

Behavioral Healthcare Providers Privacy Policy

Effective: January 1, 2014

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.

What is this notice for?

The Notice of Privacy Practices tells you about your rights under a federal law called the Health Insurance Portability and Accountability Act—or HIPAA for short. This law protects your health information and sets rules about who can see and get your health information. (“Health information” includes any information about your mental or physical health, your health care, payment for your health care and any demographic information.) The notice also tells you about Behavioral Healthcare Providers’ policies for protecting, using and sharing your health information.

Why am I getting this notice?

Your privacy is important to us. The law requires that you be given a copy of this notice so that you can:

- know your rights
- use your rights
- ask questions about your rights
- file a complaint if you think your rights may have been violated
- know that we will tell you if there has been a breach of your health information.

What are my rights over my health information?

You have the right to:

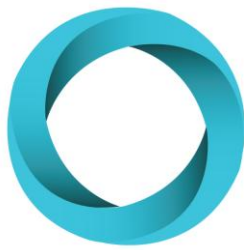
- **see and get a copy of your health information.**

To see or get a copy of your health information, write us at the address at the end of this Notice of Privacy Practices. You may have to pay for the cost of copying and mailing your records.

- **ask for changes to your health information.**

If you feel that the health information we have about you is incorrect or incomplete, you can ask us to change it. To ask for a change, write to us at the address at the end of this Notice of Privacy Practices. You must tell us why you want to change your records. We will tell you in writing if we are not going to make the change.

- **know how your health information is used or shared with others.** We use health information for treatment and payment or to manage other business matters. (For more information, see “*How will Behavioral Healthcare Providers use and share my health information?*” below.) Sometimes we must also share information with others, usually because we are required by law to do so. For example, we



must report births, deaths, abuse and certain diseases. To find out with whom, if anyone, we have shared your information, write to us at the address listed at the end of this Notice of Privacy Practices. You can get your report for free once a year. If you want more reports, we may charge you for the cost of making them. But we will let you know what this cost will be before we send you more reports.

• **ask us to restrict how your health information is used or shared with others.** To do this, write to us at the address listed at the end of this Notice of Privacy Practices. Tell us what you don't want us to do with your health information. For example, perhaps you don't want us to give information to your insurer. In this case, you must also tell us how you will pay for your treatment.

Note that the law says we do not always have to agree to your request, as we may not be able to accommodate it. For example, if you wish to prevent a particular provider from viewing your records, we would be unable to meet this request due to the nature of electronic health records. If we agree to your request, we will not restrict your health information if it is needed to provide you with emergency care.

• **ask us to reach you in a certain way or place.** For example, you can ask that we contact you at work rather than at home or by mail rather than by phone. To make a request, write to us at the address at the end of this Notice of Privacy Practices. Tell us exactly how and where you wish to be reached. We will allow all reasonable requests, and we will not ask you why you are making the request.

• **have a copy of this notice.** You may ask for a copy of this notice at any time. You can download a copy from our website (www.bhpcare.com). Or, if you would rather have a paper copy mailed to you, you can e-mail us at quality@bhpnet.com or write to us at Behavioral Healthcare Providers Privacy Office, 1405 N Lilac Dr, Suite 151, Golden Valley, MN 55422

How will Behavioral Healthcare Providers protect my health information?

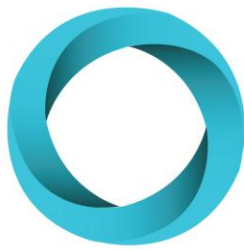
Behavioral Healthcare Providers works hard to protect your health information. We use computer systems to store your health information. We have protections in place to keep your information from being seen by anyone that should not see it.

While our computer systems are protected from access by unauthorized people, e-mails sent through the Internet are not. We will not communicate with you using e-mail unless you want us to.

How will Behavioral Healthcare Providers use and share my health information?

• **Treatment.** We use your health information to give you medical treatment and coordinate your care. To treat you properly, we may need to share your health information with doctors, nurses, and other staff taking care of you at Behavioral Healthcare Providers. We will ask for your consent before sharing your health information with health care providers outside of Behavioral Healthcare Providers, unless it is an emergency or required by law.

• **Electronic health records / health information.** Behavioral Healthcare Providers uses an electronic health record that allows care providers and other approved users within Behavioral Healthcare

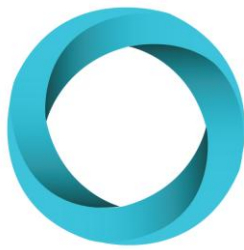


Providers and at some non-Behavioral Healthcare Providers facilities to store, update and use your health information. They may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. For example, if you are brought to the hospital in an emergency and cannot tell us what is wrong, we will be able to see your health records (if your doctor takes part in the Behavioral Healthcare Providers electronic health record).

If you receive care from more than one provider who uses the Behavioral Healthcare Providers electronic health record, your health information will be combined into one record. Once information is combined, it cannot be separated in the future.

