



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.

**(Effective 9/23/13)
Revised 5/30/14**

Contact the Unison Behavioral Health Privacy Officer, 1007 Mary Street, Waycross GA, 31503 or call 1-800-342-8168 if you have questions or want more information about this Notice.

Introduction

This "Notice" of Privacy Practices describes how Unison Behavioral Health (Unison) may use and disclose medical information about individuals, referred to in this Notice as protected health information (PHI). This notice also describes individual rights and obligations regarding the use and disclosure of PHI and includes a brief description of how individuals may exercise rights.

I. General Provisions.

We are required by law to maintain the privacy of PHI, to provide individuals with this Notice of legal duties and privacy practices with respect to PHI, and to notify you and other affected individuals in the event of a breach of unsecured PHI. We are also required to comply with the terms described in the Notice currently in effect. We will post a copy of the current Notice in the Unison Behavioral Health (Unison) facilities and on our website, www.unisonbh.com.

II. How Unison Behavioral Health May Use and Disclose Medical Information About You:

Unison may use and disclose your PHI as described in each category listed below without obtaining further written authorization from you. For each category, we will explain what is meant in general, however, will not describe all specific uses or disclosures of PHI.

- 1. For treatment:** Unison will use and disclose your PHI to provide and coordinate your health care and any related services, including the disclosure of PHI for treatment activities of another health care provider. For example, Unison may need to disclose information to a case manager who is responsible for coordinating your care. Unison may also disclose your PHI without authorization to another health care provider (e.g. emergency medical workers, your primary care physician or a laboratory) working outside of UBH for purposes of your treatment. Unison may also disclose PHI about you to individuals outside of Unison, such as family members or others who provide services that are part of your care.
- 2. For Payment:** Unison will use and disclose your PHI in order to bill and collect payments for treatment and services provided to you. By way of example, Unison may disclose your PHI to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include: making a determination of eligibility or coverage for health insurance; reviewing your services to determine if they were appropriately authorized or certified in advance of your care; reviewing your services to ensure the necessity and appropriateness of your care; justifying the charges for your care; or approving additional visits to your therapist. Unison may also disclose PHI to business associates, such as billing companies and others that assist in processing health claims. Unison may also disclose PHI to other health care providers and health plans for payment activities of such providers or health plans.
- 3. For Health Care Operations:** Unison may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to run the organization and make sure that individuals receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, patient surveys, compliance and risk management activities, licensing, accreditation, business planning and development, and general administrative activities. Unison may combine PHI of many of our consumers to determine additional services, services that are no longer needed, and to ascertain if new treatments are effective. Unison may disclose PHI to doctors, nurses, technicians, students, attorneys, consultants, accountants, and others for review and learning purposes, to ensure compliance with all applicable laws, and to help Unison provide continuity of care to individuals served. Unison may also disclose PHI to other health care providers and health plans for such entities' health care operations.
- 4. Research.** Subject to applicable rules and regulations, Unison may disclose your PHI to researchers engaged in research activities.
- 5. As Required by Law** Unison will disclose your PHI when required to do so by applicable law.
- 6. Law Enforcement Purpose:** In certain circumstances, Unison may disclose your PHI to law enforcement officials for enforcement purposes. For example, Unison may disclose your PHI to a law enforcement official in response to any judicial order, subpoena, or summons issued by an appropriate official of the judicial system or in order to assist law enforcement officials in identifying or locating a suspect, fugitive, material witness, or missing person.
- 7. Judicial Order or process:** Unison may disclose your PHI in order to comply with a judicial order or other legal process, such as a subpoena, request for production, or other discovery process.
- 8. Incidental Disclosures:** Unison may use and disclose your PHI incident to an authorized use or disclosure. For example, you may be offered group counseling or group education sessions, during which other consumers may see and overhear the interactions between you and the therapist or group leader.
- 9. To Avert a Serious Threat to Health or Safety:** Unison may use and disclose PHI about you to law enforcement personnel or other appropriate persons when necessary to prevent serious imminent threat to your health or safety or to the health or safety of the public or another person.
- 10. Organized Health Care Arrangement:** Unison may disclose your PHI to other participants of organized health care arrangements in which we participate.
- 11. Public Health Activities:** Unison may use and disclose PHI about you as necessary for public health activities including, by way of example, disclosures to report to public health authorities for the purpose of: preventing or controlling disease; injury or disability; reporting abuse and neglect as required by law; reactions to medications or product defects or problems; or notifying a person who may have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition.
- 12. Health Oversight Activities:** Unison may disclose PHI about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care and civil rights laws.
- 13. Coroners, Medical Examiners or Funeral Directors:** Unison may provide PHI about you to coroners, medical examiners and funeral directors in order to allow these persons to perform their duties.
- 14. Organ Donation:** Unison may use and disclose your PHI to organizations engaged in organ procurement or transplantation for purposes of facilitating organ, tissue, or eye donation or transplantation.
- 15. Notification of Death:** If Unison suspects your death occurred from questionable criminal conduct, Unison may disclose your medical information to a law enforcement official for the purpose of alerting law enforcement of your death.
- 16. Military and Veterans:** If you are a member of the armed forces, Unison may use and disclose your PHI as required by military command authorities. Unison may also disclose your PHI for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, Unison may use and disclose your PHI to appropriate foreign military authority.
- 17. National Security and Protective Services for the President and Others:** Unison may disclose PHI about you to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law. Unison may also disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.
- 18. Custody of Law Enforcement:** If you are in the custody of a law enforcement official, Unison may disclose PHI concerning you to the correctional institution or law enforcement official for treatment, payment, or for the protection of the health and safety of you or others or for the safety and security of the correctional institution.
- 19. Workers' Compensation:** Unison may disclose PHI about you to comply with the state Worker's Compensation Law or similar laws.
- 20. Employer:** In order to allow your employer to meet the requirements of certain federal or state laws, Unison may use and disclose your PHI to your employer if we provide services to you at the request of your employer to: (i) evaluate the medical surveillance of the workplace; or (ii) evaluate whether you have a work-related

