Notice of Privacy Practices

Grassroots Crisis Intervention, Inc.

6700 Freetown Rd
410-531-6006
Columbia, MD 21044

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**.

Summary of HIPAA

Information regarding your health care, including payment for health care, is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 and 164, Subparts A and E. Under HIPAA:

1. Grassroots Crisis Intervention, Inc. (Grassroots) may not say to a person outside of Grassroots that you attend the program.
2. Grassroots may not disclose any information identifying you as an alcohol or drug user or individual suffering from a mental health disorder.
3. Grassroots may not disclose any other protected health information, except as permitted by law.

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.

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.

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 rights 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.
- Contact you for fundraising efforts.

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.

Our Uses and Disclosures

When 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.
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**.**

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.

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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected healthinformation.
- We will let you know promptly if a breach occurs that may have compromised the privacyor security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy ofit.
- We will not use or share your information other than as described here unless you tell us wecan 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.
- We will include a copy of this notice in your client handbook.

Change 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.

This Notice of Privacy Practices applies to the following organizations:
Grassroots Crisis Intervention Center, Inc.

Your Right to Refuse Care or Treatment
It is Grassroots policy to offer treatment to you in response to your request for our services, provided that you meet the admission criteria. You are free to stop treatment at any time. It is our hope that you will work with us in order to achieve and maintain a substance-free life.

Grassroots will not penalize you if you refuse care or treatment. However, you may find that your decision to do so could result in negative consequences unrelated to Grassroots. These negative consequences might include unnecessary suffering caused by loss of a support system or returning to substance use disorders or moderate to severe untreated mental health symptoms

<u>Filing a Complaint</u>
If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering to Grassroots Crisis Intervention Center in care of the Compliance Officer. You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509 F, HHH Building. Washington, D.C. 20210; by calling 1-800- 368-1019; or by sending an email to OCRprivacy@hhs.gov. You will not be retaliated against for filing such a complaint. Grassroots cannot and will not make you waive your right to file a complaint with HHS as a condition of receiving care, nor will Grassroots penalize you for filing a complaint with HHS.

<u>Contact Information</u>
After reviewing this notice, if you need further information or want to contact Grassroots Crisis Intervention Center for any reason regarding the handling of your health information, please direct any communications to:

Mariana Izraelson, Executive Director, 6700 Freetown Rd,
Columbia, Maryland, 21044. Telephone: 410-531-6006
Grassroots Crisis Intervention Center

For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.