

*NOTICE EFFECTIVE DATE: DECEMBER 1, 2023*

## **Your Information. Your Rights. Our Responsibilities.**

### **THIS NOTICE DESCRIBES THE FOLLOWING:**

- *How medical information about you may be used and disclosed and how you can get access to this information.*
- *Your rights with respect to your health information*
- *How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information*
- *You have a right to a copy of this notice (in paper or electronic form) and to discuss it with the Director of Quality Assurance at (561) 516-0734 or [qualityassurance@havenhealthmgmt.org](mailto:qualityassurance@havenhealthmgmt.org) if you have any questions.*

### **PLEASE REVIEW IT CAREFULLY!**

### **ABOUT THIS NOTICE**

Haven Health Management maintains electronic health records which include, but are not limited to, screenings, assessments, history, progress notes, test results, diagnoses, substance use and mental health diagnosis, information related to sexually transmitted diseases, HIV status, treatment planning, follow-up care, and discharge planning. All records are the property of Haven Health Management.

This notice describes the privacy practices that apply to all protected health information about you that is maintained by Haven Health Management, including any such information that is obtained on paper, electronically, or verbally spoken. This Notice will be given to each individual during the intake portion of the admission process, and you will be asked to provide an electronic signature acknowledging receipt. The Notice can also be found posted in common areas of each facility, inside the Client Handbook, and you may request a copy from staff at any time. If you have questions about this Notice, please contact the Privacy Officer by calling 561-516-0351 or by emailing [qualityassurance@havenhealthmgmt.org](mailto:qualityassurance@havenhealthmgmt.org).

### **UNDERSTANDING PROTECTED HEALTH INFORMATION AND YOUR MEDICAL RECORD**

Each time a service is provided, there is electronic documentation of the service by the provider. This Protected Health Information (PHI), often referred to as your medical record, serves as a basis for planning your treatment, a means to communicate between service providers involved in your care, as a legal document describing your care and services, and verification for you and/or a third-party payer that the services billed were provided to you.

Understanding what is in your medical record and how, when, and why we use the information helps you make informed decisions when authorizing disclosure to others. Your health information will not be disclosed without your authorization unless otherwise required or allowed by State and Federal laws, rules, or regulations.

### **WHO WILL FOLLOW THIS NOTICE**

The information in this Notice describe the privacy practices of Haven Health Management and those of:

- Any healthcare/clinical professional at Haven Health Management who is treating you and has access to the Protected Health Information in your record.

- All departments within Haven Health Management and the programs, levels of care, and services it provides.
- All Haven Health Management employees/staff (part-time/full-time and hourly/salary), independent contractors, vendors, workforce members, interns, students, and volunteers at any Haven Health Management region/facility.

The information in this Notice also applies to the following health care providers and entities owned and operated by Haven Health Management:

- **The Haven Detox Little Rock, LLC**
- **Behavioral Health Services of West Memphis (DBA The Haven Detox West Memphis, LLC)**
- **The Haven of North Little Rock, LLC**
- **Haven Arizona, LLC**
- **The Haven Detox (West Palm Beach)**
- **The Recovery Team**
- **Haven Health Management – Corporate Office**
- **United Billing Solutions (billing company)**
- **Indiana Center for Recovery , LLC (Bloomington)**
- **Indiana Center for Recovery South Bend, LLC**
- **Indiana Center for Recovery Adolescents Program, LLC**
- **Indiana Center for Recovery Indianapolis, LLC**
- **Indiana Center for Recovery Bedford (DBA ICFR Bedford)**
- **Indiana Center for Recovery Outpatient Services, LLC (all locations)**
- **The Haven Detox Massachusetts, LLC**
- **The Haven New England, LLC**
- **Newton Wellness Group, LLC (DBA The Recovery Team Newton)**
- **Recovering Champions, LLC**
- **The Haven Detox of New Jersey, LLC**

The above listed entities participate in an Organized Health Care Arrangement. This means that your medical information flows freely between these entities in order to carry out your treatment, payment for your treatment and for health care operations and we do not require Business Associate Agreements between entities.

### **[CHANGES 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, at any of our facilities and/or the corporate office, and on our web site. To request the most recent Notice of Privacy Practices, please refer to the “Contact” section of this notice.

### **[OTHER USES OF YOUR PROTECTED HEALTH INFORMATION](#)**

Other uses of Protected Health Information not covered in this notice or under the laws that apply to Haven Health Management will be made only with your written authorization. If you provide us with your written authorization to use or disclose Protected Health Information, you may revoke that authorization at any time in writing. If you revoke your authorization, we will no longer disclose Protected Health Information subject to the authorization, however, the revocation will not apply to disclosure previously made with your permission.

