

# **Deaconess Pregnancy & Adoption Services**

## **HIPAA Notice of Privacy Practices**

**This Notice of Privacy Practices (“Notice”) describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions about this Notice, please contact Deaconess Pregnancy & Adoption Services (DPAS).**

**DPAS**

**Attn: Dierdre L. McCool**

**7101 NW Expressway, Suite 325**

**Oklahoma City, OK 73132**

This Notice will explain:

- How DPAS may use and disclose your Protected Health Information (PHI);
- DPAS obligations related to the use and disclosure of your PHI; and
- Your rights related to any PHI that DPAS has or retains about you.

This Notice describes how DPAS may use and disclose your PHI to carry out services, payment and/or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

DPAS is required to abide by terms of this Notice. A copy is available at all service locations. DPAS may change the terms of this Notice at any time. The new notice will be effective for all PHI that DPAS maintains at all that time. DPAS will provide you with any revised Notice by posting it on the Post Adoption Services section of our website and making it available at our facilities.

### **I. Uses and Disclosures of Protected Health Information (PHI)**

On your first visit to a DPAS counseling session, you may be asked to complete a new patient information form and you will be required to sign an acknowledgement of receipt of this Notice. A copy of the Notice will be made available to you. DPAS may obtain, but is not required to, your consent for the use or disclosure of your PHI for service, payment and/or health care operations. DPAS is required to obtain your authorization for the use or disclosure of your information for other specific purposes or reasons. Some of the types of uses or disclosures are listed below. Not every possible use or disclosure is covered, but all of the ways that DPAS is allowed to use and disclose information will fall into one of its categories. Your PHI may be used and disclosed by your service provider, our office staff and others outside of our office that are involved in your care for the purpose of providing counseling service to you. Your PHI may

also be used and disclosed to pay your counseling bills and to support the operation of DPAS's counseling program. The following are examples of the types of uses and disclosures of your PHI that DPAS is permitted to take.

- A. Treatment:** DPAS will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your PHI with a third party that has already obtained your permission to have access to your PHI. For example, DPAS may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are otherwise involved in your care. If a psychiatrist is treating you, DPAS may disclose your PHI to her/him in order to coordinate your care.
- B. Payment:** Your PHI will be used, as needed, to bill and/or obtain payment for the services provided to you. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services recommended for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, DPAS may need to provide your insurance plan information about treatment you received, so your insurance will pay for the services. DPAS may also provide you PHI to business associated, such as billing companies, claims processing companies, and others that process health care claims for our office.
- C. Healthcare Operations:** DPAS may use or disclose, as needed, your PHI in order to support the business activities of DPAS's counseling program. These activities include, but are not limited to: quality assessment activities, licensing, and employee review activities. In addition, DPAS may use a sign-in sheet at the registration desk where you will be asked to sign your name. DPAS staff may also call you by name in a lobby when your provider is ready to see you. DPAS may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. DPAS will share your PHI with third party "business associates" that perform various activities (e.g., attorneys, accountants, consultants, and others to make sure that DPAS is in compliance with applicable laws.) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, DPAS will have a written contract that contains the terms that will protect the privacy of your PHI.

## **II. Uses and Disclosures of Protected Health Information Without Your Written Authorization**

DPAS can use or disclose PHI about you without your consent or authorization when:

- There is an emergency or when DPAS is required by law to treat you,
- When DPAS is required by law to use or disclose certain information, or
- When there are substantial communication barriers to obtaining consent from you.

**DPAS may use and/or disclose your PHI without your consent or authorization for the following reasons:**

1. If disclosure is compelled by a party to a proceeding before a court of an administrative agency pursuant to its lawful authority.

