

## NOTICE OF PRIVACY

# Patients' Rights and Choices

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.

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- Patients registered with our Patient Portal are able to access certain portions of their medical record directly- speak with a Patient Registration Clerk at your medical home for additional information and to register.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests

#### Ask us to limit what we use or share

- You can ask us **NOT** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information above.

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights 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/).
- We will not retaliate against you for filing a complaint.

### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

#### In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

#### In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

#### In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### If you Receive Treatment for Substance Use Disorders

- Information relating to your treatment at Unity is protected by federal regulations specific to drug and alcohol treatment, which are known as 42 CFR Part 2.
- These regulations protect the confidentiality of information relating to the identity, diagnosis, prognosis, or treatment of any patient in a drug or alcohol treatment program.
- We may not disclose records relating to your treatment without your written consent, except in narrowly limited circumstances described in the law. The terms of a written consent to disclose information must specify the scope and types of information to be disclosed, the parties to whom the information may be disclosed, the purpose of the disclosure and the timeframe of the consent.
- You may revoke a consent to disclose information relating to drug and alcohol verbally or in writing at any time.
- We may ask for your written consent to disclose treatment information for certain purposes, including releasing treatment information to or obtaining information from your other medical providers, obtaining payment from insurance or other payors, contacting your family either for treatment purposes or in the case of a medical or other emergency.
- We will not disclose your treatment information for these purposes without your consent.

## NOTICE OF PRIVACY

# Unity's Responsibilities

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.

### Uses and Disclosures

How do we typically use or share your health information?  
We typically use or share your health information in the following ways.

#### Treat you

- We can use your health information and share it with other professionals who are treating you.

*Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

#### Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example:* We use health information about you to manage your treatment and services.

#### Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

*Example:* We give information about you to your health insurance plan so it will pay for your services.

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

- We can use or share your information for health research.

#### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Unity participates in one or more Internet-based and electronic health information exchanges (HIEs) through a network of local hospitals and clinics to facilitate the secure exchange of your information. Unity may use and disclose information about you including information related to mental health diagnoses and procedures, between and among health care providers who are participants of the HIEs for your treatment, payment and health care operations, consistent with HIPAA requirements and Unity policies. Specifically, your health information will be shared with the Capital Partners in Care (CPC) Health Information Exchange (HIE) and with CRISP to provide faster access, better coordination of care, and improved knowledge for providers. You may choose to not have any of your health information shared through the HIE by opting-out of the CPC HIE or CRISP. You can opt-out of the HIE by completing the CPC HIE and CRISP opt-out forms respectively, which are available through their websites. If you have questions about the electronic exchange, please email the Privacy Officer at [hipaa@unityhealthcare.org](mailto:hipaa@unityhealthcare.org).

The unauthorized disclosure of mental health information violates the provision of the District of Columbia Mental Health Information Act of 1978 (§§ 7-1201.01 to 7-1207.02). All patients have the right to inspect their mental health information. Disclosure of mental health information may be made pursuant to a valid authorization by the client or as provided in Titles III or IV of the Act. The act provides for civil damages and criminal penalties for violation.

### Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.
- Effective Date: September 11, 2020

This Notice of Privacy Practices applies to the following organizations: Unity Health Care, Inc. including all corporate entities and locations, our employees, volunteers, and contractors will comply with the protection of your privacy as described in this notice.