

NOTICE OF PRIVACY AND CONFIDENTIALITY

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.

General Information: The confidentiality of patient/client records maintained by Retrospective Solutions is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 132d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Generally, Retrospective Solutions may not say to a person outside the program that you attend the program, nor disclose any information identifying you as a patient/client, or disclose any other protected information except as permitted by federal law. Retrospective Solutions must obtain your written consent before it can disclose information about you for payment purposes. For example, Retrospective Solutions must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Retrospective Solutions can share information for treatment purposes or for health care operations. However, federal law permits Retrospective Solutions to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluation;
3. To report a crime committed on Retrospective Solutions premises or against Retrospective Solutions personnel;
4. To medical personnel in a medical emergency;
5. In connection with treatment, payment (insurance company) or health care operations;
6. To appropriate authorities to report suspected child or elder abuse and/or neglect;
7. As allowed by a court order.

Before Retrospective Solutions can use or disclose any information about your health in a manner which is not described above, we must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Bill of Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Retrospective Solutions is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. Retrospective Solutions will accommodate such requests that are reasonable and will not request an explanation from you. **Under HIPAA you also have the right to inspect and copy your own health information maintained by Retrospective Solutions**, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information in Retrospective Solutions' records, and to request and receive an accounting of disclosures of your health related information made by Retrospective Solutions during the six years prior to your request. You also have the right to receive a paper copy of this notice.

A. In accordance with Title 6 of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title 9, Section 10800, and Americans with Disabilities Act of 1990, each person receiving services from an alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:

1. You, or your legal guardian, have the right to accept or refuse treatment after receiving this explanation.
2. If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law). You have the right not to receive unnecessary or excessive medication.
3. You have the right to appropriate accommodations to meet his or her needs.
4. To be free from verbal, emotional, physical abuse, inappropriate sexual behavior or contact, exploitation, humiliation, harassment and/or neglect.
5. To be accorded dignity and respect in contact with staff, volunteers, board members and other persons. You have the right to have your rights explained to you in simple terms, in a way you can understand within 24 hours of admission, which can help in decision-making. You have the right for your culture, psychosocial, spiritual, and personal values, beliefs and preferences to be respected.
6. You have the right to appropriate treatment in the least restrictive setting available that meets your needs.
7. You have the right to be told the program's rules and regulations before you are admitted including without limitations, the rules and policies related to restraints and seclusion. Your legally authorized representative, if any, also has the right to be and shall be notified of the rules and policies related to restraints and seclusion.
8. You have the right to be told before admission:
 - a. the condition to be treated;
 - b. the proposed treatment;
 - c. the risks, benefits, and side effects of all proposed treatment and medication;
 - d. the probable health and mental health consequences of refusing treatment;



- e. other treatments that are available and which ones, if any, might be appropriate for you;
 - f. the expected length of stay;
 - g. what is to be expected of treatment;
9. You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan. You also have the right to meet with staff to review and update the plan on a regular basis.
 10. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2 and HIPAA and the right to receive this Privacy Notice. Information about you is to be kept private and you are to receive an explanation as to circumstances when the information can be released without your permission.
 11. You have the right to be told in advance of all estimated charges and any limitations on the length of services of which Retrospective Solutions is aware.
 12. You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.
 13. To be informed by the program of the procedures to file a grievance (without fear of retaliation) or appeal discharge and receive a fair response from Retrospective Solutions within a reasonable amount of time. Complaints may go directly to the Texas Department of State Health Services.
 14. To be free from discrimination based on ethnic group identification, culture, sexual orientation, religion or spiritual beliefs, age, gender, skin color, socioeconomic status, language, or disability.
 15. To be accorded access to his or her file and the right to own the information within his or her file with the exception of psychotherapy notes.
 16. The right to request corrections of erroneous and/or incomplete information.
 17. The right to prohibit re-disclosure of client information.
 18. The right to request transmittal of communications in an alternative manner.
 19. The right to obtain an accounting of disclosures.
 20. The right to express preferences regarding counselor or service providers.
 21. Fiduciary abuse of the participants is prohibited.
 22. To be free from any marketing or advertising publicity without written authorization.
 23. The right to provision of services will be responsive to the participants' social support and legal advocacy needs, when necessary.
 24. The right to be free from intrusive procedures (strip searches or pat downs).

Retrospective Solutions Duties

Retrospective Solutions required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Retrospective Solutions required by law to abide by the terms of this notice. Retrospective Solutions reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. Revised notices will be posted in all Retrospective Solutions offices and website, as well as given to all active patients.

Complaints and Reporting Violations

You may complain to the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201, to TDSHS (800)832-9623, and to the Retrospective Solutions Compliance Officer (at the address below) if you believe that your privacy rights have been violated under HIPAA. Retrospective Solutions will take no retaliatory action against you if you file a complaint about our privacy practices.

Contact

If you have questions about this notice or any complaints, please contact our Compliance Officer at 7703 N. Lamar Blvd. Ste. 104 Austin, TX 78752 (512) 206.4213. Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United State Attorney in the district where the violation occurs.

Effective Date: This notice comes into effect on August 20, 2006. **Acknowledgement:** I hereby acknowledge that I received a copy of this notice.

Client Signature: _____ Date: _____
 Parent/Guardian Signature: _____ Date: _____

Retrospective Solutions was unable to obtain this acknowledgement of receipt due to: Client refused to sign acknowledgement Client was unable to sign acknowledgement Client left the facility before the end of the assessment and is not entering treatment Other: _____

Staff Signature: _____ **Date:** _____