injury.

21. Limited Data Set: Unison may use and disclose your PHI for public health, research, and other healthcare operations if we enter into an appropriate agreement with the recipient of such information and remove, as applicable, certain identifiers from the information.

22. Fundraising Activities: Unison may use or disclose your PHI for our own fundraising activities. However, Unison will only use the following information in our fundraising activities: (i) demographic information (name, address, telephone number, age, gender, date of birth, and other contact information); (ii) dates health care was provided; (iii) department of service information; (iv) treating physician; (v) outcome information; and (vi) health insurance status. You may opt out of receiving communications regarding our fundraising activities by notifying our Privacy Officer.

23. Disclosure for HIPAA Compliance Investigations: Unison must disclose your PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary in order to investigate our compliance with federal privacy regulations.

24. Disclosures to Individuals Involved in your Healthcare or Payment for your Healthcare: Unless you object, Unison may disclose your PHI to a family member, other relative, friend, or other person you identify as involved in your health care or payment for your health care. Unison may also notify these people about your location, condition, or death. In addition, Unison may disclose PHI about you to an entity assisting in a disaster relief effort so that your family may be notified about your condition, status and location.

25. Valid Authorization: Unison may use or disclose your medical information pursuant to an authorization which you have provided, provided that it complies with all applicable regulatory requirements.

III. Uses and Disclosures of Your Health Information with Your Permission:

1. Psychotherapy Notes: Unison will not use or disclose your PHI contained in your psychotherapy notes without your written authorization, except: (i) as required by law or the Secretary of Health and Human Services; (ii) as needed by a coroner or medical examiner; (iii) as necessary to avert a serious threat to health or safety; (iv) for use by the originator of the psychotherapy notes; (v) for training activities of mental health providers sponsored by us; or (vi) for health oversight activities with respect to the originator of the psychotherapy notes. Psychotherapy notes are notes that are recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint, or family counseling session that are separated from the rest of your medical record.

2. Marketing: Unison will not use or disclose your PHI without your written authorization for our marketing activities, except for marketing activities conducted through face-to-face interaction or the provision of nominal gifts.

