LIFESTREAM BEHAVIORAL CENTER, INC.

JOINT NOTICE OF
PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS DOCUMENT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer.

WHO WILL FOLLOW THIS NOTICE

LifeStream Behavioral Center, Inc. (the “Center”) practices are followed by:

- Any Medical Staff members of the Center.
- Any health care professional authorized to enter information into your health record.
- Any member of a volunteer group we allow to help you while you receive services from the Center.
- All employees, staff, and other Center personnel and consultants/contractors.

Our Responsibilities

The Center is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of the notice currently in effect.
- Notify you if we are unable to agree to a requested restriction/amendment
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain at the time. Should our information practices change, we will post our new notice in the reception areas of each of our facilities. We also maintain a website that provides information about our customer services or benefits and will post our new notice on that Web site located at www.lsbc.net.

We will not use or disclose your health information without your authorization, except as described in this notice.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record contains information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information may identify you. For example, this information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who are involved in your care
- Means by which you or a third-party payer can check that services billed were actually provided.

Your health record contains protected health information. State and Federal law protects this information. Understanding that we expect to use and share your health information helps you to:

- Make sure it is correct,
- Better understand who, what, when, where and why others may access your health information, and
- Make more informed decisions when authorizing sharing with others

Your Health Information Rights

Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:
• Request a restriction on certain uses and sharing of your information but we are not required to agree to any such request. This means you may ask us not to use or share any part of your protected health information for purposes of treatment, payment or healthcare operation. You may also ask that this information not be disclosed to family members or friends who may be involved in your care. If we agree, we will comply with your request unless the information is need to provide you with emergency treatment.

• Request that we send you confidential communications by alternative means or at alternative locations but you must specify in writing how or where you wish to be contacted.

• Obtain a paper copy of the notice of information practices upon request. You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may print out a copy of this notice from our website.

• Inspect and obtain a copy of your health record. You have the right to inspect and copy your mental health information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. We may charge a fee for copying, mailing, and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed mental health professional chosen by the Center. The Center will comply with the outcome of the review.

• Request that your health record containing protected health information be clarified. If you believe that the information we have about you is incorrect or incomplete you may ask to add clarifying information. You may ask for a form for that purpose and the form will require certain specific information. The Center is not required to accept the information that you propose.

• An accounting of disclosures. You may request a list of the disclosures of your mental health information that have been made to persons or entities other than for treatment or health care operations in the last six (6) years, but not prior to April 14, 2003.

• Take back your authorization to use or share health information except to the extent that action has already been taken

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. For example, if you are seeing both a physician (psychiatrist) and a psychotherapist, they may share information in the process of coordinating your care. Another example: our physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you.

We will use your health information for payment.

For example: A bill may be sent to you or with your consent to a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations.

For example: Staff may look at your record when reviewing the quality of services you are provided. Members of the risk or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We may use and disclose medical information to contact you as a reminder that you have an appointment.

We may use and disclose protected health information to tell you about or recommend treatment alternatives or other health-related benefits and services that may be of interest to you.

Business Associates: There are some services provided in our organization through contracts with Business Associates. Examples include contracts for transcription services, training and other educational services, and collection services. Information shall be made available on a need-to-know basis for these activities associated with compliance with regulatory agencies. Whenever an arrangement between the Center and a business associate involves the use or sharing of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.
Qualified Service Organization (QSO): If you are receiving alcohol or drug abuse services from the Center, information that would identify you as a person seeking help for a substance abuse problem is protected under a separate set of federal regulations known as “Confidentiality of Alcohol and Drug Abuse Patient Records”, 42 C.F.R. Part 2. In order to facilitate communication with other organizations that provide services such as legal advice, laboratory analyses or vocational services to our organization and consumers, this regulation permits us to establish a confidentiality agreement, known as a Qualified Service Organization Agreement (QSOA).

Under a QSOA the Center is permitted to share, without your consent, information about the substance abuse care that you are receiving with the other organization signing the QSOA. However, the QSOA requires that the other organization abide by these same federal confidentiality regulations in order to keep information about your substance abuse problem and the care you are receiving confidential. This means that the other organization must handle and store your information in a way that maintains its confidentiality. The organization cannot release your confidential information to anyone except back to the Center. In addition, it must resist in all judicial proceedings, any attempt to access your protected information.

Under no circumstances can the Center establish a QSOA with another organization providing substance abuse services similar to our own or with law enforcement agencies. Only you can give written permission to the Center before we can share confidential information about the treatment of your substance abuse problem with these types of organizations.

Uses and Sharing of Information Specifically Authorized by You:

Other uses and sharing of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below.

