

HIPAA Notice Of Privacy Practices

Health Connect America is required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain in your record of care that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

Health Connect America reserves the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will post a copy of the current notice in our office and on our website at www.healthconnectamerica.com. We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

How We May Use Or Disclose Information About You

We have the right to use and disclose health information for your treatment, to pay for your health care and to operate our business. If you are receiving services for the evaluation and treatment of substance abuse or Human Immunodeficiency Virus (HIV) conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to those sections specifically for those rules. Below are examples of instances when we may use or disclose your health information:

For Payment – We may use and disclose your medical information so that the treatment and services you receive may be billed and payment may be collected from an appropriate payer such as an insurance company or a third party. For example, we may need to share your medical information with your insurance company or a third party payer to check that you qualify for services or to obtain approval for services requested.

For Treatment – We may use or disclose health information to aid in your treatment and the coordination of your care. For example, we may disclose information to your psychiatrist, your primary care physician, and other behavioral health professionals who are involved in your care.

For Health Care Operations – We may use or disclose health information as necessary to operate and manage our business activities. For example, we may analyze data to determine how we can improve our services.

For Reminders – We may use or disclose health information to send you reminders, such as appointment reminders with providers who provide medical care to you.

As Required by Law – We may disclose information when required to do so by law.

To Persons Involved With Your Care – We may use or disclose your health information to a person involved in your care and treatment as allowed under state law and in accordance with Health Connect America’ policies and procedures. This information is limited and will not be disclosed without first obtaining your written authorization.

For Public Health Activities – such as reporting or preventing disease outbreaks, to report births or deaths, or to report reactions to medications.

For Reporting Victims of Abuse, Neglect or Domestic Violence – to government authorities that are authorized by law to receive such information, including a social service or protective service agency.

For Health Oversight Activities – to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.



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For Judicial, Administrative Proceedings or Law Enforcement Purposes – such as in response to a court order, search warrant, a valid subpoena, a discovery request, or other lawful processes that complies with state law and Health Connect America policies and procedures.

To Avoid a Serious Threat to Health or Safety – to you, another person, or the public, by disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster for example.

Human Rights Committee – In Virginia, HCA may disclose to the Local Human Rights Committee and the State Human Rights Committee any information needed for the conduct of the committee responsibilities under the human rights regulations.

For Specialized Government Functions – such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.

For Workers' Compensation – as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.

For Research Purposes – such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements. All research projects are subject to a special approval process. We will obtain your written authorization if the researcher will use or disclose your medical information. (Per HCA Policy 16, HCA does not currently participate in any research projects)

In Virginia: Per 12 VAC 35-115-130, HCA recognizes and respects the right of individuals to choose to participate or not participate in human research. HCA will not coordinate, implement, or participate in research.

To Provide Information Regarding Decedents – We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

For Organ Procurement Purposes – We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

To Correctional Institutions or Law Enforcement Officials – if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

To Business Associates – that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

For Data Breach Notification Purposes – We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information.

As Otherwise Permitted Or Required By Law – HCA may disclose information to individuals/agencies not previously named/described as required by State and/or Federal law.

Additional Restrictions On Use And Disclosure

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information listed below. If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.



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Substance Abuse Health Information – All medical information regarding substance abuse is kept strictly confidential and released only in conformance with the requirements of federal law(42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3) and regulation (42 C.F.R. part 2) Disclosure of any medical information referencing alcohol or substance abuse may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

HIV Information – All medical information regarding HIV is kept strictly confidential and released only in conformance with the requirements of state law. Disclosure of any medical information referencing HIV status may only be made with your written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose.

Written Authorization and Revocation of Authorization – Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or “revoke” your written authorization at any time in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, you may contact our office using the contact information at the back of this handbook or consult your direct care professional.

Your Rights Regarding Medical Information About You

You have the right to ask to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction. To request a restriction, you must make your request in writing to the Health Connect America Privacy Officer. In your request, you must tell us what information you want to restrict and to whom you want the restriction to apply.

You have the right to ask to receive confidential communications of information in a different manner or at a different place (for example, by contacting you at a certain telephone number or by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing to the Health Connect America Privacy Officer. Your request must specify how or where you wish to be contacted.

You have the right to see and obtain a copy of health information that may be used to make decisions about your care. You also may in some cases receive a summary of this health information. You must make a written request to inspect and copy your health information to the Health Connect America Privacy Officer. In certain limited circumstances, we may deny your request to inspect and copy your health information. If we deny your request, you have the right to have the denial reviewed. Information regarding how to initiate the review process will be provided in writing at the time of any denial of access to your medical information. *If you request a copy of the information, you may receive one copy each year at no cost. For any additional copies during the same year, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request.

You have the right to ask to amend the information we maintain about you if you believe the health information about you is wrong or incomplete. You have the right to add a statement to your case records and any response by personnel is added with your knowledge. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the Health Connect America Privacy Officer. If we deny your request, you may have a statement of your disagreement added to your health information. In Virginia, HCA will follow the provisions outlined in 12VAC35-115-90, Rules and Regulations to Assure the Rights of Individuals Receiving Services.



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You have the right to receive an accounting of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting. To request this accounting, you must submit your request in writing to the Health Connect America Privacy Officer.

You have the right to a paper copy of this notice. You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

Exercising Your Rights/Complaints

If you have any questions about this notice, want to exercise any of your rights, or you believe that your privacy rights have been violated, please contact the Health Connect America Privacy Officer. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

Submitting A Written Request

Mail us your written requests for modifying or canceling a confidential communication, for copies of your records, or for amendments to your record, at the following address:

Health Connect America Privacy Officer
Todd Hickman, LCSW
Health Connect America, Inc.
5118 Park Avenue, Suite 500
Memphis, TN 38117
Phone: (901) 458-8638
Email: thickman@healthconnectamerica.com

Please feel free to ask for a copy of any release of information that you sign for your own records. Requested information will be provided by the following session. In the event that a request is made for a closed case, information will be provided within 10 business days.

