

# **CAPSTONE BEHAVIORAL HEALTHCARE, INC. PRIVACY STATEMENT**

**THIS NOTICE DESCRIBES HOW CAPSTONE BEHAVIORAL HEALTHCARE COLLECTS, STORES, USES AND DISCLOSES MEDICAL INFORMATION ABOUT YOU AND HOW YOU CAN ACCESS THIS INFORMATION.**

## **WHAT IS THIS DOCUMENT?**

The following Privacy Statement provides the standards Capstone Behavioral Healthcare follows in collecting, storing, using, and disclosing PROTECTED HEALTH INFORMATION.

## **WHAT IS PROTECTED HEALTH INFORMATION?**

A federal law passed in 1996 defines protected health information as 1) health information that 2) identifies an individual or that provides the basis for identifying an individual and 3) is transmitted or maintained in any form. This information may include information about your treatment, your payment for services or our health care operations.

## **GENERAL INFORMATION:**

- Protected Health Information is collected which is necessary or relevant to your treatment.
- Every effort is made to ensure that information is accurate, relevant, timely and complete.
- Capstone Behavioral Healthcare employees' access is limited to those who need to know and are trained in the proper handling of personal information.
- Protected Health Information is available externally only with your informed and written authorization or to respond to legitimate needs as permitted or required by law.

## **TREATMENT INFORMATION:**

Information about your treatment services is recorded to

- assure appropriate treatment and treatment planning
- meet state licensure and accreditation standards and
- meet documentation requirements of third party payers such as insurance, managed care, or government payment plans in order for us to be reimbursed for services provided to you.

Capstone Behavioral Healthcare maintains this confidential information. It is not disclosed without your informed and written authorization or under other circumstances permitted or required by law.

## **PAYMENT PURPOSES:**

We are permitted to use and disclose protected health information for reimbursement or payment purposes. It may be necessary to release protected health information to obtain prior approval from your third party payer including insurance, managed care, or government payment plans. When we bill third party payers such as insurance, managed care, or government payment plans

requesting reimbursement for services provided to you, we will usually include information which identifies you and your diagnosis.

### **HEALTH CARE OPERATIONS:**

To ensure that you receive the highest quality of care, Capstone Behavioral Healthcare may use your protected health information for learning or quality assurance purposes. We may also remove information which could identify you in order to prevent others from learning your identity.

### **HOW LONG DOES CAPSTONE BEHAVIORAL HEALTHCARE KEEP PROTECTED HEALTH INFORMATION?**

Clinical records are maintained for ten years following your last official appointment with Capstone Behavioral Healthcare. At the end of ten years the Discharge Summary is removed from the record and archived. The remainder of the record is destroyed. These same standards apply even if you should become deceased.

### **UNDER WHAT CIRCUMSTANCES IS CAPSTONE BEHAVIORAL HEALTHCARE PERMITTED OR REQUIRED TO DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT WRITTEN CONSENT OR AUTHORIZATION?**

Special circumstances may arise which allow or require us to use or disclose protected information without your consent or authorization. The law allows or requires us to use or disclose protected information without your consent or authorization in the following special circumstances:

- To inform you as the individual to whom the protected health information pertains;
- To carry out treatment;
- To handle emergency treatment;
- When compelled by a Court Order to protect the life and safety of yourself or others;
- When there is a legal personal representative to act for you;
- In the event of a medical examiner legally investigating your death;
- To a protective services or a social services agency or other similar government authority reporting the abuse or neglect of a child or dependent adult (If we have reason to believe you have abused a child or dependent adult or you have been the victim of abuse, neglect or domestic violence, we will contact and provide information to these entities in order to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your protected information for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity.);
- As required by the Secretary of Health and Human Services to investigate or to determine compliance with federal privacy rules;
- For Public Health activities such as preventing or controlling disease, injury or disability;
- For health oversight activities such as audits, investigations, inspections or judicial/administrative proceedings of which you are not the subject;
- For judicial and administrative proceedings such as a court or administrative order or subpoena requiring disclosure of protected health information;
- For law enforcement activities such as a court order, subpoena, and efforts to identify or locate a suspect, fugitive, material witness or missing person;
- If you are an inmate of a correctional institution;

- For specialized government functions such as protective services for the President or for national security purposes;
- To a coroner or medical examiner identifying a deceased person;
- To Workers' Compensation as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work related injuries or illness without regard to fault.

