

**ACKNOWLEDGEMENT OF RECEIPT OF BEHAVIORAL HEALTHCARE
NOTICE OF PRIVACY PRACTICES**

By signing this document, I acknowledge that I have received a copy of Behavioral HealthCare Notice of Privacy Practices.

Patient Name (Print) Signature Date

-OR-

Patient Personal Signature Date
Representative (Print)

Patient Medical Record Number or Social Security Number _____

Patient Birth Date _____

BEHAVIORAL HEALTHCARE OF NORTHERN INDIANA USE ONLY

Date acknowledgement received: _____

Signature of BHC employee: _____

-OR-

Reason acknowledgement was not obtained (declined to sign):

BEHAVIORAL HEALTHCARE OF NORTHERN INDIANA
NOTICE OF HEALTH INFORMATION PRIVACY 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.

If you have any questions about this notice, please contact
Todd A. Himes RN, Facility Privacy Liaison at (574)-936-3784.

This Notice Describes Our Practices And Those Of:

- ❑ Any health care professional allowed to enter information into your chart;
- ❑ Any volunteer we allow to help you while you are here; and
- ❑ All employees of any hospital, clinic, laboratory, or other facility affiliated with Behavioral HealthCare.

All of these people follow the terms of this notice. They may also share protected health information with each other for treatment, payment or health care operations as described in this notice.

Our Pledge Regarding Health Information:

Behavioral HealthCare uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of Behavioral HealthCare.

- ❑ We understand that health information about you and your health is personal.
- ❑ We are committed to protecting health information about you.
- ❑ This notice will tell you about the ways in which we may use and disclose health information about you.
- ❑ We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

Behavioral HealthCare Is 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 respect to medical information about you;
- ❑ Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations;
- ❑ Follow the terms of the notice that is currently in effect.

How Behavioral HealthCare May Use Or Disclose Your Health Information:

- ❑ **For Treatment.** Behavioral HealthCare may use your health information to provide you with medical treatment or services. *For example, a health care provider, such as a physician, nurse, or other person providing health services to you, will record information in your record that is related to your treatment.* This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.
- ❑ **For Payment.** Behavioral HealthCare may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. *For example, a bill may be sent to you or a third-party payor, such as an insurance company, HMO or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. Or, unpaid service balances may be referred to a collection agency to obtain payment.*
- ❑ **For Health Care Operations.** Behavioral HealthCare may use and disclose health information about you for operational purposes. *For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:*
 - Evaluate the performance of our staff;
 - Assess the quality of care and outcomes in your case and similar cases;
 - Learn how to improve our facilities and services; and
 - Determine how to continually improve the quality and effectiveness of the health care we provide.
- ❑ **Facility Directory.** Upon your approval, Behavioral HealthCare may include you in the facility directory. This information may include your name, location in the facility, general condition (*e.g., fair, stable, etc.*) and religious affiliation. Behavioral HealthCare may give your directory information, except for religious affiliation, to people who ask for you by name.

- **Clergy**. Unless you inform us that we should not do so, your religious affiliation may be released to a member of the clergy even if they do not ask for you by name.
- **Appointments/Health-Related Products and Services**. Behavioral HealthCare may use your information to contact you to provide appointment reminders. Behavioral HealthCare may also contact you to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you. [If Applicable]
- **Others Involved In Your Care**. Behavioral HealthCare may release relevant health information to a family member, friend, or anyone else you designate in order for that person to be involved in your care or payment related to your care. Behavioral HealthCare may also disclose health information to those assisting in disaster relief efforts so that others can be notified about your condition, status and location.
- **Fundraising**. Behavioral HealthCare does not use your information for fundraising.
- **Required By Law**. Behavioral HealthCare may use and disclose information about you as required by law. For example, Behavioral HealthCare may disclose information for the following purposes:
 - For judicial and administrative proceedings or pursuant to a court order;
 - To assist law enforcement officials in their duties;
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report reactions to medications or problems with products;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate authorities 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.
- **Public Health**. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities (*e.g.*, state health department, Center for Disease Control, *etc.*) to prevent or control disease, injury, or disability, or for other public health activities.
- **Health Oversight Activities**. Behavioral HealthCare may disclose your health information to a health oversight agency for activities authorized by law. Examples of these activities include audits, investigations, and inspections to monitor the health care system and compliance with laws or regulations.
- **Decedents**. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

- ❑ **Organ/Tissue Donation.** Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.
- ❑ **Research.** Behavioral HealthCare may use your health information for research purposes after a receipt of authorization from you or when an institutional review board (IRB) or privacy board has waived the authorization requirement by its review of the research proposal and has established protocols to ensure the privacy of your health information. Behavioral HealthCare may also review your health information to assist in the preparation of a research study.
- ❑ **Health And Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.
- ❑ **Government Functions.** Your health information may be disclosed for specialized government functions such as protection of public officials or reporting to various branches of the armed services.
- ❑ **Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.
- ❑ **Other Uses.** Other uses and disclosures will be made only with your written authorization. You may revoke an authorization except to the extent Behavioral HealthCare has taken action in reliance on it.

Your Health Information Rights:

You have the right to:

- ❑ Obtain a paper copy of this notice of information practices upon request;
- ❑ Inspect and obtain a copy of your health information that is maintained by Behavioral HealthCare;
- ❑ Request an amendment to your health information under certain circumstances;
- ❑ Request a confidential communication of your health information by alternative means or at alternative locations. Please be advised that this request for alternative means or locations of communications applies only to this provider or location;
- ❑ Receive an accounting of disclosures made of your health information; and
- ❑ Request a restriction on certain uses and disclosures of your information; however, Behavioral HealthCare is not required to agree to a requested restriction;

Changes To This Notice:

Behavioral HealthCare reserves the right to change the terms of this notice and make the new terms effective for all protected health information kept by Behavioral HealthCare. Behavioral HealthCare will post a copy of the current notice in the hospital and on our website, www.bhcnorthernindiana.com/. You may also get a current copy by contacting Todd A. Himes RN, Facility Privacy Liaison (address at end of this notice). The effective date of the notice is in the top right-hand corner of each page.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with Behavioral HealthCare or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with Behavioral HealthCare, submit your written complaint to Todd A. Himes, RN, Facility Privacy Liaison (address at end of this notice). You will not be penalized for filing a complaint.

Contact Information For Questions Or To File A Complaint:

If you have any questions about this notice, want to exercise one of your rights that are described in this notice, or want to file a complaint, please contact Todd A. Himes RN, Facility Privacy Liaison at:

Behavioral HealthCare of Northern Indiana

1800 N. Oak Rd.

Plymouth, IN. 46563

Phone: [574-936-3784]