

**CENTERSTONE AFFILIATED COVERED ENTITY**  
**NOTICE OF PRIVACY PRACTICES**

**This Notice describes how health, mental health and substance abuse information about you may be used and disclosed and how you may get access to this information. Please review it carefully.**

**AFFILIATED ENTITIES COVERED BY THIS NOTICE**

This Notice of Privacy Practices (“Notice”) covers an Affiliated Covered Entity (“ACE”). When this Notice refers to “Centerstone ACE” and/or “Centerstone”, it is referring to the following entities:

- Centerstone of America
- Centerstone of Indiana
- Centerstone of Tennessee
- Centerstone Research Institute
- Advantage Behavioral Health
- Not Alone

Centerstone ACE is committed to protecting the privacy and security of your medical, mental health and substance abuse information. We are required by law to maintain the privacy and security of your health information, to provide you this notice and to comply with its terms. The privacy practices in this Notice apply to all staff, students, volunteers, contract staff and business associates and/or qualified service organizations.

If at any time you have questions or concerns about the information in this Notice or about our privacy policies, procedures or practices, you may contact Centerstone using the information provided on the last page of this Notice.

**Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic copy or paper copy of your medical records	<ul style="list-style-type: none"><li>➤ You can ask to see or get an electronic or paper copy of your health information we maintain about you. You may send your written request to our Privacy Officer as described below.</li><li>➤ We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable cost-based fee.</li></ul>
Ask us to correct your medical record	<ul style="list-style-type: none"><li>➤ You may ask us to correct health information about you that you think is incomplete or incorrect. You may do this by contacting our Privacy Officer in writing, as described below, to make your request, which must include a reason for the request.</li><li>➤ We may say “no” to your request, but we will tell you why in writing within 60 days, for example:</li></ul>

	<ul style="list-style-type: none"> <li>• The information was not created by us;</li> <li>• The information is not part of the information kept by or for Centerstone;</li> <li>• The information is not part of the information which you would be permitted to review and copy; or</li> <li>• The information in the record is accurate and complete.</li> </ul>
Request confidential communications	<ul style="list-style-type: none"> <li>➤ You may ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>➤ To request confidential communications, you must make your request in writing to the Centerstone Privacy Officer, as described below. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.</li> <li>➤ We will generally approve reasonable requests.</li> </ul>
Ask us to limit what we use or share	<ul style="list-style-type: none"> <li>➤ You may ask us not to use or share certain health information for treatment, payment or our operations.</li> <li>➤ We are not required to agree with your request, and we may say “no” if it would affect your care.</li> <li>➤ If you pay for a service or health care item out-of-pocket in full and <i>before</i> the item or service is provided, you may ask us not to share that information with your insurer for the purpose of payment or our operations. We will say “yes” unless a law requires us to share that information.</li> </ul>
Get a list of those with whom we have shared your health information	<ul style="list-style-type: none"> <li>➤ You may ask for a list (accounting) of the times we’ve shared your information for 6 years prior to the date you ask and why we share it.</li> <li>➤ We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one (1) accounting a year free of charge but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
Get a copy of the privacy notice	<ul style="list-style-type: none"> <li>➤ You may ask for a copy of this paper notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
Choose someone to act for you	<ul style="list-style-type: none"> <li>➤ If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.</li> <li>➤ We will make sure the person has this authority and can</li> </ul>

	act for you before we take action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none"> <li>➤ You may file a complaint if you feel we have violated your rights by contacting us using the information on the last page of this Notice.</li> <li>➤ You can file a complaint with the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., calling 1-877-696-6775, or by visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>➤ We will not retaliate against you for filing a complaint.</li> </ul>

### **Your Choices**

For certain health information, you may tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> <li>➤ Share information with your family, close friend, or others involved in your care.</li> <li>➤ Share information in a disaster relief situation.</li> <li>➤ If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share information when needed to lessen a serious or imminent threat to health or safety.</li> <li>➤ Centerstone does not create or maintain a facility directory.</li> </ul>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> <li>➤ Marketing purposes.</li> <li>➤ Sale of your health information.</li> <li>➤ Most sharing of psychotherapy notes, to the extent such exist.</li> </ul>
In the case of fundraising:	<ul style="list-style-type: none"> <li>➤ We may contact you for fundraising efforts, but you may tell us not to contact you again.</li> </ul>

### **Exercising Your Rights/Making Your Choices**

Any requests and/or exercise of your rights, as described in this Notice, may be made by providing written Notice to the Privacy Officer, as described below.

### **Our Uses and Disclosures**

How do we typically use or disclose your health information? We typically use or share your health information, without your authorization, in the following ways:

To Treat You	We may use your health information and share it with professionals who are treating you.	<b>Example:</b> A doctor treating you asks another doctor about your overall health condition.
To Bill for Services	We can use and share your health information to bill and get payment from health plans or other entities.	<b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.
To Run Our Organization	We may use and share your health information to run Centerstone and improve the quality of your care; to respond to audits and investigation; for licensing purposes.	<b>Example:</b> We use health information about you to manage your treatment and services; to evaluate our performance in providing services.