2. If disclosure is required by a search warrant lawfully issued to a governmental law enforcement agency.
3. If disclosure is compelled by the client or the client's representative pursuant to the State's Health and Safety Codes or to corresponding federal statutes of regulations, such as the Privacy Rule that requires this Notice.
4. To avoid harm. DPAS may provide PHI to law enforcement personnel or persons able to prevent or mitigate a serious threat to the health or safety of a person or the public.
5. If disclosure is compelled or permitted by the fact that you are in such mental or emotional condition as to be dangerous to yourself or the person or property of others, and if DPAS determines that disclosure is necessary to prevent the threatened danger.
6. If disclosure is mandated by the State's Child Abuse and Neglect Reporting Law. For example, if DPAS has a reasonable suspicion of child abuse or neglect.
7. If disclosure is mandated by the State's Elder/Dependent Adult Abuse Reporting Law. For example, if DPAS has a reasonable suspicion of elder abuse or dependent adult abuse.
8. If disclosure is compelled or permitted by the fact that you tell DPAS of a serious/imminent threat of physical violence by you against a reasonably identifiable victim or victims.
9. For public health activities. For example: In the event of your death, if a disclosure is permitted or compelled, DPAS may need to give the county coroner information about you.
10. For health oversight activities. For example: DPAS may be required to provide information to assist the government in the course of an investigation or inspection of a health care organization or provider.
11. For specific government functions. For example: DPAS may disclose PHI of military personnel and veterans under certain circumstances. Also, DPAS may disclose PHI in the interests of national security, such as protecting the President of the United States or assisting with intelligence operations.
12. For research purposes. In certain circumstances, DPAS may provide PHI in order to conduct medical research with your consent.
13. For Workers' Compensation purposes. DPAS may provide PHI in order to comply with Workers' Compensation laws.
14. Appointment reminders and health related benefits or services. For example: DPAS may use PHI to provide appointment reminders. DPAS may use PHI to give you information about alternative treatment options, or other health care services or benefits offered through DPAS or other agencies.
15. If an arbitrator or arbitration panel compels disclosure, when arbitration is lawfully requested by either party, pursuant to subpoena *duces tectum* (e.g., a subpoena for mental health records) or any other provision authorizing disclosure in a proceeding before an arbitrator or arbitration panel.
16. DPAS is permitted to contact you, without your prior authorization, to provide appointment reminders or information about alternative or other health-related benefits and services that may be of interest to you.

17. If disclosure is required or permitted to a health oversight agency for oversight activities authorized by law. For example: when compelled by DPAS compliance with HIPAA regulations.
18. If disclosure is otherwise specifically required by law

### **III. Uses and Disclosures of Protected Health Information That Require Your Consent or Authorization**

1. Disclosures to family, friends, or others. DPAS may provide your PHI to a family member, friend, or other individual who you indicate is involved in your care or responsible for the payment for your health care, unless you object in whole or in part. Retroactive consent may be obtained in emergency situations.

### **IV. Other Uses or Disclosures of Protected Health Information**

Other uses or disclosures not covered in this Notice will not be made without your written authorization, unless otherwise permitted or required by law. If you provide DPAS with written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is *in writing*. If you revoke your authorization, DPAS will no longer use or disclose the information. However, DPAS will not be able to take back any disclosures that have been made pursuant to your previous authorization when such use or disclosure was made in reliance on the use or disclosure indicated in the authorization.

### **V. Your Rights Regarding Health Information About You**

You have the following rights regarding PHI a Health Care Provider maintains about you:

- A. The Right to See and Get Copies of Your PHI.** In general, you have the right to see your PHI that is DPAS's possession, or to get copies of it; however, you must request the copies in writing. Requests should be submitted to DPAS' Privacy Officer for consideration. If DPAS does not have your PHI, but knows who does, DPAS will advise you how you may get it. You will receive a response from DPAS within thirty (30) days of receiving your written request. Under certain circumstances, DPAS may deny your request, and if so, DPAS will provide you, in writing, the reasons for the denial. The response will also explain your right to have this denial reviewed.

