



Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Review it carefully.

If you have questions about this notice, please contact the Executive Director.

WHO WILL FOLLOW THIS NOTICE:

This notice describes the Center's practices and that of:

- Any health care professional authorized to enter information into your chart.
- All departments and units of the Center
- Any volunteer.
- All employees, staff, and other Center personnel.
- Any entity that is contracted to provide services to the Center.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and the services you receive at the Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by us.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with regard to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:

The following categories describe different ways that we may use and disclose medical information. For each category we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, therapists, casemanagers, or other Center staff who are involved in taking care of you. For example, different departments of the Center may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work, testing, or psychotherapy.
- **For Payment.** We may use or disclose medical information about you so that the treatment and services you receive at the Center may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about therapy you received at the Center so that your health plan will pay us or reimburse you for the therapy. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use or disclose medical information about you for Center operations. These uses and disclosures are necessary to run the Center and make sure that all our consumers receive quality care. For example, we may use medical information to evaluate the performance of our staff in caring for you. We may also combine the medical information about many Center consumers to decide what additional services we should offer, what services are needed, or whether certain new treatments are effective.

- Appointment Reminders. We may use and disclose medical information about you as a reminder that you have an appointment for treatment at the Center.

- 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.

- Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who receive one medication to those who receive another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with the consumers' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them to look for consumers with specific medical needs, so long as the medical information they review does not leave the Center. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Center.

- As Required by Law. We will disclose medical information about you when required to do so by federal, state or local law.

- To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat

SPECIAL SITUATIONS

- **Workers' Compensation.** We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- To report child abuse or neglect;

- To notify people of recalls of products they may be using;

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities.** We may disclose medical health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are in a lawsuit or a dispute, we may disclose medical information about you in response to a court order.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order;

- To identify or locate a missing person;

- About the victim of a crime if, under limited circumstances, we are unable to obtain the person's agreement;

- About a death we believe may be the result of criminal conduct;

- About criminal conduct at the Center;

- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- Coroners and Medical Examiners. We may release medical records to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health or safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

- Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to your case-manager/therapist. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. You will be given the right to discuss this with the Clinical Director and/or Medical Director. If the denial is upheld, you can appeal the decision to the Executive Director of the Center. If the appeal is again denied, you have the right to seek a court order to access your records.

- Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Center.

To request an amendment, your request must be made in writing and submitted to your case-manager/therapist. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by the Center;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to your case-manager/therapist. Your request must state a time period which may not be longer than 6 years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions. 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 payment for your care, like a family member or caretaker. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to your case-manager/therapist. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want your limits to apply, for example, disclosures to a family member.

- 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 ask that we only contact you at work or by mail. You were asked about confidential communications on the application for services. To request changes in this you must make your request in writing to your casemanager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- Right to a Paper Copy of This Notice. You have a right to 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 copy electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.theicgc.com. A paper copy of this notice may be obtained from our receptionist.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for 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 in the Center. The notice will contain the effective date in the top right-hand corner of the first page. In addition, each time you register at or are admitted to the Center for treatment or health care services, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Center, contact our Privacy Officer at (724) 465-5576. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

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