



Notice of Privacy Practices

IMPORTANT: 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.

About this Notice

You have been provided this Notice of Privacy Practices (“Notice”) because you are seeking health care services from Clinical & Support Options, Inc. and its affiliates (collectively, “CSO”) at one of its following locations:

Outpatient Behavioral Health and Family Support Services Locations

101 University Drive, Amherst, MA
250 S. Main Street, Athol, MA
491 Main Street, Athol, MA
34 North Maple Street, Florence, MA
205 School Street, Gardner, MA
1 Arch Place, Greenfield, MA
6 Arch Place, Greenfield, MA
877 South Street, Pittsfield, MA
8 Atwood Drive, Northampton, MA
130 Maple Street, Springfield, MA

Emergency and Crisis Stabilization Services

491 Main Street, Athol, MA
29 North Main Street, Florence MA
140 High Street, Greenfield MA
755-769 Worthington Street, Springfield, MA

CSO is required by law to maintain the privacy of your health information known as Protected Health Information or PHI; provide you with notice of our legal duties and privacy practices with respect to PHI; notify affected individuals following a breach of unsecured PHI; and abide by the

terms of the Notice currently in effect. This Notice describes our privacy practices, your legal rights, and lets you know how CSO may use and disclose your PHI.

In most situations we may use your PHI without your permission, but there are some situations where the law allows us to use your PHI only after we obtain your written authorization. We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality.

Please read this Notice carefully. If you have any questions about this Notice, please contact CSO's HIPAA Privacy Officer listed at the end of this Notice.

This Notice takes effect September ____, 2017.

Uses and Disclosures of PHI

Patient Authorization Not Required

The following are examples of how we may use your PHI:

For treatment: This includes verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment.

For payment: This includes any activities we undertake in order to get reimbursed for the services we provide to you, including organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, and creating reports that do not individually identify you for data collection purposes.

For other permitted disclosures: This includes:

- For health care fraud and abuse detection or for activities related to compliance with the law;
- To qualified service organizations or business associates who provide services to CSO's treatment, payment, or health care operations;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you

an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose PHI to your family, relatives, or friends if we infer from the circumstances that you would not object. In situations where you are not capable of objecting (because you are not present or due to your incapacity), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest.

- To a public health authority in certain situations, such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- In a *bona fide* medical emergency in which your prior consent cannot be obtained; or
- As required by law.

When Authorization is Required

Any use or disclosure of PHI other than those listed above will only be made with your written authorization. The authorization must specifically identify the PHI to be used or disclosed, and other terms of the use or disclosure. You may revoke your authorization at any time in writing, except to the extent that we or other parties have already used or disclosed PHI based upon your authorization.

Patient Rights

As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. You may come to our offices and inspect and copy most of your PHI. We will normally provide you with access to this information within 30 days of your request. We may also charge you a fee to copy any PHI that you have the right to access. We have forms available for you to request access to your PHI. If you wish to inspect and copy your PHI, you should contact the Privacy Officer listed at the end of this Notice.

In limited circumstances, we may deny you access to your PHI, and you may appeal certain types of denials. We will provide a written response if we deny you access and let you know your appeal rights.

The right to amend your PHI. You have the right to ask us to amend your PHI. If errors are found, we will generally amend your PHI within 60 days of your request and will notify you when we have amended the PHI. We are permitted by law to deny your request to amend your PHI, but only in certain circumstances. For example, if we believe the PHI is correct and no errors exist, your request will be denied. If you wish to request that we amend your PHI, you should contact the Privacy Officer listed at the end of this Notice in writing.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your PHI that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of PHI we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your PHI with our business associates, such as our billing company.

We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting of your PHI that we have used or disclosed that is not exempted from the accounting requirement, you should contact the Privacy Officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your PHI for treatment, payment or health care operations, or to restrict the PHI that is provided to family, friends, and other individuals involved in your health care. Except as noted below, CSO is not required to agree to any restrictions you request, but any restrictions agreed to by CSO are binding on CSO. We are required to agree to requests for restrictions of certain disclosures to health plans for purposes of carrying out payment or healthcare operations (and not for purposes of carrying out treatment), except where otherwise required by law, when the information pertains solely to a healthcare item or service for which we have been paid out of pocket in full by you, or by a person on your behalf, other than the health plan.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site and make the Notice available electronically through the web site. If you allow us, we will forward you this

Notice by electronic mail instead of on paper and you may always request a paper copy of this Notice.

The Right to Specify Preferences Regarding Communications of PHI. You may request that we communicate PHI to you in a confidential manner. For example, you may request that we contact you only at home or only at work.

Special Rules Governing the Confidentiality of PHI Regarding the Identity, Diagnosis, Treatment, or Referral for Treatment of Patients of Federally Assisted Substance Use Disorder Programs

Federal law (42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2) creates special protections regarding the confidentiality of PHI regarding the identity, diagnosis, treatment, or referral for treatment of patients of federally assisted substance use disorder programs, including the following:

- If any CSO program is publicly identified as a place where only substance use disorder diagnosis, treatment, or referral for treatment is provided, CSO may only acknowledge your presence or treatment at such program with your consent or in compliance with a court order.
- If CSO denies a request to disclose PHI relating to a substance use disorder due to federal restrictions on the disclosure of such records, it must do so in a way that will not reveal that you have been or are being, diagnosed, treated, or referred for treatment for a substance use disorder.

However, the following information is not protected:

- Information related to a patient's commission of a crime on CSO's premises; and
- Information related to reports of suspected child abuse and neglect made under state law to appropriate state or local authorities.

Violation of federal law and regulations governing the confidentiality of PHI regarding the identity, diagnosis, treatment, or referral for treatment of patients of federally assisted substance use disorder programs is a crime. Suspected violations may be reported to: (1) the United States Attorney for the District of Massachusetts, John Joseph Moakley United States Federal Courthouse, 1 Courthouse Way, Suite 9200 Boston, MA 02210, (617) 748-3100; or (2) Substance Abuse and Mental Health Services Administration (SAMHSA), 5600 Fishers Lane, Rockville, MD 20857, (877) 726-4727 or (240) 276-1660.

Revisions to this Notice

CSO reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Complaints

You also have the right to make a complaint to us or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or the government. If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

*HIPAA Privacy Officer
Karen Poisson
Clinical & Support Options, Inc.
8 Atwood Drive
Northampton, MA 01060
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