

## Protecting your Health Information

**Protected Health Information:** Information about your health is private. And it should remain private. Since Safe Alliance collects information about your physical and emotional health, we are required by federal and state law to protect the privacy of your health information. We call it “**Protected Health Information**” (PHI).

### Respecting Your Privacy

Safe Alliance staff, volunteers, and interns must follow legal regulations with respect to:

- ❖ How We Use Your PHI
- ❖ Disclosing Your PHI to Others
- ❖ Your Privacy Rights
- ❖ Our Privacy Duties

### Using or Disclosing Your PHI

**For Treatment:** During the course of service provision, we use and disclose your PHI. For example, we may request records from a previous therapist. Or, we may contact another provider for records that may help in our work with you.

**For Payment:** After providing certain services, we may ask a third party, such as an insurance company, to pay us. Some of your PHI may be entered into our computers in order to request payment. This may include a description of your health problem and the services we provided. Also, a funder may want to review your medical record to determine whether your care was necessary.

**For Agency Operations:** Your client record and PHI could be used in periodic assessments by counselors, advocates, interns, and other staff for learning purposes and to assure quality of care. Other uses of your PHI may include program planning for our agency, or the resolution of a complaint.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If we change our notice of privacy practices, we will provide our revised notice to you when you seek services from us.

### Your Privacy Rights and How to Exercise Them

**Your Right to Request Limited Use or Disclosure:** You have the right to request that we do not use or disclose your PHI in a particular way. However, we are not required to abide by your request.

**Your Right to Confidential Communication:** You have the right to receive confidential communication from Safe Alliance at a location of your choice. Your request must be in writing.

**Your Right to Revoke Your Authorization:** You may revoke, in writing, the authorization you granted us for use or disclosure of your PHI. However, if we have relied on your consent or authorization, we may use or disclose your PHI up to the time you revoke your consent.

**Your Right to Inspect and Copy:** You have the right to inspect and copy your PHI. We may refuse to give you access to your PHI if we think it may cause you harm, but we must explain why and provide you with someone to contact for a review of our refusal.

**Your Right to Amend Your PHI:** If you disagree with your PHI within our records, you have the right to request, in writing, that we amend your PHI when it is a record that we created or have maintained for us. We may refuse to make the amendment and you have a right to disagree in writing. If we still disagree, we may prepare a counter-statement. All statements must be made part of our record about you.

**Your Right to Know Who Else Sees Your PHI:** You have the right to request an accounting of certain disclosures we have made of your PHI over the past six years, but not before April 14, 2003. Safe Alliance is not required to account for all disclosures, including those made to you, authorized by you or those involving treatment, payment and agency operations as described above. We will inform you if there are charges associated with generating a report, and you have the right to withdraw your request, or pay to proceed.

### What If I Have a Complaint?

If you believe that your privacy has been violated, you may file a complaint with Safe Alliance or with the Office of Civil Rights headquarters in Washington, D.C. We will not retaliate or penalize you for filing a complaint. To file a complaint with us, please contact the agency's Compliance Specialist at 704-332-9034. Your complaint should provide specific details to help us in investigating a potential problem. To file a complaint with the Office of Civil Rights, write to: 200 Independence Avenue, S.W., Washington, D.C. 20201 or call the regional office at 800-368-1019.