



Ottagan Addictions Recovery

NAME:	Notice of Privacy Practices		
POLICY/PROCEDURE/PLAN	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure/Guideline	<input type="checkbox"/> Plan
POLICY NUMBER	5.16C		
APPROVED BY	<input type="checkbox"/> Board	<input checked="" type="checkbox"/> Executive Director	
DATE of APPROVAL	1/17		
DATES of REVIEW	1/17, 6/18, 5/19, 1/20		
APPROVAL SIGNATURE			
APPLICATION	<input checked="" type="checkbox"/> Agency-Wide	<input type="checkbox"/> Program:	
DATE(S) of PREVIOUS EDITIONS	None		

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.

Ottagan Addictions Recovery, Inc (OAR) is a community organization that provides Substance Abuse Treatment at 4 locations. This privacy notice applies to clients we treat at all OAR facilities (Residential & Outpatient).

OAR is committed to protecting the privacy of the people we serve. We have adopted the following Privacy Practices. We are required by Federal & State law to maintain the privacy of your Protected Health Information (PHI), notify you of your legal rights, follow the policies described in this notice and provide you with a copy of this notice.

Who will follow the terms of this Notice

- All employees at OAR's Outpatient Sites (Holland, & Grand Haven)
- All employees at OAR's Residential Sites (Harbor House & Chester Ray)
- All contract employees, interns & volunteers

General Information

Information regarding your healthcare, is protected by two federal laws: the Health Insurance Portability & Accountability Act of 1996 (HIPAA) 42 USC 290dd-3, 290ee-3 & 42 CFR Part 2 for Confidentiality. Under these laws, OAR, Inc, may not say to a person outside the agency that you attend the program nor may we disclose information about you without a written consent unless such communication is:

1. Pursuant to an agreement with a Business Associate Ex. Computer/technical support for electronic billing
2. For research, audit, accreditation or program evaluation Ex. An auditor may review your clinical record to verify we are meeting national standards of care
3. To report a crime committed on OAR's property or against OAR's personnel
4. To medical personnel in a medical emergency Ex. We will disclose your PHI as needed to enable people to care for you
5. To report suspected child abuse or neglect
6. Allowed by court order

Uses and Disclosures Relating to Treatment, Payment or Health Care Operations

For Treatment – we may disclose your PHI to agency (OAR) staff involved in your care. (Ex. A therapist may need to seek direction from the Clinical Supervisor or Medical Director for your treatment)

For Payment – we may use and disclose your PHI in order to bill and collect payment for the services provided to you. (Ex. we may provide portions of your PHI to your health insurance/funding source to get paid for the treatment we provided to you.)

For Operations - We may also provide your PHI to our consultants and others in order to make sure we are complying with the laws that affect us. These uses and disclosures are necessary to run the agency and make sure all of our clients receive quality care. (Examples include but are not limited to: auditors, accountants, computer consultants, investigations, inspections and licensure.)

It is OAR's policy to obtain a written consent to disclose your protected health information to your health insurance/funding source as they may need medical records to verify medical necessity.

OAR may use your PHI to contact you to provide appointment reminders or information about treatment services that may benefit you.

All other disclosures will only be made with your written consent or authorization which can be revoked, verbally or in writing at any time.

Client Rights regarding Personal Health Information (PHI):

You have the right to request restrictions on certain uses and disclosures of your PHI, but OAR is not required to agree to the restriction.

You have the right to receive confidential communication from OAR which does not reveal your status as a client.

You have the right to review, copy or receive a summary of your medical records, unless in the judgment of the Clinical Supervisor, such actions would be detrimental to you, or others.

You have the Right to Amend the medical information contained in your file if you find

inaccurate information. We may deny your request. If we deny your request, we will tell you why in writing and you will have the right to disagree with the denial in writing. For more information on amending your medical information, please contact the Privacy Manager listed below.

You have the Right to an Accounting of all disclosures of PHI other than for treatment, payment, and healthcare operations. Federal regulations for substance abuse treatment prevent any disclosure without a signed release of information by you.

You have the Right to Complain – free from retaliation – to the Privacy Managers listed below or to the Secretary of Health and Human Services, 200 Independence Ave, SW, Room 509F HHH Building, Washington DC 20201.

You have a Right to Receive a copy of this Notice of these practices even if you have received an electronic copy.

We reserve the right to change this notice at any time in the future and these changes will apply to your PHI that we already have at the time of the change. The notice currently in force is always available at each site or on our website www.oar-inc.org.

For further information regarding your privacy rights or our privacy policies, please contact OAR's Privacy Manager:

Melinda Jurries, Operations Manager at (616)396-5284

Written requests can be mailed to: OAR, 483 Century Lane, Holland, MI 49423

Email requests can be sent to: melindaj@oar-inc.org