

# NOTICE OF PRIVACY PRACTICES

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**EFFECTIVE DATE: AUGUST 26, 2022**

**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.**

San Antonio Recovery Center ("SARC" or "we" or "our" or "us") is committed to protecting your privacy and understands the importance of safeguarding your medical information. We are required by federal law to protect the confidentiality and maintain the privacy of health information that identifies you or that could be used to identify you, including information related to your alcohol, drug, or mental health treatment (known as "Protected Health Information" or "PHI"). We also are required to provide you with this Notice of Privacy Practices, which explains our legal duties and privacy practices, as well as your rights, with respect to PHI that we collect and maintain. We are required by federal law to abide by the terms of this Notice currently in effect. However, we reserve the right to change the privacy practices described in this Notice and make the new practices effective for all PHI that we maintain. Should we make such a change, you may obtain a revised Notice by contacting the SARC Privacy Officer at **(214) 379-3300** and requesting a copy be mailed to you, or accessing our website at [www.sanantoniorecoverycenter.com](http://www.sanantoniorecoverycenter.com).

You may also contact the SARC Privacy Officer with questions or for further information about matters covered by this Notice of Privacy Practices.

## **CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS**

The confidentiality of your substance use disorder records maintained by us is protected by the 42 CFR Part 2 (Part 2) federal regulations, which serve to protect patient records created by federally-assisted substance use disorder treatment programs and held by lawful holders of those records. The Part 2 regulations impose restrictions upon the disclosure and use of substance use disorder patient records that we maintain. Generally, we may only disclose your substance use disorder records outside of SARC when:

- You consent in writing;
- The disclosure is allowed by a court order; or
- The disclosure is made to medical personnel in a medical emergency or qualified personnel for research, audit, or evaluation.

Any disclosure made under the Part 2 regulations must be limited to that information which is necessary to carry out the purpose of the disclosure.

## **HOW SARC MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION**

The following list describes the ways we may use and disclose your PHI. The examples provided serve only as guidance and do not include every possible use or disclosure.

### **1. Routine Uses and Disclosures**

- **For Treatment.** We may use and disclose your PHI to provide, coordinate, or manage your health care. For example, we use your PHI to communicate with you about your treatment, including in reminders of a scheduled treatment appointment or procedure. Your PHI may be disclosed to SARC qualified staff members as needed to provide you with the best possible care. Your PHI will only be disclosed outside of SARC when your express written consent or authorization has been obtained except as required by law.
- **For Payment.** We may use and disclose your PHI so that we may receive payment for the treatment and services you receive. Your PHI will only be disclosed for payment purposes with your express written consent or authorization. For example, with your consent we may disclose PHI to your health plan in order to obtain prior approval, determine coverage, or seek payment for your treatment and services. It is important to know, however, that your refusal to give such permission may lead to non-payment by that third party, as without your written consent or authorization, we will be unable to discuss payment for your treatment services with any third party.
- **For Health Care Operations.** We may use and disclose medical information about you for our operations. Your PHI will only be disclosed for health care operations purposes with your express written consent or authorization. For example, we may use your PHI to assess our treatment and services. These uses and disclosures are necessary for us to operate in an efficient manner and to ensure that all individuals receive quality care.
- **Business Associates.** We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the business associate to appropriately safeguard your information.

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### 2. Uses and Disclosures that May be Made Without Your Authorization or Opportunity to Object

- **Required by Law.** We will disclose your PHI when required to do so by federal or state laws.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose your PHI to organizations that handle procurement of organ, eye, or tissue transplantations.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose your PHI as required by military command authorities.
- **Workers' Compensation.** We may disclose your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Public Health Risks.** We may disclose your PHI for public health activities. These activities generally include the following:
  - To prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using;
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.
  - All such disclosures will be made in accordance with the requirements of federal and state laws and regulations.
- **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee health care providers and the health care industry in general.
- **Law Enforcement.** We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as providing information to the police about the victim of a crime
- **Judicial and Administrative Proceedings.** We may disclose your PHI in response to a valid court order or subpoena.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner when authorized by law (e.g., identify a deceased person or determine cause of death) or to funeral directors.
- **Inmates.** We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

### 3. Uses and Disclosures Based on Your Authorization or Consent

- **Disclosure to Family and Friends.** Only the PHI that you have specified will be disclosed and only to those for which you have provided written consent or authorization. We will not confirm or deny your patient status to any individual that you have not signed a consent or authorization for except in the case of an emergency or as required by law. In the event of your incapacity or under emergency circumstances, we will disclose your PHI to the person you had previously designated as your Emergency Contact Person(s).
- **Marketing.** We must obtain your written authorization to use and disclose your PHI for most marketing purposes.
- **Sale of PHI.** We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.
- **Psychotherapy Notes or Counseling Notes.** We must obtain your written authorization for most uses and disclosures of psychotherapy notes.
- **Other Uses and Disclosures.** We will not use or disclose your PHI for any other purposes, unless you give us your written authorization to do so. If you give us such written authorization for a purpose not described in this Notice, then you may revoke such authorization in writing at any time. Your revocation will be effective for all your PHI that we maintain, unless we have already taken action in reliance on your prior authorization.

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### YOUR HEALTH INFORMATION RIGHTS

You have certain rights regarding your PHI, which are explained below. You may exercise these rights by submitting a request in writing to our Privacy Officer.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a paper or electronic copy of your PHI that is contained in a designated record set (e.g. medical and billing records). If you request a copy of the information, we may charge a fee as established by its licensing authority, if applicable, for the costs of copying, mailing, or summarizing your medical records. We may deny your request to inspect and copy your PHI in certain limited circumstances. Depending on the circumstances of the denial, you may have a right to have this decision reviewed
- **Right to Amend.** If you feel that your PHI maintained in a designated record set (e.g. medical and billing records) is incorrect or incomplete, you may ask us to correct or amend the information. You have the right to request an amendment for as long as the information is kept by us. You must provide a reason that supports your request. We may deny your request for an amendment, for example, if we determine that your PHI is accurate and complete, or if your request does not include a reason to support the request. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your PHI for purposes other than treatment, payment, or health care operations. Your request must state a time period, which may not be longer than six (6) years from the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided to you for free. For additional lists within the same 12-month period, you may be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI that we use or disclose for treatment, payment, or health care operations. You may also request that any part of your PHI not be disclosed to someone who is involved in your care or the payment for your care. Your request must state the specific restriction requested and to whom you want the restriction to apply we are not required to agree to such a request, except we must agree not to disclose your PHI to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. Should we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. Your request must specify how or where you wish to be contacted. You do not have to state a reason for your request. We will accommodate all reasonable requests.
- **Right to Paper Copy.** You have the right to obtain a paper copy of this notice from us.
- **Right to Breach Notification.** You have the right to be notified if you are affected by a breach of unsecured PHI.
- **Right to Opt Out of Fundraising Communications.** We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the SARC Privacy Officer. To file a complaint with us, request a Privacy Complaint Form from [compliance@baymark.com](mailto:compliance@baymark.com), and your complaint will be forwarded to the Privacy Officer for processing. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

All complaints should be submitted in writing. ***We will NOT retaliate against you in any way for filing a complaint***

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### PATIENT ACKNOWLEDGEMENT

Patient Name: \_\_\_\_\_

I hereby acknowledge that San Antonio Recovery Center ("SARC") has provided me with a written copy of its Notice of Privacy Practices, which tells me how SARC may use or disclose information about me. Not all situations have been described in this Notice; however, I further acknowledge that I have been afforded the opportunity to read this Notice, or have it read to me, and to ask questions about it.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative Signature (if applicable)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date