Privacy Official: Compliance Officer
Phone Toll Free 1-855-233-0400
Email at: compliance@sw-ro.com

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES

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.**

YOUR RIGHTS

Although your health record is the property of our Agency, the information in your health record belongs to you and you have certain rights when it comes to that information. This section explains your rights and some of our responsibilities.

Get a paper or electronic copy of your medical record	• You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this. • Upon your request, a copy of your health records will be provided to you. We may charge a reasonable, cost based fee. Our Social Work Staff can assist you if you need more information or want to request a copy of your health records.
Ask us to correct your medical record	• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this if you wish to correct or amend information. • We may say “no” to your request but we will tell you why within 60 days.
Request confidential communications	• You can request that we communicate with you about your health information in a certain way (for example, home or office phone) or to send mail to an address of your choice. • We will say “yes” to all reasonable requests.
Request restrictions or ask us to limit what we share with others	• You have the right to ask us not to share health information we use for treatment, payment, or our operations. You also have the right to ask that we not disclose to someone else involved in your care, like a family member or friend. We are not required to agree to your request, and we may say “no” if it would affect your care. • If you pay 100% of the costs of a service or an episode of care, you can ask us not to share information about that service or care for the purpose of payment or our operations with your health insurer.

YOUR RIGHTS CONTINUED

Request a list of those with whom we've shared information	• You can ask us to provide a list of the times we have disclosed your health information for six years prior to the date you ask, who we've shared it with, and why. • We will include all disclosures except for those about treatment, payment and health care operations, and other disclosures (such as any you asked us to make). Ask us how to request this information.
Receive a copy of this notice	• We will give you a paper copy of this notice at the time of your admission but you may ask for another copy at any time.
Choose someone to act for you	• If you have given someone medical or healthcare power of attorney or if someone is your legal guardian, that person can act on your behalf and make choices about your health information. • We will make sure the person has the authority and can act for you before we take action.
File a complaint if you feel your rights are violated	• We want you to let us know if you feel your rights have been violated. Contact us using the information on the top of page 1. • You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. • We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can 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:	• Share information with your family, close friends, or others involved in your care • Share information in a disaster relief situation • Include your information in our directory • Contact you for fundraising efforts *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 your information when needed to lessen a serious and imminent threat to health or safety.*

YOUR CHOICES CONTINUED

In these cases we never share your information unless you give us permission:	• Marketing purposes • Sale of your information • Sharing of most psychotherapy notes
In the case of fundraising:	• We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we use or share your health information? We are allowed by law to share your health information in the following ways.

Treat you	We can use and share your health information to provide you with health-related services	*Example:* A doctor or hospital treating you asks us for information about your medications.
Bill for your services	We can use and share your health information to bill and get payment from health plans, insurance companies or other entities.	*Example:* We give information about you to your health insurance plan so it will pay for your services.
Run and manage our organization	We can use and share your health information to operate our agency, improve your care, and contact you when necessary.	*Example:* We use health information about you to manage your treatment and conduct audits to improve care.

How else can we use or share your health information? There are other situations where we are allowed or required to share your information. These are usually in ways that contribute to the public good and are described below. We have to meet certain conditions before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html.

OUR USES AND DISCLOSURES CONTINUED

Comply with the law	• We can share information about you if the law requires it, including with the Department of Health and Human Services if it wants to see if we're complying with federal privacy law.
Assisting with public health and safety issues	• We can share health information about you for certain situations such as: ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse drug reactions ○ Reporting suspected abuse, neglect or crimes ○ Preventing or reducing a serious threat to others
Do Research	• We can share your information for health research
Perform functions on our behalf	• We can share your information to business partners performing functions on our behalf such as billing for your services. All of our business partners are obligated to protect your privacy and are not allowed to share information outside of our arrangement.
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address worker's compensation, law enforcement, and other government requests	• We can share health information about you: ○ For worker's compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

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OUR RESPONSIBILITIES

- We are required by law to maintain your privacy and the security of your protected health information.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and will be posted in a conspicuous location within our organization.

Effective Date of This Notice

09/23/2013