



## Gateway Healthcare 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.

### **Introduction**

This Notice of Privacy Practices is provided to help you understand how Gateway agencies may use or disclose your protected health information and what rights you have to your information. Please read it carefully and feel free to ask any questions about the content of this Notice before signing on the last page.

This Notice applies to you if you are receiving services from Community Counseling Center, Inc. ("CCC"); Mental Health Services of Cranston, Johnston, and Northwestern Rhode Island, Inc. ("MHS"); Tri-Hab, Inc.; or Rhode Island Youth Guidance Center, Inc. The term "Gateway" means any of these entities and Gateway Healthcare, Inc. the parent company for the other agencies.

As used in this Notice, the term "protected health information" means individually identifiable medical information which Gateway has received or created and which has to do with your past, present, or future physical or mental health or condition, the provision of health services to you, or the past, present, or future payment for these services.

This Notice informs you of the general categories of uses or disclosures, but is not intended to include every specific instance within each category for which your protected health information may be used or disclosed.

### **Effective Date and Revisions**

This Notice is effective on April 14, 2003.

We reserve the right to change this Notice, and to make the new privacy practices effective for all protected health information we maintain. Should our privacy practices change, copies of the revised Notice will be available at all service locations and will be posted on our website prior to the effective date of the changes.

You may request a paper copy of Gateway's current Notice at any time, and this request does not have to be in writing.

### **Your Protected Health Information Rights**

Although the health record is the physical property of Gateway, the protected health information in it belongs to you. You have the right

- To inspect and to obtain a copy of your protected health information; we may charge you for the copy, but we only can deny this access in limited circumstances and then we must inform you of the denial and any rights you may have to appeal.
- To amend your protected health information; which may be by submitting a statement to be included in your record.

- To request an accounting of disclosures we have made of your protected health information for a period you designate which cannot be more than 6 years prior to the date of your request.
- To request that we communicate your protected health information to you only in a certain location or in a certain way. For example, you may want us only to contact you by telephone and only at work or only at home.
- To request a restriction on our use or disclosure of your protected health information for treatment, payment or healthcare operations or in those situations where you have a right to object or agree with the use or disclosure.
- To change any authorization (permission) you may have granted us to use or disclose your protected health information, that is, you may revoke it (please see below).

You must send your request for any of the above in writing, to Gateway's Privacy Officer whose address appears at the end of this Notice.

### **Gateway's Responsibilities**

Federal law requires that we

- maintain the privacy of your protected health information;
- provide you with this Notice;
- abide by the terms of our current Notice;
- not intimidate you or take any retaliatory action against you for exercising your rights to your protected health information or complaining about our privacy practices; and
- not require you to waive your right to complain to the Secretary of Health and Human Services as a condition of obtaining treatment from us.

### **Uses and Disclosures of Your Protected Health Information**

Below is a summary of uses and disclosures of your protected health information which one federal law, known as HIPAA, permits without your written authorization Rhode Island state law, and other federal law, may be more protective of your information in some of these instances. Therefore, we typically do not use or disclose your information without your written permission unless an emergency exists or we are required by law to do so.

In some instances, HIPAA requires that we give you an opportunity to request restrictions on our use or disclosure of your protected health information. We are not required to accept your requested restriction.

***Your Treatment.*** We will use and disclose your protected health information in order to provide and coordinate your treatment within Gateway. You will have the opportunity to request restrictions on our uses and disclosures for treatment purposes. We will ask you to specifically authorize disclosures to health care providers not associated with Gateway. We will use and disclose your information without your authorization, if necessary, in an emergency.

**Example:** A nurse, physician, or Gateway staff will record information obtained by or about you in your record and this will be disclosed to and used by your clinician and other staff to provide or arrange services for you without your written permission. If we need information from parties outside of Gateway or you want us to send information to other parties, we will ask you to sign a specific authorization for these purposes.

***Payment.*** In some instances, we are permitted to bill your insurance company without your written permission. We will ask, however for your permission and whether you wish to restrict our use and

disclosure of your protected health information as necessary to bill and to obtain payment for services we provide to you.

**Example:** A bill will be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as other demographic information, your diagnosis, date of service, medications, etc.

***Our Healthcare Operations.*** We provide you with an opportunity to request restrictions on our uses and disclosures for healthcare operations. Healthcare operations may involve consultants and include such things as peer review of professional staff, management audits, program evaluations, licensing and accreditation activities, legal representation, accounting consultation, utilization review and other activities related to the delivery of health services and compliance with legal or accreditation mandates. In making these disclosures, we require any consultants to disclose or use your information only for the purpose for which it is released to them. Also, when feasible, we disclose information in a way which does not identify you. We do not identify clients in any reports which result from our healthcare operations unless we have their express written permission.

