



NOTICE OF PRIVACY PRACTICES  
Effective Sept 15, 2013

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

South Central Behavioral Services, Inc. has adopted the following policies and procedures for the protection of the privacy of the people we serve. We at South Central Behavioral Services, Inc. respect your privacy. This is part of our code of ethics. We are required by law to maintain the privacy of "protected health information" about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. "Protected health information" means any information that we create or receive that identifies you and relates to your health or payment for services to you.

**Our Policy**

***It is our policy to obtain specific written permission for every disclosure of protected health information to third parties. You will be asked to sign an Authorization form for disclosure to each person or organization that receives the information.***

***There are times when we may share your protected health information without your authorization:***

- If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.
- We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.
- We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.
- There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:
  - According to court order;
  - To public health authorities;
  - To law enforcement officials in some circumstances;
  - To correctional institutions regarding inmates;
  - To federal officials for lawful military/intelligence activities;
  - To coroners, medical examiners and funeral directors;
  - As otherwise required by law.
- If you provide us with verbal permission, we may disclose information to a family member, a close friend or any other person you identify. This permission will be valid for only one time and is not intended as a substitute for written authorization. If you are not present or able to agree to these disclosures due to an emergency situation, we may, using our professional judgement, determine if the disclosure is in your best interests.

**Other disclosures. We will follow the federal regulations of 42 CFR Part 2, which protects disclosures regarding Alcohol and Other Drug treatment information. South Central Behavioral Services, Inc. applies this same federal standard to all protected health information disclosures.**

*Except for the circumstances described above, we will not disclose protected health information to a third party without the written permission of the individual or a court order. If a request for disclosure of your patient record is received, you will be contacted and asked whether you wish to authorize disclosure. If you refuse to authorize disclosure or it is not possible for us to contact you, we will not disclose your information without a court order.*

- Any use or disclosure of protected health information for marketing purposes will require written authorization.
- Any disclosure that constitutes the sale of protected health information will require written authorization.

**Disclosures with your permission.** No other disclosure of protected health information will be made unless you give written Authorization for the specific disclosure.

**Examples of Routine Use and Disclosure of Information about You Not Requiring Your Authorization**

- Various members of our staff may see your clinical record in the course of our care for you. Our staff may review records to be sure that we deliver appropriate treatment of high quality.
- We may provide information to your health plan or another treatment provider in order to arrange for a referral or clinical consultation.
- We may contact you about your appointments.

- We may contact you to tell you about treatment services that we offer that might be of benefit to you.
- We will use or disclose your protected health information as needed to arrange for payment for services to you. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary.
- It may also be necessary to use or disclose protected health information to another organization that has a relationship with you. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.

## **YOUR LEGAL RIGHTS**

**Right to Request Confidential Communications.** You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

**Right to Request Restrictions on Use and Disclosure of Your Information.** You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request.

**Right to Revoke a Consent or Authorization.** You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

**Right to Review and Have a Copy of Your Records.** You have the right to see records used to make decisions about you, unless a licensed mental health professional determines it would create a substantial risk of harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We may also delete any protected health information about other people. At your request, we will make a copy of your record for you. We will charge a reasonable fee for this service.

**Right to “Amend” Your Record.** If you believe your record contains an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

**Right to an Accounting.** You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

**Right to a Paper Copy.** You have the right to a paper copy of any Notice of Privacy Practices as posted on our web site. The web site may be accessed at [www.scbsne.com](http://www.scbsne.com).

**Right to Opt Out of Receiving Fundraising Communications.** You have the right to opt out from receiving any fundraising communications from South Central Behavioral Services.

**Right to Pay Out of Pocket.** You have the right to request that South Central Behavioral Services not disclose your protected health information to your health plan when you have paid for the services you received out of pocket in full. South Central Behavioral Services is required by law to honor this request. \_\_

**Right to Breach Notification.** You have the right to be notified when a breach of your unsecured protected health information has occurred.

Your Personal Representative or Legal Guardian may act on your behalf in exercising your privacy rights. (This includes the parent or legal guardian of a minor. In some cases, adolescents who are “emancipated minors” may make their own decisions about receiving treatment and disclosure of protected health information about them.) You may also grant another person the right to act as your personal representative in an advance directive or living will. Disclosure of protected health information to personal representatives may be limited in cases of domestic or child abuse.

### **How to Exercise Your Rights**

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Privacy Officer. The Privacy Officer may be reached at:

South Central Behavioral Services, Inc.

Attn: Privacy Officer

P. O. Box 1715

Kearney, NE 68848-1715

Telephone Number: 308-237-5951 or 402-463-5684

### **Complaints**

We will not retaliate against you for filing a complaint. If you have any complaints or concerns about our privacy policies or practices, please submit a complaint to our Privacy Officer. If you wish, the Privacy Officer will give you a form you can use to submit a complaint. The Privacy Officer may be reached at the above address and phone number.

You can also submit a complaint to the United States Department of Health and Human Services.