3. Sale of Medical Information: Unison will not sell your PHI without your prior written authorization.

4. Other Uses and Disclosures. Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made pursuant to your written authorization. You have the right to revoke an authorization in writing at any time. Unison is unable to take back any disclosure already made with your permission.

IV. Your Rights Regarding Your Protected Health Information:

1. Right to Inspect and Copy: You have the right to request an opportunity to inspect or copy your PHI that Unison retains and uses to make decisions about your care. Usually, this would include clinical and billing records. Any request to copy or inspect your PHI should be submitted in writing to our **Privacy Officer 1007 Mary Street, Waycross GA, 31503**. If you request a copy of the information, Unison may charge a fee for the cost of copying and mailing associated with your request. In certain circumstances, Unison may deny your request to inspect or copy your PHI, including if your treating physician determines that disclosure would be detrimental to your physical or mental health. In certain situations, if we deny your request to inspect or copy your PHI, Unison will explain the basis for denial and provide you an opportunity to have your request reviewed by a licensed health care professional who was not involved in the initial denial decision. If we do not maintain the PHI you requested and if we know where the PHI is located, Unison will tell you how to redirect your request.

2. Right to Amend. If you believe that your PHI maintained by us is inaccurate or incomplete, you may ask us to correct your PHI. Your request for an amendment must be written or typed on a separate sheet of paper and specify why you believe the information is inaccurate or incorrect. You should sign and date the amendment and submit it to our Privacy Officer at **1007 Mary Street, Waycross GA, 31503**. Unison may deny a request for amendment; however, if Unison denies a request for amendment you will be provided a written notice of denial explaining, among other things, the basis for the denial.

3. Right to an Accounting of Disclosures. You have the right to request and receive a list of disclosures of your PHI Unison has made at any time during the last six (6) years prior to the date of the request. The list will not include disclosures made at your request or with your authorization, and does not include certain uses and disclosures, such as those: (i) for treatment, payment, or health care operations; (ii) for Unison's patient directory or to persons involved in your health care; (iii) for national security or intelligence purposes; or (iv) to correctional institutions or law enforcement officials. To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer at **1007 Mary Street, Waycross GA, 31503**

. The request should state the time period for which you wish to receive an accounting. You will not be charged for the first accounting you request in any twelve (12) month period. For every request for an accounting of disclosures thereafter in a twelve month period, Unison will charge you for the reasonable costs of providing the accounting. Unison will notify you of the monetary charge and you may choose to withdraw or modify your request before Unison incurs any costs.

4. Right to Request Restrictions. You have the right to request that Unison restrict the use or disclosure of your PHI. To request a restriction, you must write to our Privacy Officer at **1007 Mary Street, Waycross GA, 31503**. Except as explained in this Notice, Unison is not required to agree to a restriction, but if we do agree, we will honor your request unless the disclosure of PHI is needed to provide you with emergency treatment. Unison will grant any restriction requested regarding the disclosure of PHI to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and the PHI pertains to a health care item or service which has been paid for by you or someone on your behalf.

5. Right to Request Confidential Communications. You have the right to request that Unison communicate with you about your care only by a particular means or at particular locations. For example, you may request that communications be made to your work address. You must write to our Privacy Officer at **1007 Mary Street, Waycross GA, 31503** to direct communications. Unison will accommodate all reasonable requests.

6. Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with us about a privacy violation, contact our Privacy Officer at **1007 Mary Street, Waycross GA, 31503** or at **1-800-342-8168**. All complaints about privacy violation must be submitted in writing, and our Privacy Officer will assist you with writing your complain, if you request such assistance. Unison will not retaliate against you for filing a complaint. The Privacy Officer will send a copy of your complaint to the Chair of our Rights Committee, who will also provide you with assistance if you ask for it (**see also Consumer Rights Notices posted at all our service locations**).

VI. Changes to this Notice

Unison reserve the right to change the terms of our Notice. Unison also reserve the right to make the revised or changed Notice effective for all PHI we already have about you as well as any PHI we receive in the future. Unison will post a copy of the current Notice at our main office and at each site where Unison provides care. Unison will also post a printable copy of this Notice on our website, www.unisonbh.com.