

**Austen Riggs Center
Notice of Privacy Practices
Executive Summary**

Effective Date: April 14, 2003

- The attached Notice describes the privacy practices of the Austen Riggs Center and your rights with respect to the protected health information we collect about you.
- The Notice explains that we will use and disclose protected health information concerning you for the purposes of providing you with treatment, obtaining payment and conducting our health care operations.
- It also explains that under a limited range of circumstances we may disclose your protected health information without your consent for certain other purposes.
- It also explains that disclosures beyond these require your written consent.
- The Notice also describes your rights to review, amend and receive a copy of protected health information about you, and how to request an accounting of disclosures we have made of your protected health information.
- It also explains how to file a complaint if you believe your privacy rights have been violated or if you disagree with a decision we have made about your right to privacy.
- It also identifies and tells you how to contact the Center's Privacy Officer.
- Please review the notice and sign the last page, acknowledging you have received it.

**Austen Riggs Center
Notice of Privacy Practices**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED WHILE YOU ARE A PATIENT AT THE AUSTEN RIGGS CENTER AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. IT ALSO DESCRIBES YOUR RIGHTS AND CERTAIN OBLIGATIONS THAT WE HAVE REGARDING THE USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION. PLEASE REVIEW IT CAREFULLY AND SIGN BELOW TO ACKNOWLEDGE YOU HAVE RECEIVED THIS NOTICE.

Permitted Uses and Disclosures of Health Information

We understand that medical information about you is private and we are committed to protecting that information. As indicated below, we use and disclose health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

The following categories describe in more detail different ways that we use and disclose medical information. For each category, we will explain what we mean and give an example. Not every use or disclosure in a category will be listed. However, all of the ways we use and disclose information will fall within these categories.

- **Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and any related services. For example, your

protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

- **Payment:** We will use your protected health information to obtain payment for your health care services. For example, obtaining approval for a stay at Riggs may require that your relevant protected health information be disclosed to your health insurance company to obtain approval for the admission and continued stay. Generally, however, we will seek your agreement before we disclose information about you to your insurance carrier.
- **Health Care Operations:** We may use or disclose your protected health information in order to support our internal operations. For example, when we review employee performance, we may need to look at what an employee has documented in your medical record.
- **Post-Discharge Contacts and Fundraising:** The Austen Riggs Center has an Alumni Association for former patients. When you are admitted, we add your name to the Center's former patient alumni and fundraising database, but we will not release your name to any other entity for their own marketing or fundraising purposes. Beginning one year after discharge from Riggs, we may send you mailings about the Center and invite you to join our alumni organization. When we contact you one year after discharge, we will offer you an opportunity to opt out of the alumni association or any future fundraising mailings.
- **Others Involved in Your Health Care:** Family work or meetings with other important people in your life often makes sense in the course of treatment. Unless you object, we may disclose protected health information about you to a family member or significant other who is directly involved in or paying for your medical care. We describe below

how you may request that information not be disclosed to family members or significant others who may be involved in your care. Unless you object, we may also notify these individuals if an emergency arises in the course of your treatment.

Special Situations:

- **As Required by Law:** We may disclose protected health information about you when required by federal, state or local law, in legal proceedings, or for law enforcement purposes.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone who may be able to help prevent the threat or to an individual in danger.
- **Public Health:** We may disclose your protected health information to a public health authority or to a person who is at risk of contracting or spreading a disease.
- **Health Oversight:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections.
- **Abuse or Neglect:** We may disclose your protected health information to an appropriate authority to report child or other abuse or neglect if we believe that you have been a victim or perpetrator or abuse, neglect or domestic violence.
- **Food and Drug Administration:** We may disclose your protected health information as required by the Food and Drug Administration to track products.

- **Research:** We may disclose your protected health information to researchers when their research has been approved by our Institutional Review Board.
- **Compliance:** We may disclose your protected health information to the Department of Health and Human Services to investigate our compliance with the federal privacy regulations.

Other Uses of Medical Information

Uses and disclosures of your protected health information that do not fall within the categories described above will be made only with your written authorization. You may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose the protected health information for the reasons covered by your written authorization.

Your Rights Concerning Your Health Information

Right to inspect and copy. In most cases, you have the right to inspect and get a copy of health information about you that we use to make decisions about you. Given our experience that psychotherapeutic psychiatric treatment is best conducted within a human relationship, we will generally want to review the health information in your medical record with you. If you request copies of your medical record, we will charge you only normal photocopy fees.

Right to receive an accounting of disclosures. With some exceptions, you have the right to receive a list of instances in which we have disclosed health information about you for reasons other than treatment, payment or health care operations, and other than when you explicitly

authorized it. This accounting would exclude disclosures that we have made to you, to family members or friends involved in your care or for notification purposes.

Right to request restriction. You may ask us not to use or disclose certain parts of your protected health information for treatment, payment or health care operations. You may also request that information not be disclosed to family members or friends who may be involved in 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 a restriction that you may request. If we do agree, then we must comply with your request unless information is required to provide you with emergency treatment.

Right to request confidential communications by alternative means or at an alternative location. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests to receive confidential communications by alternative means or at an alternative location. We may condition this accommodation on your providing information to us as to how payment will be handled or specifying an alternative address or other method of contact.

Right to amend. You have the right to request an amendment of protected health information about you if you feel that the information in your medical file is incorrect or incomplete. Your request to amend your medical record must be made in writing and submitted to the privacy officer identified below. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if the information

- 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 by or for us; or
- is accurate and complete.

If we deny your request for an amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.

Right to copy of Notice of Privacy. You have a right to obtain a paper copy of our current Notice of Privacy Practices upon request.

Complaints about Privacy Violations

If you are concerned that we have violated your privacy rights or if you disagree with a decision we made about access to your records, you may contact the Privacy Officer listed below. You also may send a written complaint to the U.S. Department of Health and Human Services. The Privacy Officer can provide you with the appropriate address upon request. There will be no retaliation against you as a result of any complaint you make concerning the privacy of your protected health information.

Our Legal Duty¹

We are required by law to:

- Protect the privacy of your information
- Provide this Notice about our privacy practices

¹ Although we do not believe that the Center is currently covered by the federal privacy regulations promulgated under the Health Insurance Portability and Accountability Act ("HIPAA"), we are nevertheless voluntarily adopting the form of notice of privacy practices mandated by those regulations so as to assure our patients that we fully respect the privacy of their medical information.

- Follow the terms of the notice that is currently in effect.

Changes to the Notice

We may change our privacy policies at any time. Before we make a significant change in our policies, we will change this Notice of Privacy Practices and post the new Notice in the Medical Office Building, the Inn, the Elms and other Center buildings in which you may receive treatment and on our website (www.austenriggs.org). You may also request a copy of our current Notice of Privacy Practices at any time. For more information about our privacy practices, contact the Center's Privacy Officer, identified below.

If you have any questions or complaints, please contact:

Privacy Officer: Nancy G. Peck

Address: Austen Riggs Center, 25 Main Street, Stockbridge, MA 01262-0962

Phone: 413 298-5519, extension 310