

**TURNSTONE CENTER**  
**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.**

A federal regulation, known as the "**HIPAA Privacy Rule**", requires that we provide detailed notice in writing of our privacy practices. We know that this Notice is long. The HIPAA Privacy Rule requires us to address many specific things in this Notice.

**I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

In this Notice, we describe the ways that we may use and disclose health information about our clients. The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies a client. This information is called "protected health information" or "PHI." This Notice describes your rights as our client and our responsibility regarding the use and disclosure of PHI. We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;  
and
- Comply with the terms of our Notice of Privacy Practices that is currently in effect.

**We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when this Notice is changed, we will post a copy in our agency in a prominent location. We will also provide you with a copy of the revised Notice upon your request.**

**II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The following categories describe the different ways we may use and disclose PHI for treatment, payment, or health care operations. The examples included with each category do not list every type of use or disclosure that may fall within that category.

**Treatment:** We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your health care with others. For example, we may use and disclose PHI when you need a prescription to start therapy or for continued therapy. In addition, we may use and disclose PHI about you when talking with your doctor or referring you to another health care provider. For example, we may disclose PHI to your physician regarding your progress at Turnstone. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to a Durable Medical Equipment company so they may treat you.

**Payment:** We may use and disclose PHI so we can bill and collect payment for the treatment and services provided to you. Before providing treatment or services, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may ask for approval from your health plan before we provide services. We may use and disclose PHI to find out if your health plan will cover the cost of care and services we provide. We may use and disclose PHI for billing, claims management, and collection activities. We may disclose limited PHI to consumer reporting agencies relating to collection of payments owed to us.

**Health Care Operations:** We may use and disclose PHI in performing business activities, which are called health care operations. Health care operations include doing things that allow us to improve the quality of care we provide and to reduce health care costs. We may use and disclose PHI about you in the following health care operations:

- Reviewing and improving the quality, efficiency and cost of care that we provide to our clients. For example, we may use PHI about you to develop ways to assist our staff in deciding how we can improve the treatment we have provided to others.
- Reviewing and evaluating the skills, qualifications, and performance of staff.
- Providing training programs for students, trainees, health care providers, or non-health care professionals (for example, billing personnel) to help them practice or improve their skills.
- Cooperating with organizations that assess the quality of the care that we provide (ie. CARF, Board of Health, Paths to Quality).
- Cooperating with outside organizations that evaluate, certify, or license health care providers or staff in a particular field or specialty.
- Cooperating with various people who review our activities. For example, PHI may be seen by other therapists reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with the law and managing our business.
- Assisting us in making plans for our organization's future operations.
- Addressing grievances within our organization.
- Business planning and development, such as cost analysis.
- Business management and general administrative activities of our organization, including managing our activities related to complying with the HIPAA Privacy Rule and other legal requirements.
- Conducting marketing tours and fund raising activities as well as community use of the building.

If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company.

**Communication from Our Office:** We may contact you by phone or mail to remind you of appointments and to provide you with information about your treatment.

## **OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION**

**Uses and Disclosures For Which You Have The Opportunity To Agree or Object:** We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, we may make the following types of uses and disclosures of PHI:

- **Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to your family member, close friend, or any other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present, you will be informed of your right to object and may at that time state your objection or give consent to discuss your PHI. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interest. For example, if you encounter medical difficulty while at Turnstone and are unable to communicate, we will notify your emergency contact. We also may coordinate with disaster relief agencies to make this type of notification.

## **OTHER USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT**

We may use and disclose PHI about you in the following circumstances without your authorization or opportunity to agree or object, provided that we comply with certain conditions that may apply.

**Required By Law:** We may use and disclose PHI as required by federal, state, or local law. Any disclosure complies with the law and is limited to the requirements of the law.

