



## NOTICE OF 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 our Privacy Officer.

### **Who Shall Follow This Notice:**

This notice describes our agency's practices and that of any programs associated with Pretera Health Services, any health care professional authorized to enter information into your file or record, and all employees, staff and other personnel shall follow the terms of this Notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or facility operations purposes described in this Notice.

### **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 services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal regulations. This Notice applies to all records of your care.

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

### **We are required by law to:**

1. Make sure that medical information that identifies you is kept private;
2. Give you this Notice of our legal duties and privacy practices with respect to medical information about you and;
3. Follow the terms of the Notice that is currently in effect.

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, obtain payment, conduct health care operations, and for other purposes required by law. For uses beyond that, we must have your written authorization, unless the law permits or requires us to make the use or disclose without your authorization. If we disclose your Protected Health Information to any outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement with the outside entity that it shall provide the same degree of privacy protection to your information that we provide to it. It also describes your rights to access and control your Protected Health Information. Protected Health Information is information about you, including demographic information that may identify you and related to your past, present, or future physical or mental health or condition and related health care services.

**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 that we already have about you, as well as any information we receive in the future. We shall post a copy of the current Notice in the following locations: All treatment programs, including the county offices. This Notice shall contain the effective date. You may request a copy of the revised Notice from the Privacy Officer and it will also be posted on our website at [www.Prestera.org](http://www.Prestera.org).

**How We May Use and Disclose Your Medical Information:**

The following categories describe different ways that we use and disclose medical information. Each category of uses or disclosures shall be explained but not every use or disclosures in a category shall be listed. However, all the ways we are permitted to use and disclose information shall fall within one of the categories. Whenever an arrangement between Prestera Health Services and a third party (Business Associate) involves the use or disclosure of your Protected Health Information, we will have a written contract with the Business Associate. The contract contains terms that protect the privacy of your health information.

For treatment: We may use medical information about you to provide you with medical treatment or substance abuse services. We may disclose medical information about you to doctors, nurses, counselors, physician assistants, nurse practitioners, case managers, psychologist, admissions and billing office staff, Medical Records staff, Compliance staff, Utilization Management staff, and/or other personnel who are involved in taking care of you. Different departments of our facility also may share medical information about you in order to coordinate different services you need, such as prescriptions and lab work. We may also disclose medical information about you to people outside the facility who could be involved in your medical care, such as a designated family member in case of an emergency or others who provide services as part of your care, such as your insurance company or your DHHR caseworker. When required, we will obtain your authorization before disclosing any of your information. Only minimally necessary information will be shared.

For Payment: We may use or disclose your PHI in the course of agency operations. These uses and disclosures are necessary to run the agency and make sure that all our consumers receive quality care. For example, we may use medical information to review our treatment and services and evaluate and performance of our staff, We may also combine medical information about many agency consumers to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, health professionals in training, and other agency personnel for review and learning purposes. We may disclose your PHI to our accountant or attorney for auditing purposes.

Appointment Reminders: We may also use and disclose medical information to contact you as a reminder that you have an appointment or missed an appointment in order to reschedule the appointment.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be

revoked at any time to stop future uses or disclosures, except in the case that we have already undertaken an action upon your authorization.

Uses and Disclosures of PHI from Mental Health Records and/or Part 2 Substance Use Records Not Requiring Consent or Authorization: The law provides that we may use or disclose your PHI from mental health records without consent or authorization under the following circumstances:

Medical Emergencies for medical and/or Part 2 Substance Use Program: Pretera determines that is a “bona fide medical emergency” by documenting the following:

1. The name of the medical personnel to whom the disclosure was made and their affiliation with the health facility.
2. The name of the individual making the disclosure.
3. The date and time of the disclosure.
4. The nature of the emergency.

Research: Under certain circumstances, we may use and disclose minimally necessary medical information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, you must sign a research authorization form. Substance Use Part 2 Program can be disclosed to qualifying personnel for the purpose of conducting scientific research by a Part 2 program or other individuals or entities if that research provides documentation that they are meeting all requirements related to protections from human research.