This electronic health record is a secure system. Behavioral Healthcare Providers and the providers using the system are trained to ensure your information is private.

- **Appointment reminders.** We may use and share your health information to remind you of an appointment.
- **Treatment alternatives and health-related services.** We may use and share your health information to tell you about treatment options and health-related benefits or services that you may be interested in.
- **Payment.** We use and share your health information so that we can bill you or whoever is responsible for paying for your care.
- **Health care operations.** We may use and share your health information to help run our facility and make sure that all of our patients are getting quality care. For example, we may use health information to review our services and the staff caring for you. We may also combine health information about many patients to see if new treatments are effective.
- **People involved in your care or payment for your care.** We may share your health information with family members or friends involved in your health care or with those helping to pay for your care. If you do not want us to share information with family members or friends involved in your care, please tell us when you register at the hospital or clinic. In the event of a disaster, we may share your health information with those helping with disaster relief so that your family can know what has happened to you and where you are.
- **Research.** We may use or share your health information for research. Using medical records in research can lead to new or better ways to diagnose and treat disease.
The law allows your records to be used for research under certain conditions. For example, a research review board must first ensure that researchers will keep your information private.
Behavioral Healthcare Providers will not use your health information for research unless you give us permission in writing or the research review board decides that permission is not needed. In the latter case, researchers must prove that the project is so important they don't need permission. They must also show they have a plan to protect your information.



If you disagree with the use of your health information for research purposes, contact us by using one of the options listed at the end of this notice.

• **As required by law.** We will share your health information when required to do so by federal, state or local law. For example, we are required to report child abuse or neglect.

• **Special situations.**

A serious threat to health or safety

We may use or share your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only give this information to someone who can prevent the threat.

Organ and tissue donation

If you are an organ donor, we may share your health information with organizations that handle organ or tissue donation and transplantation.

Military and veterans

If you are a member of the armed forces, we may share health information as required by military authorities.

Workers' compensation

If you are being treated for a work-related injury or condition, we may share your health information with workers' compensation or similar programs.

Public health risks

We may share your health information with public health or authorized government authorities:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report problems with medicines and other products;
- to tell people about recalls of products they may be using;
- to let a person know if he or she may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- if we believe you have been the victim of abuse, neglect or domestic violence. We will only share this information if you say we can or when required or authorized by law.

Health oversight activities

We may share health information for health oversight activities as authorized by law. Examples of oversight activities include audits, investigations, inspections and licensing. These activities are needed for the government to oversee the health care system.

Lawsuits and disputes

If you are involved in a dispute or lawsuit, we may share your health information if required by court



order. We may also share your health information in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but usually only if you give us permission.

Law enforcement

We may share health information with law enforcement agencies:

- in response to a court order, grand jury subpoena, warrant, summons or similar process.
- to identify someone who has died.
- to locate a missing person.
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the health care facility;
- in emergency situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime; and
- in other situations as required by law.

Coroners, medical examiners and funeral directors

We may give health information to a coroner or medical examiner. We may need to this, for example, to identify someone who has died or to determine the cause of death. We may also give health information to funeral directors as needed to carry out their duties.

National security and intelligence activities

We may give health information to authorized federal officials for activities authorized by law. We may share health information with authorized federal officials so they can protect the President and other authorized persons or foreign heads of state or 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 your health information:

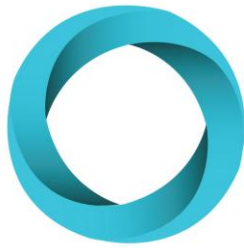
- so that the correctional institution can provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

• **Other uses of health information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. For example, we will ask for your permission to disclose your information for marketing purposes or to sell any of your information. We will also ask for your permission to disclose any psychotherapy notes related to services you have received.

If you have given us written permission to use or share your health information, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share your health information for the reasons listed on your written permission. Of course, we cannot take back any information we have already shared with your permission.

What do I do if I think my privacy rights may have been violated?

If you think your privacy rights may have been violated, you may file a complaint with us. You may call the Behavioral Healthcare Providers Quality Office at 1-866-604-2739 or 763-210-4687 to talk about your



complaint. Or you may write to the Behavioral Healthcare Providers Quality Office at 1405 N Lilac Dr, Suite 151, Golden Valley, MN 55422. You may also file a complaint with the federal government. We will not penalize you or act against you in any way for filing a complaint.

Changes to this notice

We must follow the terms of this Notice of Privacy Practices. We can change this Notice of Privacy Practices, however, and reserve the right to make the new notice effective for health 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 our facilities and on our website at www.bhpcare.com . The effective date of this notice is listed on the first page.

If you have received this notice electronically, you have the right to a paper copy at any time. You may download a paper copy of the notice from our website, or you may obtain a paper copy of the notice at any of our facilities.

If you have any questions about this notice, please call Behavioral Healthcare Providers Quality Office at 1-866-604-2739 or 763-210-4687, email us at quality@bhpnet.com or write to 1405 N Lilac Dr, Suite 151, Golden Valley, MN 55422.