Marketing and Fundraising:
We may only use or share your health information in connection with limited marketing or fund-raising. We may disclose medical information to our foundation so that it may contact you in raising money. We would only release contact information such as: your name, address, and phone number, and the dates you received treatment or services. If you do not want the foundation to contact you about fundraising efforts, you must notify the Privacy Officer in writing in order to opt-out.

Others Involved in your Healthcare:
With your consent, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. If you are unable to consent to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Uses and Disclosures That We May Make Unless You Object:

Emergencies:
We may use or share your protected health information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably practicable. Finally, we may use or share your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Other Permitted And Required Uses and Sharing That May Be Made Without Your Consent, Authorization Or Opportunity To Object. (Except as prohibited by 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records)

We may use and share your protected health information in accordance with the requirements of law including but not limited to the following instances:

Public Health:
As required by law, we may disclose your protected health information to state and federal public health, or legal authorities charged with preventing or controlling disease, injury, or disability. We may share your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of getting or spreading the disease or condition. Information will be released to avert a serious threat to health or safety. Any disclosure, however, would only be to someone authorized to receive that information pursuant to law.

Food and Drug Administration (FDA):
We may disclose to the FDA health information relative to adverse events with respect to food, supplements product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
Abuse, Neglect, Exploitation:
We may disclose your relevant protected health information if we believe that you have been a victim of abuse, neglect, exploitation or domestic violence to the governmental agency authorized to receive such information.

Health Oversight:
We may share your protected health information to health oversight agencies such as federal and state Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations, and the Florida advocacy councils for activities such as audits, investigations and inspections, compliance with civil rights laws and complaints concerning the Center.

Research:
We may disclose your protected health information to researchers when their research has been approved and the use or access to your protected health information has been determined to be necessary by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Coroners, Funeral Directors, and Organ Donation
We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose relevant protected health information to a funeral director, as authorized by law in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Law Enforcement/Legal Proceedings
We may disclose mental health records for law enforcement purposes as required by law or in response to a valid subpoena, discovery request or other lawful process. These law enforcement purposes include (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the Center, including its facilities; (6) medical emergency and it is likely that a crime has occurred; and (7) if you declare an intention to harm others, information sufficient to provide adequate warning to the person threatened with harm may be released. Also we may disclose information to government for national security and intelligence reasons. For example, during an FBI investigation we may release information in response to a lawful subpoena or order of the court.

Correctional Institution
Should you be an inmate of a correctional institution, we may disclose to the Department of Corrections, protected health information necessary for your health and the health and safety of other individuals.

Workers Compensation
We may disclose protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT INFORMATION
If you are receiving alcohol or drug abuse services from the Center, information that would identify you as a person seeking help for a substance abuse problem is protected under a separate set of federal regulations known as “Confidentiality of Alcohol and Drug Abuse Patient Records”, 42 C.F.R. Part 2. Under certain circumstances these regulations will provide your protected health information with additional privacy protections beyond those that have already been described.

For instance, in general, any information identifying you as addressing a substance abuse problem cannot be shared outside of the Center without your specific consent in writing to do so. Exceptions to this rule include court orders to release your protected health information, the provision of your protected health information to medical personnel in an emergency, sharing information with qualified personnel conducting research and for audits or program evaluations. For example, before your substance abuse health related information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities, or other providers of medical services, we are required to ask for your written authorization to do so.

42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, does allow a health care provider to comply with the Florida statute requiring the reporting of suspected child abuse or neglect to the Department of Children and Family Services. However, before specific information pertaining to the care you are receiving for your substance abuse problem can be released, you
must authorize the release in writing. Child abuse and neglect authorities may also pursue a court order to release the information without your written permission.

In those instances where you did authorize us to release your substance abuse related health information, the authorization will always be accompanied by a notice prohibiting the individual or agency/organization receiving your health information from re-releasing it unless permitted under 42 C.F.R., Confidentiality of Alcohol and Drug Abuse Patient Records.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

**Notice of Privacy Practices Availability:**

This notice will be prominently posted in the reception areas of each of our facilities. Individuals will be provided a hard copy and the notice will be maintained on the Center’s website at [www.lsbc.net](http://www.lsbc.net) for downloading.

**For More Information Or To Report A Problem**

If you have questions and would like additional information, you may contact Tim Camp, the Privacy Officer at P. O. Box 491000, Leesburg, Florida 34749-1000 (515 W. Main Street, Leesburg); telephone number: 352-315-7511.

If you believe your privacy rights have been violated, you can file a complaint with the Center’s Privacy Officer (above) or with the Office of Civil Rights; US Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, DC 20201; or OCR Hotlines-Voice: 1-800-368-1019. There will be no retaliation for filing a complaint.