



The Renfrew Center

Notice of Information Practices

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.

The Renfrew Center provides treatments for eating disorders and related mental health conditions. Treatment is currently provided in residential and outpatient facilities located in various states. Each facility agrees to abide by the terms of this Notice. State laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. In order to provide greater protection of your PHI we will comply with the state laws that are more stringent than the HIPAA Privacy Regulations. We may disclose information about you to our affiliated sites. Such disclosures will be made in connection with our services, your treatment, and other health care operations.

Understanding Your Mental Health Record Information

Each time you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your medical record, serves as the following:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care that you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- Tool in medical education.
- Source of information for public health officials charged with improving the health of the regions they serve.
- Tool to assess the appropriateness and quality of care that you received.
- Tool to improve the quality of health care and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to--

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosure to others.
- Better understand the health information rights detailed below.



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Your Rights under the Federal Privacy Standard

Although your health records are the physical property of the health care provider who completed it, you have the following rights with regard to the information contained therein:

- ✓ You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.
- ✓ You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care such as a friend or family member. Although we are not required to comply with these requests, we will attempt to do so. Such requests must be in writing and must clarify what information is not to be released and to whom you wish the restriction to apply.
- ✓ You have the right to restrict certain disclosures of PHI to a health plan if you paid for service in full and out of pocket.
- ✓ You have the right to inspect and obtain a copy of your PHI that is contained in our records. However, you may not inspect or copy the following records: psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. Uses and disclosures of psychotherapy notes require an additional authorization.
- ✓ In addition you may be denied access to your PHI if it was obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. Depending on the circumstances, a decision to deny access may be reviewable. To inspect and copy PHI, submit your request in writing to the specific site(s) where you received care. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other related costs.
- ✓ Request amendment/correction of your health information. You have the right to submit a written statement qualifying or rebutting information in our records that you believe is erroneous or misleading. This statement will accompany any disclosures of your records. We do not have to grant the request if the following conditions exist:
 - a) We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If the party amends or corrects the record, we will put the corrected record into our records.
 - b) The records are not available to you as discussed immediately above.
 - c) The record is accurate and complete.
- ✓ You have the right to request an “accounting of disclosures” which is a listing of disclosure made of your medical information. Such a request must be in writing. The time frame cannot be longer than six years, and the first request within a 12-month period will be provided at no cost. Appropriate charges will be assessed for additional lists. We will respond to appropriate requests within sixty days.
- ✓ You have the right to be notified following any breach of unsecured protected health information in the event you are affected.



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- ✓ Uses and discloses of PHI for marketing purposes and disclosures that constitute a sale of PHI require a written authorization. Other uses and disclosures not described will be made only with a written authorization from you.
- ✓ You have the right to revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.
- ✓ You have the right to request that we communicate or limit communication with you about certain medical matters in a certain manner or at a particular address. For example, you might request that we only contact you at work, by phone/text message, or by mail/email. Such a request must be in writing and must be specific. All reasonable requests will be honored.
- ✓ You have the right to opt in or out of any fundraising and healthcare communications at any time.
- ✓ You have the right to request and receive a copy of these practices.

Our Responsibilities under the Federal Privacy Standard

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to take the following measures:

1. Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
2. Provide you this notice as to our legal duties and privacy practices with respect to individually identifiable health information that we collect and maintain about you.
3. Abide by the terms of this notice.
4. Train our personnel concerning privacy and confidentiality.
5. Implement a sanction policy to discipline those who breach privacy/ confidentiality or our policies with regard thereto.
6. Mitigate (lessen the harm of) any breach of privacy/confidentiality.

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

How to Get More Information or to Report a Problem

If you have questions and/or would like additional information, or to file a complaint you may

- a) Contact The Renfrew Center Privacy Complaint Hotline at 215-254-1507 or
- b) The Secretary of Health and Human Services (1-877-696-6775).

All complaints submitted to The Renfrew Center must be in writing and you cannot be penalized for filing a complaint.



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Examples of Disclosures for Treatment, Payment, and Health Operations

- *If you give us consent, we will use your health information for treatment.*
Example: A physician, a physician's assistant, a therapist or a counselor, a nurse, or another member of your health care team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the health care team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We will also provide your physician, other health care professionals, or subsequent health care provider copies of your records to assist them in treating you once we are no longer treating you.
- *If you give us consent, we will use your health information for payment.*
Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.
- *If you give us consent, we will use your health information for health operations.*
Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services that we provide.
- *Business associates:*
We provide some services through contracts with business associates. Examples include certain diagnostic tests, pharmacy service, laboratory service, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- *Communication with family:*
Unless you object, health professionals, using their best judgment, may disclose to a family member, another relative, a close personal friend, or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.
- *Research:*
We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.



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- *Marketing/continuity of care:*
We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- *Fundraising:*
We may contact you as a part of a fundraising effort. You have the right to request not to receive subsequent fundraising materials.
- *Workers compensation:*
We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- *Public health:*
As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- *Law enforcement:*
We may disclose health information for law enforcement purposes as required by state and federal law.
- *Health oversight agencies and public health authorities:*
If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health.
- *The federal Department of Health and Human Services (“DHHS”):*
Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

Effective Date: 08/2013

Name: Diane Buchter

Title: Privacy Officer

Name of Entity: The Renfrew Center

WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION THAT WE MAINTAIN.

IF WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS THAT YOU HAVE GIVEN US.