord Center Privacy Officer.

- **To Request Amendment of Your PHI.** You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also may be denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing, or destroying any necessary information regarding your health care.
- **To Know What Disclosures Have Been Made.** You have a right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request for an accounting must be made in writing to your primary service provider or The Nord Center Privacy Officer. The request must specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years prior to the date on which the accounting is requested. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.
- **Right to a Personal Representative.** You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care if it allows such person to act when you are unable to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

6. Contact Person for Information, or to Submit a Complaint:

You have the right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this Notice. Any complaints to us shall be made in writing to your primary service provider or The Nord Center Privacy Officer. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Jack Holt - Nord Center Privacy Officer
The Nord Center, 6140 South Broadway, Lorain, OH 44053
(440) 233-7232

You may also file a written complaint with:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Washington, D.C., 20201
(877) 696-6775
ORCComplaint@hhs.gov

Region V - Office of Civil Rights
U.S. Department of Health and Human Services
223 N. Michigan Avenue, Suite 240, Chicago, IL 60601
(312) 886-2359
Fax: (312) 886-1807
TDD: (312) 353-5693

We have designated The Nord Center Privacy Officer as our contact point for all issues regarding consumer privacy and your rights under this Notice. If you have any questions regarding this Notice, please contact your primary service provider or The Nord Center Privacy Officer.

Effective Date: This Notice is effective, June 10, 2013