

A Safe Haven, LLC's 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 THIS NOTICE CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information ("PHI"), as well as your rights regarding your PHI. We are required by law to protect your PHI, to comply with this Notice, and to give you a copy of this Notice. We reserve the right to change the terms of this Notice at any time. Any new Notice will be effective for all PHI that we maintain at that time. We will make available a revised Notice by posting a copy on our website <http://www.safehaven.org/> or by posting at our facilities. You may request a copy of the Notice at any time.

We must also comply with separate Federal laws that protect the confidentiality of alcohol and drug abuse Resident records, as well as state laws that protect the confidentiality of mental health records. Violation of these laws is a crime. You may report a suspected violation to the proper authorities.

How We May Use and Disclose Health Information About You

Listed below are some examples of the uses and disclosures that A Safe Haven may make of your PHI. The disclosure may be made verbally, in writing, or electronically, such as by e-mail or text message.

Treatment. We may use or disclose your PHI to provide, coordinate, or manage your care or any related services, including sharing information with others outside A Safe Haven that we are consulting with or referring you to for your care, such as a specialist or a laboratory.

Payment. We may use or disclose your PHI for such reasons as: determining if you have insurance benefits, and if they will cover your treatment; processing claims with your insurance company; and reviewing services provided to you to determine medical necessity. We may use your PHI to obtain payment for your health care services without your written authorization.

Healthcare Operations. We may use or disclose, as needed, your PHI in order to coordinate our business activities, or to share your PHI with third parties that provide services to us, such as billing or typing. This may include reviewing your care, or training students and staff, or setting up your appointments. We may use a sign-in sheet at the registration desk or call you by name in the waiting room when it is time to be seen. We may also contact you to remind you of your appointments or to provide information to you about other kinds of treatment, or other health services that may be of interest to you. We may also contact you concerning A Safe Haven's fundraising activities. If we contact you about fundraising activities, we will only use your name, address, phone number and treatment dates. You can choose not to receive any further communications about fundraising, or only certain communications about fundraising, by notifying the Privacy Officer in writing.

Information That Can Be Disclosed Without Your Authorization

Required by Law. We may use or disclose your PHI if it is required by law. For example, we must make disclosures of your PHI to you upon your request, and we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of determining our compliance with the Privacy Rule. We may also disclose your PHI if a court issues a subpoena and appropriate order and follows

required procedures. Mental health information may also be disclosed to coordinate services between government agencies that have entered into an interagency agreement.

Health Oversight. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and for accreditation purposes.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency as authorized by law. We only disclose necessary information to make the initial mandated report.

Deceased Residents. We may disclose PHI regarding deceased Residents as required by law and certain limited PHI to family members or others who were involved in the deceased Resident's care or payment for care prior to death but only such PHI as is relevant to the family member's or other's involvement in the deceased's care or payment. In addition, PHI of persons that have been deceased more than 50 years is no longer protected and may be disclosed without an authorization.

Criminal Activity on Program Premises/Against Program Personnel. We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program personnel.

Public Safety. We may disclose PHI to avert a serious threat to health or safety, such as physical or mental injury being inflicted on you or someone else. A Safe Haven is also required by State law to provide information concerning mental health recipients who pose an imminent threat to themselves or others to the Illinois Department of Human Services for the purposes of determining whether the individual holds a Firearm Owner Identification (FOID) Card. Any person who holds a FOID card, or who has applied for a FOID card, may have their FOID card revoked if that person is deemed a threat to themselves or others.

Public Health. We may use or disclose your PHI to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability. In certain limited circumstances, we may also disclose your PHI to a person that may have been exposed to a communicable disease or may otherwise be at risk of spreading or contracting such disease, if such disclosure is authorized by law.

Research. Under certain circumstances, with your express authorization or in a format that preserves your anonymity, we may use and disclose PHI for research purposes. Before a research project begins the project is reviewed and approved by an Institutional Review Board which determines if the research needs for the PHI is balanced against a Resident's need for privacy of their PHI.

Uses and Disclosures of PHI With Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. Examples of such situations include the disclosure of marketing communications, or certain situations where your PHI may be transferred to another covered entity. You may revoke this authorization at any time, unless the program or its staff have already made a use or disclosure based on your authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights, which we describe below. Please contact our Privacy Officer in writing if you have any questions:

Inspect and copy your PHI. You can view and get a copy of your PHI for as long as we maintain the record. You may request a paper copy, or an electronic copy of your records if they are kept in an electronic format. Your request must be in writing. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. In some of those cases, you will have a right to appeal the denial of access.

Amend your PHI. You may request, in writing, that we amend your PHI in your records. We may deny your request in certain cases. If we deny your request, you have the right to file a statement that you disagree with us. We will respond to your statement and will provide you with a copy.

Accounting of PHI disclosures. You may request an accounting of disclosures for a period of up to six years (excluding disclosures made to you, made for treatment purposes, made with your authorization, and certain other disclosures). We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Copy of Notice. You have the right to obtain a copy of this notice from us.

Restrictions on disclosures and uses of your PHI. You have the right to ask us not to use or disclose your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and we are not required to agree to such restrictions, unless you paid in full out of pocket for a healthcare item or service and you do not want us to tell your health plan. In that case, we must comply with your request for restriction. You can request a restriction by completing a *Request for Confidential Communications* form available from the Privacy Officer.

Confidential communications. You have the right to request that we communicate with you about your PHI or medical care in a certain way or at a certain location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact. We will not ask you why you are making the request. Please contact your case manager if you would like to make this request.

Breach notification. You have a right to be notified in the event of a breach of your unsecured PHI.

Complaints. If you believe we have violated your privacy rights, you may file a complaint in writing by contacting us at edonohue@asaf haven.org or by contacting our office at 773-435-8435 and speaking to the Privacy Officer. **We will not retaliate against you for filing a complaint.**

You may also file a complaint with the U.S. Secretary of Health and Human Services as follows:

200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257

The effective date of this Notice is June 16, 2016.