If you request copies of your PHI, DPAS will charge you no more than \$0.25 per page. DPAS may see fit to provide you with a summary or explanation of the PHI, but only if you agree to it, as well as to the cost for production of the PHI, in advance.

- B. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask that DPAS limit how it uses and discloses your PHI. While DPAS will consider your request, it is not legally bound to agree. If DPAS does agree to your request, it will put those limits in writing and abide by them except in emergency situation or as otherwise required by law. You do not have the right to limit the uses and disclosures that DPAS is legally required or permitted to make.

**C. The Right to Choose How Your PHI is Sent to You.** It is your right to ask that your PHI be sent to you at an alternate address (for example, sending information to your work address rather than your home address) or by an alternate method (for example, via email instead of regular mail). DPAS is obligated to agree to your request providing that it can give you the PHI, in the format you requested, without undue inconvenience.

**D. The Right to Get a List of the Disclosures DPAS Has Made.** You are entitled to a list of disclosures of your PHI that DPAS has made. The list will not include uses or disclosures to which you have already consented, i.e., those for treatment, payment, or health care operations, sent directly to you, or to your family; neither will the list include disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. After April 15, 2003, disclosure records will be held for six years.

DPAS will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list provided to you will include disclosures made in the previous six years (the first six year period being 2003-2009) unless you indicate a shorter period. The list will include the date of the description of the information disclosed, and the reason for the disclosure. DPAS will provide the list to you at no cost, unless you make more than one request in the same year, in which case DPAS will charge you a reasonable sum based on a set fee for each additional request.

**E. The Right to Amend Your PHI.** If you believe that there is some error in your PHI or that important information has been omitted, it is your right to request that DPAS correct the existing information or add the missing information. Your request and the reason for the request must be made *in writing*. All requests should be sent to DPAS's Privacy Officer. You will receive response within sixty (60) days of DPAS's receipt of your request. DPAS may deny your request, in writing, if it finds that the PHI is

- Correct and complete,
- Forbidden to be disclosed,
- Not part of DPAS's records, or
- Written by someone other than DPAS personnel.

DPAS's denial must be in writing and must state the reasons for the denial. It must also explain your right to file a written statement objecting to the denial. If you do not file a written objection, you still have the right to ask that your request and DPAS's denial be attached to any future disclosures of your PHI. If DPAS approves your request, it will make the change(s) to your PHI. Additionally, DPAS will inform you that the changes have been made, and will advise all others who need to know about the change(s) to your PHI.

**F. The Right to Get This Notice Electronically by Email.** You have the right to get this notice by email. You have the right to request a paper copy of it as well.

## **VI. Changes to this Notice**

DPAS reserves the right to change this Notice. DPAS may make the revised notice effective for PHI it already has about you as well as any information it receives in the future. DPAS will post a copy of the current Notice in all locations where clients receive services, The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or apply for services with DPAS for services, you will be offered a copy of the current Notice in effect. If you want to request any revised Notice, you may access it at our website, [deaconessadoption.org](http://deaconessadoption.org).

## **VII. Complaints**

If you believe your privacy rights have been violated you may:

- A.** File a complaint with DPAS by contacting its Privacy Officer or Designee by dialing DPAS main number (405) 949-4200 or by mail: DPAS, 7101 NW Expressway STE 325 Oklahoma City, Ok 73132.
- B.** File a complaint with the Secretary of the Department of Health and Human Services. You may call them at 877-696-6775 or write to them at 200 Independence Ave. S.W., Washington, D.C, 20201

All complaints must be submitted *in writing*. If you file a complaint against DPAS's privacy practices, no retaliatory actions will be taken against you.

If you have any questions about this notice or any complaints about DPAS's privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

**DPAS  
Dierdre McCool  
7101 NW Expressway, Suite 325  
Oklahoma City, Ok 73132**

## **VIII. Effective Date of this Notice**

This Notice went into effect on August 14, 2013