**Example.** We may hire an individual consultant or firm to help us determine if we are in compliance with laws that apply to our services. To do so, we may need to show how we maintain client information, and your record may be used for this purpose.

***Research:*** We may disclose protected health information for research which has been approved in accordance with federal regulations and when appropriate procedures and documentation have been instituted to protect your information. Your authorization for our disclosures related to research may be incorporated into the consent you are asked to sign in order to participate in the research.

***In case of your death:*** In the event of your death, we may disclose your protected health information to medical examiners who are investigating your death. We do not disclose your protected health information to funeral directors or coroners unless you or your personal representative has given us written permission to do so.

***Organ, Eye and Tissue Donation.*** We generally are not involved with organ, eye, and tissue donations, but if appropriate, we may ask you to authorize disclosure of your protected health information to organizations involved in organ, eye, or tissue procurement, banking, or transplantation.

***Serious Threat to Health or Safety.*** If we have a reasonable belief that you are a danger to yourself or a member of your family or other specifically identified person, we may disclose your protected health information to law enforcement or to other person(s) as required by law.

***Specialized Government Functions.*** Federal law permits us to disclose your protected health information for such things as military purposes, protection of the President or other special government functions. Unless we are legally prohibited from doing so, we will seek your authorization before making such disclosures.

***Workers' Compensation:*** We will seek your authorization before making any disclosure of your protected health information in relation to a current claim you may have for workers' compensation or in relation to any court proceeding related to workers' compensation.

***Public Health:*** We may disclose your protected health information to Rhode Island's Director of Health for activities for which the health department has authority.

***Abuse, Neglect, Domestic Violence.*** Various state laws require that we report suspected cases of child abuse or neglect; abuse of persons with developmental disabilities; abuse, neglect, or mistreatment of persons in health care facilities; and abuse, neglect, mistreatment and abandonment of persons 60 years of

age or older to specific government entities. We will disclose protected health information without your authorization to the extent necessary to make such reports. In other instances, if you are 18 years old or older and we believe you are the victim of domestic violence, we will **not** report your situation unless you authorize us to do so.

***Health Oversight.*** Gateway services may be subject to oversight by the Department of Health and/or the Department of Mental Health Retardation and Hospitals and protected health information may be disclosed in the course of their oversight activities. We also are required to disclose protected health information to the Secretary of the Department of Health and Human Services as necessary to our compliance with HIPAA.

***Judicial and Administrative Proceedings.*** We must disclose protected health information in response to a court order. We also may respond to a subpoena requesting protected health information when you have been provided with certain procedural safeguards. Your written permission is required if the information requested would identify you as an alcohol or substance abuser.

***Law Enforcement.*** In limited circumstances we may disclose protected health information to law enforcement, such as if we believe you are a danger to yourself or others. In most instances, we will ask you to authorize any disclosures to law enforcement. If you commit a crime on Gateway premises, we may report the crime to the police.

In addition to the above, we may engage in the following without your prior written permission:

***Fundraising.*** We may disclose demographic information about you and dates you received services from us to one of our business associates or to a related fundraising foundation for purposes of our own fundraising efforts. We may contact you as part of our own fund-raising efforts. Any fundraising materials sent to you will provide information on how you may opt out of receiving future fundraising communications.

***Reminders and Alternatives.*** We may contact you to remind you of appointments or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### **Opportunities to Agree or Object**

We are required to give you an opportunity to object or agree to our use or disclosure of your protected health information in a directory we may develop, to inform or notify persons involved with your care, or to aid in disaster relief activities. We will provide such opportunities if and when these situations arise.

### **Revocation**

If, after you authorize a use or disclosure, you change your mind, you must tell us in writing that you no longer permit the use or disclosure. That is, you must tell us that you revoke your authorization. Your revocation will not change any use or disclosure made before we received your written revocation. Please send any revocation to Gateway's Privacy Officer whose address appears below.

**For More Information or to Report a Problem**

If you have questions, or would like additional information, you may contact Joan DelSesto, HID Manager, who is Gateway's Privacy Officer, at (401) 553-1033 X 1123. If you believe we have violated your privacy rights you may submit a written complaint to the Privacy Officer or you may file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services at either Government Center, JF Kennedy Federal Building, Room 1875, Boston, MA 02203 or at 200 Independence Avenue, S.W. 200 Independence Avenue, S.W., Room 515F, HHH Building, Washington, D.C. 20201.

By signing below I am saying that I have received a copy of this Notice of Privacy Practices.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian (circle one): \_\_\_\_\_ Date: \_\_\_\_\_

