

# Transition House, Inc. ~ Notice of Privacy Practices

Effective Date: 08/11/03

THIS NOTICE DESCRIBES HOW MEDICAL, MENTAL HEALTH, ALCOHOL AND OTHER DRUG RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

**General Information:** Information about your health care, including payment, is protected by State and Federal Law<sup>1</sup>. Under these laws, the Transition House, Inc., (TH) may not say to any person outside TH that you receive services from us without your consent. Generally, TH must get your written consent before we can release information about you.

EXAMPLE: *We must get your written consent before we can release information to your health care provider for treatment.*

You may cancel your consent in writing at any time. You cannot cancel consent for information that has already been released.

Federal law allows us to release information without your written permission:

1. If TH has an agreement with an outside organization known as a qualified service organization or business associate to provide services to TH or to our consumers;
2. For research, audit or evaluations;
3. To report a crime committed on TH property or against TH staff;
4. To medical personnel in a medical emergency;
5. To report suspected child abuse or neglect;
- or 6. As allowed by a court order.

EXAMPLE: *TH can release information without your consent to an outside organization that provides services to TH or to our consumers, such as data processing, laboratory, or financial services or to another medical facility to provide healthcare to you, as long as we have a proper business associatelqualified service organization agreement in place.*

## **Your Rights Regarding Your Medical Information:**

**Request Restriction** You may ask us to limit certain uses or disclosure of your health information. TH will consider your request, but does not have to agree. If your request is granted, TH will comply except in *emergency situations*. We cannot agree to limit uses or releases that are required by law.

**Request Confidential Communications** You **may** let us know how and where you would like to be **contacted**. **For example, you can ask that we contact you by phone rather than mail or at work rather than home.** Your request must be in writing. We will go along with reasonable requests. We will not ask you for a **reason**.

**Inspect and Copy** In most cases, you have the right to see or get copies of your records. You must make your request in writing using the "TH Consent for Release of Confidential Information" form. You may be charged for copies of your records.

**Amend/Correct** You may ask us to change information in your records if you think there is a mistake. However, we will not erase the original information. You must make a written request that explains your reason(s). We do not have to agree to your request for changes if we determine, among other things, that the current information is correct and complete.

**An Accounting of Disclosures** You may ask for a list of persons to whom your health information has been released since April 14, 2003. The first list will be free. We may charge for additional lists. We will tell you about any charges and allow you to withdraw or change your request.

**A Paper Copy of this Notice** You may ask us for a copy of this notice at any time.

**TH Duties:** State and Federal laws require TH to keep your health information private and to give you this notice of our legal duties and privacy practices. **By law, we will follow the terms of this notice. TH has the right to change this notice. Any changes will apply to information we already have about you, as well as any future information. The notice contains an effective date. We will post a copy of the current notice in each facility and on our web site, [www.thouse.org](http://www.thouse.org). In addition, we will offer you the current notice each time you are admitted.**

**Complaints and Reporting Violations:** You may complain to TH and the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated under state or federal law. You will not be penalized for filing a complaint.. To **file** a complaint with TH contact:

**Clinical Director, Transition House, Inc., 700 Asp, Ste 2, Norman, OK 73069, (405)360-7926**

If you have any questions about this notice or our privacy practices, please contact our Clinical Director at (405)360-7926.

**Violation of confidentiality laws by TH is a crime. Suspected violations of the confidentiality law may be reported to the United States Attorney.**

---

Approved by the Transition House, Inc., Board of Directors, July 17, 2014

<sup>1</sup> The Health Insurance Portability and Accountability Act (HIPAA) of 1996. 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.