

QUALITY BEHAVIORAL HEALTH, INC.
75 Lambert Lind Highway
Warwick, RI 02886

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by Quality Behavioral Health, Inc. , in any form, whether electronically, on paper, or orally, be kept confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. "HIPAA" provides penalties for individuals or companies that misuse personal health information.

As required by "HIPAA", Quality Behavioral Health, Inc., has prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. For example, we may disclose Protected **Health Information (PHI)** to doctors, nurses, technicians or other personnel outside of this office who are involved in your medical care.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, we may share PHI with your health insurance to receive payment for health care services we provide to you. We may also share PHI with billing companies and companies that process our health care claims.
- **Health Care Operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and patient quality of care.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment or other health related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your PHI, which you may exercise by presenting a written request to the Office Manager.

- The right to request restrictions on certain uses and disclosures of PHI, including those related to disclosures to family members, other relatives, close personal friends, or an other person identified by you. We are, however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

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- The right to reasonable requests to receive confidential communications of PHI information from us by alternative locations.
- The right to inspect and copy your PHI. This must be requested in writing and we will respond to to this request within 30 days. If you request a copy of your PHI, a fee will be charged for which you will be notified in advance.
- The right to amend your PHI. If you feel that there is a mistake in your PHI, or that important information is missing, you may request a correction. Your request must be in writing and include a reason for the request. **We will respond within 60 days of your request. We may deny your request if the PHI is 1) correct and complete, 2) not created by this office 3) not allowed to be shared with you, or 4) not in our records. If we deny your request, we will inform you of the reason for the denial. You may then file a written statement of disagreement, or you may ask that your original request and our denial be attached to all future reports of your PHI.** If we agree to honor your request, we will change your PHI, informs you of the change, and informs any other health care providers involved in your care of the change to your PHI.
- The right to a paper copy of this notice from Quality Behavioral Health, Inc.

We are required by law to maintain the privacy of your protected health information and to provide you with notice our legal duties and privacy practices with respect to PHI.

This notice is effective October 23, 2008, and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of privacy Practices and to make the new notice provisions effective for all PHI that we maintain. We will post and you may request a copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, DC 20201 and about violations of the provisions of this notice or the policies and procedures of our office. Your complaint will not alter or affect the quality of care that we provide to you.