**Public Health Activities:** We may use or disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including the following activities:

- ❖ To prevent or control disease, injury, or disability;
- ❖ To report disease, injury, birth, or death;
- ❖ To report child abuse or neglect;
- ❖ To report reactions to medications or problems with products or devices regulated by the Federal Food and Drug Administration or other activities related to qualify, safety, or effectiveness of FDA-regulated products or activities;
- ❖ To locate and notify persons of recalls of products they may be using;
- ❖ To notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease; or

**Abuse, Neglect, or Domestic Violence:** We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a client has been a victim of domestic violence, abuse, or neglect.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities including audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

**Lawsuits and Other Legal Proceedings:** We may use or disclose PHI when required by a court or administrative tribunal order. We may also disclose PHI in response to subpoenas, discovery requests, or other required legal process when efforts have been made to advise you of the request or to obtain an order protecting the information requested.

**Law Enforcement:** Under certain conditions, we may disclose PHI to law enforcement officials for the following purposes where the disclosure is:

- About a suspected crime victim if, under certain limited circumstances, we are unable to obtain a person's agreement because of incapacity or emergency;
- To alert law enforcement of a death that we suspect was the result of criminal conduct;
- Required by law;
- In response to a court order, warrant, subpoena, summons, administrative agency request, or other authorized process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About a crime or suspected crime committed at our office; or
- In response to a medical emergency not occurring at the office, if necessary to report a crime, including the nature of the crime, the location of the crime or the victim, and the identity of the person who committed the crime.

**Research:** We may use and disclose PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes.

**To Avert a Serious Threat to Health or Safety:** We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to person who is able to help prevent the threat.

**Disclosures required by HIPAA Privacy Rule:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon your request to access PHI or for an accounting of certain disclosures of PHI about you (those requests are described in Section III of this Notice).

## **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION**

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have already released your personal health information based upon the authorization.

## **III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

**Right to Request Restrictions:** You have the right to request additional restrictions on the PHI that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the Privacy Rule. *We are not required to agree to your request.* If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency. To request restrictions, you must make your request in writing to our Privacy Official. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office, only restricting disclosure to persons outside this office, or restricting both); and (3) to whom you want those restrictions to apply.

**Right to Receive Confidential Communications:** You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Official. You must specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We are required to accommodate *reasonable* requests.

**Right to Inspect and Copy:** You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records but does not include psychotherapy notes or information gathered or prepared for a civil, criminal, or administrative proceeding. We may deny your request to inspect and copy PHI only in limited circumstances. To inspect and copy PHI please contact our Privacy Official. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

**Right to Amend:** You have the right to request that we amend PHI about you as long as such information is kept by or for our office. To make this type of request you must submit your request in writing to our Privacy Official. You must also give us a reason for your request. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request.

### **Right to Receive an Accounting of Disclosures:**

You have the right to request an "accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years *other than* disclosures made: for treatment, payment, and health care operations; for use in or related to family members or friends involved in

your care; to you directly; pursuant to an authorization of you or your personal representative, or for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes) and disclosures made before April 14, 2003. If you wish to make such a request, please contact our Privacy Official identified on the last page of this Notice. The first list that you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

**Right to a Paper Copy of this Notice:** You have a right to receive a copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Official listed at the end of this Notice.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Turnstone or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate or take action against you for filing a complaint. To file a complaint with the Secretary of Health and Human Services, you may do so in writing to the following address:

US Department of Health and Human Services  
Office of Civil Rights  
233 North Michigan Avenue  
Suite 240  
Chicago, IL 60606

## **QUESTIONS**

If you have any questions about this Notice, please contact our Privacy Official at the address and telephone number listed below.

## **PRIVACY OFFICIAL CONTACT INFORMATION**

You may contact our Privacy Official at the following address and phone number:

Luke Morgan  
Chief Program Officer  
3320 N Clinton St  
Fort Wayne, Indiana 46805  
(260) 483-2100  
Email: [luke@turnstone.org](mailto:luke@turnstone.org)

This notice was published and first became effective on **APRIL 14, 2003**.