If information is disclosed in these circumstances, it is limited only to that information which is relevant to that purpose. You will be informed of the disclosure if possible and if this will not risk serious harm to you or others.

If an emergency situation exists and obtaining your consent is not possible or practical, Capstone Behavioral Healthcare may use or disclose protected information to the extent necessary during the emergency.

Although you have the right to refuse to consent to the use or disclosure of protected information for treatment, reimbursement or health care operations and you have the right to revoke such a consent at any time, our facility may not be able to render you the highest quality of care without the right to use or disclose your protected information in this manner. Therefore, in the absence of an emergency medical condition, we reserve the right to condition your care on your consent to the use or disclose protected information for treatment or reimbursement purposes.

#### **WHAT ABOUT TREATMENT APPOINTMENT REMINDERS?**

Capstone Behavioral Healthcare may contact you to remind you of your upcoming appointment at the center unless you have instructed otherwise.

#### **WHAT ARE MY RIGHTS REGARDING PROTECTED HEALTH INFORMATION WHICH YOU HAVE ABOUT ME AT CAPSTONE BEHAVIORAL HEALTHCARE?**

You have several rights as the individual who has information gathered, stored, and used at Capstone Behavioral Healthcare. These include the following:

- You have the right to request restrictions on certain uses and disclosures of protected health information, although we are not obligated to agree to the restriction if there is a valid reason.
- You have the right to receive protected health information in a confidential manner of communication.
- You have the right to inspect and receive a copy of your protected health information unless this is judged to be of potential serious harm according to Capstone Behavioral Healthcare policy. (There may be a charge for copying your protected health information.)
- You have the right to request amendment of protected health information according to the Capstone Behavioral Healthcare policy, although we are not obligated to amend the information if there is a valid reason.
- You have the right to receive an accounting of disclosures of protected health information.
- You have a right to have a copy of our Privacy Statement and our privacy practices.

**WHAT ARE THE DUTIES OF CAPSTONE BEHAVIORAL HEALTHCARE IN REGARD TO PRIVACY ACCORDING TO THE FEDERAL LAW?**

Capstone Behavioral Healthcare’s requirement to perform certain duties to protect your privacy includes the following:

- We are required by law to protect the privacy of individually identifiable health information and provide this notice of our legal duties and privacy practices.
- We are required to abide by the terms of this notice while it remains in effect.
- We reserve the right to change the terms of this notice and policies and practices in regard to protected health information we maintain. These changes will also apply retroactively to information created or received prior to the notification of the public. Publication of this public notice will be provided by prominently posting the changed notice in our reception area, offering a copy to active clients of Capstone Behavioral Healthcare as they attend appointments, and offering a copy to all new clients of the Capstone Behavioral Healthcare. Copies will be provided if you wish to take one for your personal use.

**WHO CAN I CONTACT FOR FURTHER INFORMATION OR TO MAKE COMPLAINTS?**

The Director of Administrative and Financial Services of Capstone Behavioral Healthcare serves as the Corporate Compliance Officer. The Corporate Compliance Officer may be contacted for more information. The telephone number is 641-792-4012. You may also file complaints with the Corporate Compliance Officer if you believe your privacy rights have been violated. These complaints may be registered by seeking a complaint form from the receptionist. No retaliation against anyone filing the complaint will occur.

**IMPORTANT CONTACT INFORMATION:**

This notice has been provided to you as a summary of how we will collect, use, store, and disclose your Protected Information and your rights with respect to your Protected Health Information. If you have any questions or if you want more information regarding your Protected Health Information, please contact the Corporate Compliance Officer at Capstone Behavioral Healthcare at 641-792-4012.

**EFFECTIVE DATE:**

This notice becomes effective on \_\_\_\_\_, \_\_\_\_\_.

Please note: we reserve the right to revise this notice at any time. Should we revise this notice, you will be notified at the time of your next appointment and a current notice of our privacy statement may be obtained from the receptionist or Corporate Compliance Officer at Capstone Behavioral Healthcare.

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