As Required by Law: We shall disclose minimally necessary medical information including but not limited to mental health and/or substance use 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 minimally necessary medical information including but not limited to mental health and/or substance use about you, when necessary, to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks: We may disclose minimally necessary medical information including but not limited to mental health and substance use about you for public health activities. These activities generally include the following:

1. To prevent or control disease;
2. To report child abuse or neglect by making a telephone report to the child or Adult Protective Services and follow this report with a written confirmation;
3. To report a reaction to medication or problems with products; Part 2 Substance Use can report to the Food and Drug Administration (FDA) if there is reason to believe that the health of a patient may be threatened by an error in the manufacturing, label or sale of an FDA approved product.
4. To notify a person that they might have been exposed to a disease or might be at risk for contracting the spreading a disease or condition or;

5. To notify the appropriate government authority if we believe a consumer has been the victim of domestic violence. We will make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose minimally necessary medical and/or Part 2 Substance Use 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 involved in a lawsuit or dispute, we may disclose minimally necessary medical and/or Part 2 Substance Use information about you in response to a proper court order or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may release minimally necessary medical and/or Part 2 Substance Use information about you if asked to do so by a law enforcement official:

1. In response to a proper court order or similar process;
2. In response to an arrest warrant;
3. About criminal conduct involving our facility and;
4. 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 if the crime is on Pretera premises or against Pretera personnel.

**Medical Examiners:** WE may asl release minimally necessary medical and/or Part 2 Substance Use information about you to a 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 minimally necessary medical and/or Part 2 Substance Use information about you to authorized federal officials for intelligence, counterintelligence, and other security activities authorized by law.

**You're Rights Regarding Medical Information About You:** You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your Protected Health Information upon your written request. If we deny your access, we shall give you written reasons for the denial and explain any right to have the denial reviewed. If you want a paper or electronic copy of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

Right to Amend: If you feel that any of the 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 as long as the information is kept by our facility.

To request an amendment, your request must be made in writing and submitted to the Medical Records Department. 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 our agency.
- Is not part of the information which you would be permitted to inspect and copy or;
- Is accurate and complete.

Right to an Accountin of Disclosures: You have the right to request an Accounting of Disclosures. This is a list of the disclosures we have made of your medical information. We are not required to account for routing disclosures, for example disclosures between or among Pretera Health Services staff regarding your care.

To request an Accounting of Disclosures, you must submit your request in writing, to the Medical Records Department. Your request must state a time period which may not be longer than six (6) years and may not include dates before April 14, 2003. If your diagnosis is Substance Use you shall submit the request in writing to the Medical Records Department. Your request must state a time period which shall not be longer than the previous two (2) years under a general designation consent. The first accounting you request within a twelve-month period shall not include a cost for providing the disclosure list. For additional accountings, we may charge you for the costs of providing the list. We shall notify you of the cost involved and you may choose to withdraw or modify your request at that time, before any costs are incurred. Pretera must respond to the request in less than 30 days from receiving the written request.

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. To request Confidential Communications, you must make your request in writing to the Medical Records Department. We will not ask 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 Copy of This Notice: You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Right to Request Restrictions: Even though all disclosures we make are only the minimally necessary, you have the right to request a restriction or limitation on the medical information we use or disclose about you, except 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. Finally, you have the right to request a restriction on the people who are able to obtain the information we disclose. However, 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 with emergency treatment.

To request a restriction or limitation not included on the authorization, your request must be made in writing and submitted to the Privacy Officer.

Restrictions and limitations are indicated on the actual authorization form to release information.

#### Right to Revoke a Written Authorization:

You have the right to revoke your written authorization to disclose specific Protected Health Information. The revocation must be in writing. You can tell us verbally that you wish to revoke an authorization and we will act upon your request for revocation. However, the revocation must be made in writing to confirm your instructions to us. A revocation cannot be backdated or made retroactive. Revocation of certain authorizations might impact your financial obligation to Pretera Health Services. For example, if a third party pays all or part of your bill for services, they will require minimally necessary information to approve services and payment. If we know of any consequences of the revocation, we will advise you at the time you request revocation.

#### **How to Complain about our Privacy Practices:**

If you think we might have violated your privacy rights or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer or the Secretary of the US Department of Health and Human Services. We shall not take retaliatory action against you if you make such complaints. Contact Person for information or to submit a complaint with Pretera directly: If you have questions about this Notice of Privacy Practices, please contact Pretera's Privacy Officer.

Privacy Officer, Pretera Health Services  
55 Donahoe Drive  
Huntington, WV 25705  
304.525.7851 x 2513

Secretary, US Department of Health & Human Services  
200 Independence Ave. SW  
Washington, DC 20201  
877.696.6775 or [www.hhs.gov/orc/privacy/hippa/complaints](http://www.hhs.gov/orc/privacy/hippa/complaints)

Effective Date: This notice was effective on April 1, 2003; Revised on 02/2024