### Other Uses and Disclosures

How else may we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet any conditions in applicable law before we may share your information for these purposes. Such conditions may be imposed by federal\* and/or state\*\* laws and regulations. Tennessee members of the Centerstone ACE are not permitted to disclose the information identified below with triple asterisks (\*\*\*) without your specific authorization.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

Help with public health and safety issues	<p>➤ We may share health information about you for certain situations such as:</p> <ul style="list-style-type: none"> <li>• Preventing disease.***</li> <li>• Helping with product recalls.***</li> <li>• Reporting adverse reactions to medications.***</li> <li>• Reporting suspected abuse, neglect, or domestic violence.</li> <li>• Preventing or reducing a serious threat to someone’s health or safety as long as: <ul style="list-style-type: none"> <li>○ The disclosure is made to someone able to help prevent the threat, and</li> <li>○ Only under the conditions described by applicable state law.</li> </ul> </li> </ul>
Research	<p>➤ We may use or share your information for health research, provided certain conditions are met.</p>
Comply with the law	<p>➤ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re</p>

	complying with federal privacy law.
Respond to organ and tissue donation requests***	➤ We may share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director***	➤ We may share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests***	➤ We may use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims;</li> <li>• For law enforcement purposes with a law enforcement official;</li> <li>• With health oversight agencies for activities authorized by law;</li> <li>• For special government functions, such as military and veterans authority, national security, and presidential protective services .***</li> </ul>
Respond to lawsuits and legal actions	➤ We may share health information about you in response to court or administrative order, or, under certain conditions, in response to a subpoena.
Communication regarding inmates in correctional facilities	➤ If you are an inmate in a correctional facility or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official if the release of the information is necessary: <ul style="list-style-type: none"> <li>• For the correctional facility or institution to provide you with health care;</li> <li>• To protect your health or safety or the health or safety of others; or</li> <li>• For the safety and security of the correctional facility or institution.</li> </ul>

**\*Federal Laws/Regulations**

Certain federal laws/regulations further limit how we may use or share your health information. If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

**Alcohol and Substance Abuse Treatment Programs**

Centerstone offers alcohol and substance abuse treatment programs and is required to comply with federal regulations (42 CFR Part 2) that place strict limitations on how Part 2 health information may be used or disclosed for individuals who are receiving any type of treatment

related to alcohol, drug or substance abuse. For these programs, Centerstone will only use or disclose Part 2 health information without your authorization if:

- An agreement with a Qualified Service Organization exists that authorizes the Part 2 health information to be shared;
- Communication is between a program or an entity having administrative control over the program; or
- A situation exists that requires a mandatory report be made to the proper authorities.

A disclosure of Part 2 health information is only authorized if you have provided written authorization to do so, unless:

- It is to medical personnel to meet a bona fide medical emergency; or
- A qualified personnel requires Part 2 health information to perform research, audits, or program evaluations, **and** any reports may not directly or indirectly identify you in any manner; or
- As authorized by an appropriate court of competent jurisdiction after application showing good cause.

**Genetic Information:** Federal Law prohibits disclosure of genetic information for underwriting purposes.

### \*\* State Laws or Regulations

Certain state laws/regulations further limit how we use or share your health information.

***Mental Health Information	Tennessee members of the Centerstone ACE are not permitted to disclose the information identified above with triple asterisks (***) without your specific authorization.
HIV/AIDS	Indiana members of the Centerstone ACE may disclose HIV-AIDS related information only as permitted by Indiana law.
Sexually Transmitted Diseases and Reproductive Health	Indiana members of the Centerstone ACE may disclose your health information related to sexually transmitted diseases and/or reproductive health only as permitted by Indiana law.
Genetic Information	Tennessee members of the Centerstone ACE are not allowed to disclose your genetic information without your specific authorization.
Communicable Diseases	Indiana members of the Centerstone ACE may disclose your health information related to communicable diseases only as permitted by Indiana law.

### Our Responsibilities

- **Privacy and Security.** We are required by law to maintain the privacy and security of your protected health information.
- **Breach Notification.** We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information. In no event will notification be more than 60 days from the date of the breach.
- **Compliance.** We must follow the duties and privacy practices described in this Notice and give you a copy of it.

- **Required Authorization.** We will not use or share your health information other than as described here unless you tell us, in writing, that we may do so. If you tell us that we may, you have the right to change your mind at any time by telling us in writing that you have changed your mind. This will not apply to disclosures that have already occurred with your authorization.

For more information regarding your rights and our responsibilities please contact our Privacy Officer or go to: [www.hhh.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhh.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to the Terms of This Notice**

We may change the terms of this Notice, and the changes will apply to all information we have about you as well as any information we receive in the future. The new Notice will be available upon request, in our facilities, and on our web site: [www.centerstone.org](http://www.centerstone.org). Additionally, we will prominently display a copy of the current notice in common areas within Centerstone’s facilities. Each time you register at or are admitted to Centerstone for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

### **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with Centerstone or with the Secretary of the Department of Health and Human Services. To file a complaint with Centerstone please call or write to the Privacy Officer identified below. To file a complaint with the Secretary of the Department of Health and Human Services, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C., 20201 by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT!!**

#### **Persons to Contact About this Notice**

Centerstone’s contact for all issues regarding client privacy and your rights under the federal privacy standards is the Privacy Officer. Information regarding matters covered by this Notice can be requested by contacting the Privacy Officer. If you feel that your privacy rights have been violated by Centerstone you may submit a complaint to our Privacy Officer by sending it to the address indicated or by calling the telephone numbers below:

If you receive services in <i>Indiana</i> , please contact:	Privacy Officer Centerstone 645 South Rogers Street Bloomington, IN 47403 Telephone: 812-337-2285 Fax: 812-339-8109
If you receive services in <i>Tennessee</i> , please contact:	Privacy Officer Centerstone 1101 Sixth Ave North Nashville, TN 37208 Telephone: 1-888-460-4001 Fax: 615-279-8804

**Effective Date of this Notice: September 20, 2013**

**CLIENT'S ACKNOWLEDGMENT**

By indicating below, Client hereby acknowledges that he/she has received a copy of our Notice of Privacy Practices.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Print Name of Client**

If you are signing on behalf of a Client, please indicate your relationship to the Client or capacity to serve as Client's Representative.

Representative: \_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship*

Date: \_\_\_\_\_

**Effective Date of this Notice: September 20, 2013**