

THIS NOTICE DESCRIBES HOW MEDICAL, DRUG, AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

HARBEL Prevention & Recovery Center is committed to treating and using health care information about you, in a responsible manner. This notice describes your rights as they relate to your protected health information.

General Information

Information regarding your health care, including payment for health care, is protected by two (2) federal laws: the **Health Insurance Portability and Accountability Act of 1996 (“HIPPA”)**, 42 U.S.C. § 1320d 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. Under these laws, HARBEL Prevention & Recovery Center may not say to a person outside HARBEL Prevention & Recovery Center that you attend the program, nor may HARBEL Prevention & Recovery Center disclose any other protected information except as permitted by federal law.

HARBEL Prevention & Recovery Center must obtain your written consent before it can disclose information about you for payment purposes. For example, HARBEL Prevention & Recovery Center 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 HARBEL Prevention & Recovery Center can share information for treatment purposes or for health care operations. However, federal law permits HARBEL Prevention & Recovery Center to disclose information *without* your written permission in these instances:

1. Pursuant to an agreement with a business associate.
2. For research, audit, or evaluations.
3. To report a crime committed on HARBEL Prevention & Recovery Center’s premises or against HARBEL Prevention & Recovery Center personnel.
4. To medical personnel in a medical emergency.
5. To minimize risk or prevent a threat to the health or safety of one’s self, or to another person, such as to contact authorities to report suspected child abuse or neglect.
6. As allowed by a court order.

For example, HARBEL Prevention & Recovery Center can disclose information without your consent to obtain data management or financial services, or to another medical facility to provide health care to you, as long as there is a business associate agreement in place.

Before HARBEL Prevention & Recovery Center can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent in writing.

HARBEL Prevention and Recovery Center may ask you to give written consents and authorizations for the purpose of assisting with treatment, payment, or our healthcare operations. Such authorizations may help us determine and carry out a treatment plan, contact someone in case of an emergency, and verify whether you have insurance coverage for our services.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. HARBEL Prevention & Recovery Center is not required to agree to any restrictions you

Your Rights (cont'd)

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. HARBEL Prevention & Recovery Center 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 HARBEL Prevention & Recovery Center, 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 HARBEL Prevention & Recovery Center records, and to request and receive an accounting of disclosures of your health related information made by HARBEL Prevention & Recovery Center during the six (6) years prior to your request. You also have the right to receive a paper copy of this notice.

HARBEL Prevention & Recovery Center's Duties

HARBEL Prevention & Recovery Center is required by law to maintain privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. HARBEL Prevention & Recovery Center is required by law to abide by the terms of this notice. HARBEL Prevention & Recovery Center reserves the right to change the terms of this notice, and to make new notice provisions effective for all protected health information it maintains.

Complaints and Reporting Violations

You may complain to HARBEL Prevention & Recovery Center and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. If you believe your privacy rights have been violated, you can file a complaint with HARBEL Prevention & Recovery Center's Privacy officer, or with the office for Civil Rights, U.S. Department of Health and Human Services. Correspondence can be sent to:

**U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
HHH Building, Room 509F
Washington, D.C. 20201**

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Contact

If you have questions and would like additional information, you may contact HARBEL Prevention & Recovery Center's Privacy officer:

**Patricia Stabile, Program Director
HARBEL Prevention & Recovery Center
5807 Harford Road
Baltimore, Maryland 21214
(410) 444-2100**

THIS NOTICE BECAME EFFECTIVE APRIL 14, 2003

I hereby acknowledge receiving a copy of this notice.

Client's Signature

Date