



## **The House of Hope for Alcoholics, Inc.**

825 Dennison Avenue Columbus, Ohio 43215

[www.houseofhopecols.org](http://www.houseofhopecols.org) Ph: (614) 291-4691 Fax: (614) 291-6323

### **Privacy Notice**

This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

#### **House of Hope for Alcoholic's Duty to Safeguard Your Health Information We are required by law to:**

- Protect the privacy of your health information.
- Provide you with this notice of our legal duty and our privacy practices.
- Follow the practices described in this notice.

This notice describes the ways we may use and disclose information about your health to carry out treatment, payment and health care operations, and for other purposes as permitted or required by law. It also describes your rights and our duties regarding our records or information about your health.

#### **General Information**

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance and Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, the House of Hope for Alcoholics [House of Hope] may not say to a person outside House of Hope that you attend the program, nor may House of Hope disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

House of Hope must obtain your written consent before it can disclose information about you for payment purposes. [Please note that when you enrolled for treatment you were asked to sign such an authorization.] Generally, you must also sign a written consent before House of Hope can share information for treatment purposes or for health care operations. However, federal law permits House of Hope to disclose information without your written permission:

1. Pursuant to an agreement with a qualified service organization / business associate;
2. For research, audit or evaluations;
3. To report a crime committed on House of Hope's premises or against House of Hope personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, House of Hope can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization / business associate agreement in place.

Before House of Hope can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

### **Your Rights**

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. House of Hope is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. House of Hope will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy you own health information maintained by House of Hope, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. You must make this request in writing and we will respond within 30 days. If we deny your written request you have the right to appeal this denial. If you are requesting copies, we will notify you of the cost of copying.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in House of Hope's records, and to request and receive an accounting of disclosures of your health related information by House of Hope during the six years prior to your request, but not earlier than April, 2003. You also have the right to receive a paper copy of this notice.

## **House of Hope's Duties**

House of Hope is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. House of Hope is required by law to abide by the terms of this notice. House of Hope reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If we do, we will post a new privacy notice on our Web site ([www.houseofhopecols.org](http://www.houseofhopecols.org)). You may request a copy of the new notice from House of Hope.

## **Complaints and Reporting Violations**

We will take no retaliation against you if you make a complaint. If you believe your privacy rights have been violated by the House of Hope for Alcoholics, Inc. you may file a written complaint with:

### **The House of Hope**

Clients Rights Officer  
House of Hope for Alcoholics, Inc.  
825 Dennison Ave.  
Columbus, OH 43215

### **Office of Civil Rights**

Region V Office for Civil Rights  
U.S. Dept. Health & Human Services  
223 N. Michigan Ave. Suite 240  
Chicago, IL 60601

Violation of Confidentiality Law by a program is a crime. Suspected violation of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

**This notice is effective April 14, 2003**