



## *Notice of Privacy Practices*

### **OUR PLEDGE ABOUT YOUR MEDICAL INFORMATION AS FOLLOWS:**

*Your health and medical information is personal and we are committed to protecting it. We maintain a record of your care and services received at CROSSROAD. This information is needed to assure quality of care and compliance with legal requirements. This notice applies to all of your records of care generated by CROSSROAD. By this notice you will learn about the ways which we may use and disclose medical information. We will describe your rights and certain obligations we have regarding the use and disclosure of medical information. By law, we are required to guarantee that all medical information, that identifies you, is kept private. This notice of our legal responsibilities and privacy practices with respect to your medical information follows the terms of the current notice.*

### **WHEN REQUIRED BY FEDERAL, STATE, OR LOCAL LAW WE WILL DISCLOSE YOUR MEDICAL INFORMATION AS FOLLOWS:**

#### **To Avert a Serious Threat to Health or Safety.**

We will perform our "Duty to Report" by law when we believe it necessary to prevent a serious threat to your health and safety as well as to the public or another person.

#### **Public Health Risks.**

We will disclose your medical information for public reporting as required by federal, state, or local law. These areas generally include the following:

- To prevent or control disease, injury, or disability
- To report births and deaths
- To report child abuse and neglect
- To report reactions to medications or problems with products
- 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 child has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure, if you agree, or when required or authorized by law

#### **Health Oversight Activities.**

We will disclose medical information required by law to health oversight agencies, activities authorized by law - such as audits, investigations, inspections, and license. 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 will disclose your medical information when properly ordered by a court.

#### **Law Enforcement.**

We will release medical information if requested by a law enforcement official, and, if permitted by law:

- In response to a court order
- If required by federal, state, or local law
- To identify or locate a suspect, fugitive, material witness, or missing person

- Under certain limited circumstances, about a victim of crime, we are unable to obtain the person's consent
- About a death we believe may be the result of criminal conduct
- About 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

**Protective Services for the President of the United States and Others.**

We will disclose your medical information to authorized federal officials so they may provide protection for the President, other authorized persons, or foreign heads of state or conduct special investigations.

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION:**

The following categories describe different ways in which we may use and disclose medical information. For each category of uses or disclosures we will give some examples. Not everyone in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. In most cases, the rights, decisions, and determinations for clients receiving services from **CROSSROAD** will be exercised by a responsible adult (**Personal Representative**) for making decisions in your best interest.

**For Treatment.**

We may use your medical information to provide medical treatment or services. We may disclose your information to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other **CROSSROAD** personnel who are involved in your care. Different departments of **CROSSROAD** may share your Medical Information to coordinate your needs. We may disclose your Medical Information to people outside **CROSSROAD**, such as other health care providers in your medical care - family members, clergy, or others we use to provide services that are part of your care.

**For Payment.**

We may need to disclose your information about **CROSSROAD** treatment to your health care plan provider in order for them to pay us or reimburse you. We may advise your health plan about a future treatment to obtain prior approval.

**For Health Care Operations.**

We may use and disclose your medical information for **CROSSROAD** operations to another health care provider or health plan. This is necessary to operate **CROSSROAD** and make sure all clients receive quality care. For example, we may use your medical information to review our treatment and services for you to evaluate our staff performance. We may combine medical information about many clients to determine if **CROSSROAD** should offer additional services, which services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students, and other personnel, for review and education. We may combine our medical information with that from other Health Care Providers to measure our performance and determine where improvements in our care and services can be made. We will remove information that identifies specific individuals in this set of medical information in order that it may be used to study health care and its delivery.

**Appointment Reminders.**

In order to contact you with a reminder about an upcoming appointment or medical care at **CROSSROAD** we may use and disclose your medical information.

**Treatment Alternatives.**

We may use and disclose medical information to tell you about or recommend possible alternative options of care.

**Health-Related Benefits and Services.**

We may use and disclose your medical information to tell you about health-related benefits or services.

**Individuals Involved in Your Care or Payment.**

If you authorize us, in writing, we will release limited information about you to a friend or family member who is involved in your medical care. We will also tell your family or friends your condition. In addition, we will disclose your medical information to an entity assisting in a disaster relief effort so your family can be notified about your condition and location.

**YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION:**

**Right to Inspect and Copy.**

You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, under some circumstances, you may request that denial be reviewed. Another licensed health care professional, selected by **CROSSROAD**, will review your request and its denial. We will comply with the outcome of the review.

**Right to Amend.**

If you feel that your medical information is incorrect or incomplete, you may request that we amend the records. You have the right to request an amendment for as long as the information is kept by or for **CROSSROAD**. To request an amendment you must submit your request in writing to the Privacy Officer. In addition, your request must provide the reason(s) to support your claim.

We may deny your request for an amendment, if it is not in writing, or does not include a reason to support it. 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 for or by **CROSSROAD**.
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.**

You have the right to request an "**Accounting of Disclosures**". To request a list of accounting disclosures, you must submit it in writing to the Privacy Officer. Your request must state a time period which may not be longer than six (6) years and may not include dates prior to April 14, 2003. Your request should indicate in what form you want the list on paper or electronically. The first list you request within a twelve (12) month period will be free.

For additional lists, we may charge the cost of producing the list(s). We will notify you of the cost involved so 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 your medical information we use or disclose regarding your treatment, payment, or health care operations. You also have the right to request a limit on your medical information we disclose to someone who is involved in your care or payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a specific treatment session.

We are not required to grant your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment. To request restrictions, you must submit it in writing to the Privacy Officer. In your request, you must state (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**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 specific location. For example, you can request that we only contact you at work or by mail, if no longer residing at **CROSSROAD**. To request confidential communications, you must submit it in writing to the Privacy Officer. We will not ask the reason for your request. You may request that we give you a copy of this Policy at any time, and you are entitled to it electronically, on paper, or both. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

**SPECIAL SITUATIONS:**

**Research.**

All research projects are subject to a special approval process. Under certain circumstances, we may use and disclose your medical information for research purposes only. For example, a research project may involve comparing the health and recovery of people who received one medication to those who received another, for the same condition. This process evaluates a proposed research project and its use of medical information while trying to balance the research needs with individuals' need for privacy of their medical information. We may disclose your medical information to people preparing to conduct a research project, for example, to help them look for people with specific medical needs, so long as the medical information they review does not leave **CROSSROAD**. We may ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your hospital care.

**Fundraising Activities.**

We may use your medical information to contact you for permission to use your story or photo in an effort to raise money for **CROSSROAD** operations.

**Organ and Tissue Donations.**

If you are an organ donor we will release medical information to organizations that handle procurement of organs, eye or tissue transplantation. Also, we may disclose to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.**

If you are a member of the armed forces, we will release your medical information as required by command authorities. We will also release medical information about foreign military personnel to the appropriate foreign military authority.

**Coroners, Medical Examiners and Funeral Directors.**

We may release medical information to a coroner or medical examiner. This may be necessary, for example - to identify a deceased person or determine the cause of death. We will also release medical information about children receiving services from **CROSSROAD** to funeral directors, as necessary, for them to carry out their duties.

**National Security and Intelligence Activities.**

We will release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities, authorized by law.

**OTHER USES OF MEDICAL INFORMATION:**

Other uses and disclosures of medical information not covered by this Policy or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose your medical information you may revoke it, in writing, at any time. If you revoke your permission, we will no longer use or disclose your Medical Information for reasons covered by your written authorization. You must understand that we are unable to retrieve any disclosures already made with your permission, and that are required to retain our records of the care that we provided to you.

**COMPLAINTS:**

If you believe your privacy rights have been violated, you may file a complaint with **CROSSROAD** or with the United States Secretary of the Department of Health and Human Services. To file a complaint with **CROSSROAD**, contact the Privacy Officer. All complaints **MUST** be in writing.

**We reserve the right to change this Policy. Changes or revisions to this policy will be posted at our facility. The Policy will contain, in the top right-hand corner, the effective date. In addition, each time you register at, or are admitted to **CROSSROAD** for treatment or health care services as an inpatient or outpatient, we will offer you a current copy of this policy.**

**DESIGNATED CONTACT:**

Tonya Gonzales, Chief Compliance Officer  
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Fort Wayne, IN 46805  
260-484-4153 ext. 2006