

Notice of Privacy Practices

Effective Date: June 2, 2015

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.

I. INTRODUCTION

Federal and state law provides you with certain rights and protections in connection with the medical information we at CPS, maintain about you. We are required by law to maintain the privacy of your information and to provide you with notice of our legal duties and privacy practices with respect to your medical information. This notice summarizes your rights and our duties with respect to your medical information. It also describes how our personnel may use and disclose your medical information. If you have any questions about this notice or your rights relating to your medical information, please contact our Privacy Officer (contact information is provided at the end of this Notice).

II. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- A. **Right to Inspect and Copy.** You have the right to inspect and copy medical information about you. You must submit your request in writing to our Privacy Officer at the address shown below. If you request a copy of your medical information, we may charge a fee for the costs of copying, mailing and other supplies associated with your request. We may deny all or part of your request to inspect and copy your medical information.
- B. **Right to Amend Your Medical Information.** If you feel that the medical information, we have about you is incorrect or incomplete, you may ask us to amend such information. You must submit your request in writing to our Privacy Officer at the address shown below. Your request must describe the change you want made and the reason for it. We may deny your request if we disagree with it. If we do not make your requested change, we will note your disagreement in your file. We will usually reply to your request within 60 days but may need an additional 30 days. If we need additional time, we will tell you the reason.
- C. **Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your medical information made by us. The accounting will not include disclosures authorized by you, that were made for treatment, payment, health care operations and certain other disclosures. You must submit your request in writing to us Privacy Officer. Your request must state a time period which may not be longer than 6 years and should indicate in what form you want the list (for example, on paper, electronically).

The first list you request within any consecutive 12-month period will be free. For additional lists, we may charge you for the costs associated with providing the list. If we intend to charge a fee, we will notify you of the estimated cost involved and will give you an opportunity to withdraw your request before any costs are incurred.

D. Right to Report Restrictions. You have the right to request restrictions or limitations 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, like a family member or friend. For example, you could ask that we not use or disclose information to a relative about a product you were provided or used. We are not required to agree to your request. If we do agree, your restrictions may not be followed in some situations, such as emergencies or when required by law. Your request for restrictions should be made in writing to our Privacy Officer and must specify (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). If you ask us not to share medical information with your health plan for items or services for which you have paid in full, out of pocket, we will not share the information with the plan.

E. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (for example, you can request that we only contact you at work or by mail).

Any such request must be made in writing to our Privacy Officer and must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

F. Right to Receive a Copy of This Notice. You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice by contacting our Privacy Officer.

G. Right to Be Notified of a Breach. You have the right to be notified if your medical information is acquired, used or disclosed in a manner not permitted under law which compromises the security or privacy of your medical information.

III. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

A. Uses and Disclosures of Medical Information That Do Not Require Your Consent or Authorization. Below we have listed examples of the types of uses and disclosures of your protected medical information that we are permitted or required by law to make without your consent or authorization.

- **Treatment.** To provide you with medical treatment services or items or supplies, we may need to use or disclose information about you to doctors, nurses, technicians, medical students or our personnel who are involved in your treatment. For example, a doctor may need to know what items you currently use in order to prescribe additional items and supplies.
- **Payment.** We may use and disclose your medical information for us to bill and receive payment for the service, items and supplies that we provide to you. For example, we may use or disclose your medical information to your insurance company about an item or service you purchased from us so that your insurance company can pay us or reimburse you for the item or service. We may also ask your insurance company for a prior authorization for an item or service to determine whether the insurance company will cover it.
- **Health Care Operations.** We may use and disclose medical information about you for our internal operations. These include uses and disclosures that are necessary to run our business and make sure that our patients receive quality services, items and supplies. For example, we may use or disclose medical information about you to evaluate our staff's performance in providing service to you. Medical information about you and other patients may also be combined to allow us to evaluate whether we should offer additional services or discontinue other services and whether certain treatments are effective. We may also compare this information with other health care providers to evaluate whether we can make improvements in the services that we offer.
- **Required by Law.** We may use or disclose your medical information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Abuse or Neglect.** We may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your medical information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Other Special Situations.** There are other special situations in which we can use or disclose your information without your permission or allowing you an opportunity to

object. These situations often involve uses and disclosures that contribute to the public good, such as public health and research. Examples of these situations include:

- Public Health (such as to prevent or control disease, injury or disability, to report reactions to medicine or problems with medical products, report suspected abuse or neglect, etc.)
- Health Oversight Activities (such as audits, investigations, and inspections)
- To Law Enforcement or for a Legal Proceeding
- To Avoid a Serious Threat to Health or Safety
- For Specialized Government Functions
- For Worker's Compensation
- For Research

B. Opportunity to Object to Uses and Disclosures to Others Involved in Your Healthcare.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any person you identify, medical information that directly relates to that person's involvement in your health care. If you object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose medical information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. Finally, we may use or disclose medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

C. Uses and Disclosures of Medical Information That Require Your Authorization. Generally, we require your written authorization to use or share psychotherapy notes, to use or share medical information for marketing purposes, or to use or disclose your medical information in a manner that constitutes a sale of medical information. Other uses and disclosures of your medical information not covered by the preceding categories will be made only with your written authorization. You may revoke this authorization at any time, in writing, except to the extent that we have already taken an action in reliance on your previous authorization.

D. Additional rights under other federal and state laws. There may be other federal or state laws that provide protections to certain kinds of information in addition to the requirements of HIPAA. Generally, these laws apply to information relating to communicable diseases, such as HIV and AIDS, and relating to treatment for mental health and drug or alcohol abuse. These additional protections may require us to obtain your written permission prior

to disclosing the information or to take other steps to safeguard it. If another federal or state law requires us to give more protection to your protected health information than stated in this notice, we will comply with that law.

IV. CHANGES TO THIS NOTICE

We are required to abide by the terms of this notice which is currently in effect. However, we reserve the right to change this notice at any time. In addition, we reserve the right to make the revised or changed notice effective for the medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on our website.

V. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

VI. CONTACT INFORMATION

Questions, comments and requests regarding the matters described in this notice should be directed to our Privacy Officer at:

Telephone: 937-620-1655

Fax: 410-695-4200

PATIENT ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing below, I acknowledge receiving a copy of the CPS Notice of Privacy Practices.

.....
PRINT PATIENT NAME

**SIGNATURE OF PATIENT
OR RESPONSIBLE PARTY***

DATE

*If signed by a responsible party, the following information must also be included:

.....
PRINT NAME OF RESPONSIBLE PARTY

RELATIONSHIP TO PATIENT