## 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.**

<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make every attempt possible to provide you with access to your medical information, or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul> <p style="text-align: center;"><b><u>EXCEPTIONS:</u></b></p> <ul style="list-style-type: none"> <li><i>We may deny your request to access your protected health information in the following circumstances:</i> <ul style="list-style-type: none"> <li>To protect your privacy when you have requested a restriction or confidential communication; or</li> <li>When release of your record, especially in electronic format, is likely to interfere with the access, exchange, or use of your PHI; or</li> <li>When a licensed professional determines your request would cause harm; or</li> <li>When the medical records system is offline for maintenance or upgrades which would benefit Haven Health Management; or</li> <li>When fulfilling the request is not feasible due to a public health emergency or other uncontrollable event and you will be provided a written response within ten (10) business days of receiving your request explaining why your request is not feasible for Haven Health Management to process.</li> </ul> </li> <li>If you are denied access, we will notify you within ten (10) days of the date we determined the denial. You have a right to appeal the denial and to have the denial reviewed by a licensed professional not directly related to the denial. You may initiate an appeal by sending a written request to <a href="mailto:qualityassurance@havenhealthmgmt.org">qualityassurance@havenhealthmgmt.org</a>.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way or to send mail to a different address. (i.e., you may request to be contacted via phone at your office rather than your home or have mail sent to a relatives address instead of your home address), and we must accommodate reasonable requests.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us not to use or share certain health information for treatment, payment, or our operations.</li> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>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.</li> </ul>

<p><b>Get a list of those with whom we've shared information</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>
<p><b>Get a copy of this privacy notice</b></p>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<p><b>File a complaint if you feel your rights are violated</b></p>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting the Privacy Officer using the information found in the "Contact" section of this Notice.</li> <li>You can file a complaint with the Secretary for the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a></li> <li>We will not retaliate against you for filing a complaint.</li> </ul>
<p><b>Revoke authorizations</b></p>	<ul style="list-style-type: none"> <li>You have the right to revoke any authorization you have provided, except to the extent that Haven Health Management has already relied upon the authorization.</li> </ul>
<p><b>Be notified of a breach</b></p>	<ul style="list-style-type: none"> <li>You have the right to be notified if we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in writing and in accordance with federal requirements.</li> </ul>

## 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.**

<p><b>You have a choice of what information is shared and how the information is shared in the following situations:</b></p> <p><b>[You may object to the use and disclosure of your health information by stating so verbally or in writing, or by opting-out]</b></p>	<p><i>Individuals involved in your care or payment of your care:</i></p> <ul style="list-style-type: none"> <li>We may, without your objection, disclose PHI about you to a family member, close friend, or any other person you identify, as it directly relates to that person's involvement in your medical care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interests, based on our professional judgement.</li> </ul> <p><i>Disaster release purposes:</i></p> <ul style="list-style-type: none"> <li>We may disclose your PHI in coordination with disaster relief organizations that seek to use the information to coordinate your care or notify family and friends of your location or condition in the event of a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever it is practical and possible to do so.</li> </ul>
<p><b>Additional situations:</b></p> <p><b>[You may object to the use and disclosure of your health information by stating so verbally or in writing, or by opting-out]</b></p>	<p><i>Photographs:</i></p> <ul style="list-style-type: none"> <li>Haven Health Management may use photography or other means of image recording to capture pictures and imaging in an effort to offer better patient identification for work force members, security purposes, and billing procedures.</li> </ul> <p><i>Electronic Mail Addresses and Email Messages:</i></p> <ul style="list-style-type: none"> <li>You may request for us to communicate certain information with you via email messages.</li> <li>Do NOT submit PHI via email! If you need to submit health information, contact the medical records department and they will provide you with a secure email address to send the information to.</li> </ul> <p><i>Mobile Telephone Numbers:</i></p> <ul style="list-style-type: none"> <li>By providing Haven Health Management with your mobile phone number, you agree to receive communications on your mobile device. We are not responsible for any wireless carrier fees that may apply.</li> </ul>

	<p><i>Other:</i></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li> </ul>
<b>In these cases, we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes.</li> <li>• Sale of your information.</li> </ul>

## OUR USES AND DISCLOSURES

**How do we typically use or share your health information? We typically use or share your health information in the following ways.**

<b>Treat you</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with other professionals who are treating you.</li> </ul>	<i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i>
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to run our facilities, improve your care, and contact you when necessary.</li> </ul>	<i>Example: We use health information about you to manage your treatment and services.</i>
<b>Bill for your services</b>	<ul style="list-style-type: none"> <li>• We can use and share your health information to bill and get payment from health plans or other entities.</li> </ul>	<i>Example: We give information about you to your health insurance plan so it will pay for your services.</i>

