



NOTICE OF PRIVACY PRACTICES

Eating Recovery Center

Effective Date: September 1, 2008

Revised Date: July 24, 2009

Revised Date: September 16, 2013

Patient Name: _____

Date: _____

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION (MEDICAL, PSYCHOLOGICAL, DRUG, AND ALCOHOL) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.

WHAT ARE MY RIGHTS?

Under HIPAA you have the right to:

- Get an electronic or paper copy of your medical record-*speak to your team or contact Health Information/Medical Records after your discharge.*
- Ask to correct your record-*contact Health Information/Medical Records and if we are unable to make the correction, we will tell you why in writing, within 60 days.*
- Request confidential communication. *Request that we communicate with you by alternative means or at an alternative location, such as a Post Office box. Eating Recovery Center will accommodate such requests that are reasonable.*
- Ask to limit what is used or shared.
 - *You may ask us not to use or share certain health information for treatment, payment or operations – we are not required to agree to your request and we may say “no” if it would affect your care.*
 - *If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.*
- Get a list of those with whom we have shared information- *contact Health Information/Medical Records*
- Choose someone to act for you-*If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information*
- File a complaint if you feel your rights are violated; *contact the ERC Patient Advocate, the ERC Privacy Officer and/ or the US Dept. of Health and Human Service Office for Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington DC 20201. Calling 1-877-696-6775, or visiting <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.*
There will be no retaliation against you for filing a complaint.

WHAT ARE MY CHOICES?

For certain health information you tell us your choices about what we share. If you have a clear preference for how we share you're in the situations described below, tell us what you want us to do, and we will follow your instructions.



In these cases you have both the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation
- Contact you for fundraising efforts, but you can tell us not to contact you again

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information (Currently not an ERC practice)

WHAT IF MY HEALTH INFORMATION NEEDS TO GO SOMEWHERE ELSE?

You may request that Eating Recovery Center send/share your health information with other entities such as other providers, other treatment programs etc... An “Authorization to Release/Request Information” or equivalent must be completed, unless otherwise stated by law and regulation. The authorization form tells us what, where and to whom the information must be sent. Your authorization is valid for 365 days or until the date you state on the form. You can revoke or limit the amount of information requested to be sent at any time by letting us know verbally and in writing. This will be provided no later than 30 days after the request. There may be a reasonable and cost-based fee.

Patients under age 18: Generally, parent signature is required for release of information for patients age 14 and younger and patient signature is required for release of information for patients 15 and older.

COULD MY HEALTH INFORMATION BE RELEASED WITHOUT MY AUTHORIZATION?

When private health information is released without an authorization, it is normally used for Treatment, Payment or Operations, TPO (managing the business of a health provider and reporting to agencies that oversee our business such as state regulators).

The following areas of information may be released without written consent:

1. Treating you
2. Running our organization
3. Billing for your services
4. Assisting with public health and safety issues



EXAMPLES of TPO include the following:

For the purpose of treatment: Healthcare providers such as psychiatrists, psychologists, social workers, dietitians, and other therapists at Eating Recovery Center may share health information with Eating Recovery Center staff (who depend on such information to complete their job duties) to develop and carry out your treatment plan. If you are referred here by a professional, we will acknowledge your presence here as applicable.

For the purpose of payment: The Business Office may contact your listed insurance provider or emergency contact for certification/verification of insurance benefits.

In addition, if you are a member of a group health plan, or individual policy such as an HMO or PPO, the mental health management company may request Eating Recovery Center to release PHI to the medical health plan. Eating Recovery Center will honor the request unless the patient or representative notifies us otherwise.

For Healthcare Operations: Medical, Nursing and Social Work students may participate in the treatment process as permitted by the Administration at Eating Recovery Center. In the event of a death, communication with the Medical Examiner and/or Coroner's Office is required.

Additional information that may get reported without written consent include the following:

1. To any government agency that oversees our business
2. Reactions and problems with medicine
3. Victims of abuse or neglect
4. To any agency with jurisdictions to inquire about our business
5. To prevent serious threat to you or others' health and safety
6. Work-related injuries
7. Out of state offenders
8. As required by court order and/or subpoena
9. If you commit a crime on the premises

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