**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. Refer to the “Uses and Disclosures of Protected Health Information” for a complete list of all TPO activities from above.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<b>Help with public health and safety issues</b>	<p><i>We can share health information about you for certain situations such as:</i></p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Appointment reminders</b>	<ul style="list-style-type: none"> <li>• We may use and disclose health information in an effort to contact you as a reminder that you have an appointment for individual therapy or medical treatment or care.</li> </ul>
<b>Reach out to emergency contact</b>	<p><i>We may reach out to your emergency contact, with or without a release of information if there are concerns about your safety. This includes, but is not limited to the following examples:</i></p> <ul style="list-style-type: none"> <li>• You fail to show up for scheduled clinical and/or medical appointment(s) or group therapy sessions and staff is unable to reach you.</li> <li>• You are at risk of, in the process of, or have already left against medical advice (AMA) or if it is determined you have eloped from the facility.</li> </ul>

<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations.</li> </ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<p><i>We can use or share health information about you:</i></p> <ul style="list-style-type: none"> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>
<b>Inmates</b>	<p><i>If you are an inmate of a correctional institution or under custody of law enforcement, we may disclose your Protected Health Information to an authorized party if it is necessary for:</i></p> <ul style="list-style-type: none"> <li>The institution to provide you with healthcare;</li> <li>To protect the health and safety of others; or</li> <li>To protect the health and safety of law enforcement and the institution.</li> </ul>
<b>Minors</b>	<ul style="list-style-type: none"> <li>We may disclose health information of children, who are considered to be minors, to their parents or legal guardians unless such disclosure is prohibited by law.</li> </ul>
<b>Patient portal to the electronic medical record (EMR)</b>	<ul style="list-style-type: none"> <li>Haven Health Management makes certain portions of the medical record available electronically through the patient portal. If you wish to obtain a complete copy of your medical records, you may request a copy from the Medical Records Department. In order to access records through the patient portal, the patient (or patient's representative) must provide their written authorization.</li> <li>Contact <a href="mailto:medicalrecords@havenhealthmgmt.org">medicalrecords@havenhealthmgmt.org</a> for more information on the patient portal or obtaining your medical records.</li> </ul>
<b>Genetic information</b>	<ul style="list-style-type: none"> <li>During the course of treatment, genetic testing may be conducted to determine the best medications to treat certain conditions (GeneSight). The company provides a consent form which must be signed prior to the test being conducted. We may use and disclose genetic information that may have been obtained to carry out treatment, payment, or health care operations as permitted by Federal and State law. Genetic information will not be used for any other purpose.</li> </ul>
<b>When state or other laws require greater limits on disclosure (Privacy Rule)</b>	<ul style="list-style-type: none"> <li>At times, State or other regulations may afford more protection or provide additional rights that exceed the regulations outlined under HIPAA or the Privacy Rule.</li> <li>Haven Health Management will abide by the most stringent of the regulations as they pertain to PHI, including obtaining your prior written authorization, as required, before any such information is disclosed to a third party.</li> <li>In many instances and as required by Florida law, we will obtain your written authorization to disclose medical information for payment purposes.</li> </ul>
<b>Special Notes:</b>	<ul style="list-style-type: none"> <li><b>Facility Directories:</b> Our facilities and corporate office do not create or manage facility directories that contain client information.</li> <li><b>Uses and Disclosures of Psychotherapy Notes:</b> Haven Health Management does not use psychotherapy notes, therefore authorization as specified in 45 CFR 464.508(a)(2) is not required.</li> </ul>



## OUR RESPONSIBILITIES

**We are responsible for protecting the health information of individuals with a substance use and/or mental health disorder, including identity and presence in treatment.**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can 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.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## PRIVACY COMPLAINTS AND CONTACT INFORMATION

Violation of federal law is a crime, and suspected violations may be reported to the appropriate authorities. If you believe your privacy or any of your rights as described in this Notice have been violated, you may file a complaint with the Privacy Officer at Haven Health Management's Corporate Office and/or the U.S. Department of Health and Human Services, Office for Civil Rights. Please use the contact information below to submit your complaint.

**HAVEN HEALTH MANAGEMENT  
C/O QUALITY ASSURANCE DEPARTMENT  
ATTN: PRIVACY OFFICER**

2925 10<sup>th</sup> AVE. N.  
PALM SPRINGS, FL 33461

Phone: (561) 660-0351 / Fax: (561) 584-5833

Email: [qualityassurance@havenhealthmgmt.org](mailto:qualityassurance@havenhealthmgmt.org)

**CENTRALIZED CASE MANAGEMENT OPERATIONS  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

200 INDEPENDENCE AVE., SW  
ROOM 509F HHH BUILDING  
WASHINGTON, DC 20201

Phone: (800) 368-1019

Website: [www.hhs.gov/ocr](http://www.hhs.gov/ocr)

***Haven Health Management may not threaten, intimidate, coerce, harass, discriminate against, or take any other retaliatory action against any individual or other person for filing a complaint.***

## FOREIGN LANGUAGE VERSION(S)

You may ask to receive a copy of this notice in another language. Please let staff know if you have difficulty reading or understanding English and other languages or formats will be made available to you upon request