

# Notice of Privacy Practices



## Health Insurance Portability and Accountability Act

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.

This notice applies to Honour Brite LLC, DBA Eustasis Psychiatric and Addiction Care clinics, including its affiliates and subsidiaries (collectively “Eustasis”).

**Victims of Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe that you are a victim of abuse, neglect, or domestic violence, and if the disclosure is required or authorized by law.

**Health Oversight Activities:** We may use and disclose your PHI to a health oversight agency that oversees the healthcare system so they can monitor, investigate, inspect, discipline, or license those who work in healthcare and engage in other healthcare oversight activities.

**Judicial and Administrative Proceedings:** We may use and disclose your PHI in the course of judicial or administrative proceedings in response to a legal order, subpoena, discovery request, or other lawful process, subject to applicable procedural requirements.

**Law Enforcement Officials:** We may disclose your PHI to the police or other law enforcement officials to report or prevent a crime or as otherwise required or permitted by law.

**Decedents:** We may disclose PHI to coroners, medical examiners, and funeral directors when an individual dies so that they can carry out their duties or for identification of a deceased person or determining cause of death.

**Health or Safety Threat:** We may use or disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Workers Compensation:** We may use and disclose your PHI as authorized by and to the

extent necessary to comply with state law relating to workers’ compensation or other similar programs providing benefits for work-related injuries or illnesses.

**Specialized Government Functions:** We may use and disclose PHI for special government functions such as military, national security, and presidential protective services.

**Correctional Institutions:** If you are in the custody of law enforcement or a correctional institution, we may disclose your PHI to the law enforcement official or the correctional institution as necessary for the health and safety of you or others, provision of healthcare to you, or certain operations of the correctional institution.

**Business Associates:** We may disclose your PHI to third-party business associates, which are vendors that perform services for Eustasis involving use of our patients’ PHI. For example, we may disclose your PHI to a vendor that provides billing or collection services for us. We require our business associates to safeguard your PHI.

**Limited Data Sets:** We may use or disclose a limited data set (which is PHI from which certain identifying information has been removed) for purposes of research, public health, or healthcare operations. We require any recipient of such information to agree to safeguard such information. As Required by Law: We may disclose your PHI to the Secretary of the Department of Health and Human Services as otherwise required by federal or state law.

**Substance Abuse Records/Patient Portal**  
We will not share any substance use disorder treatment records without your written

authorization unless permitted under 42 CFR Part 2 or otherwise required by law. You may schedule appointments and access billing information on our patient portal. You can also reach us at 417-322-6622 if you have further questions on the portal and how to obtain access.

### As a patient, you have the right to:

#### 1. Request Restrictions

You can ask us not to use or share health information for treatment, payment, health-care operations and disclosures to family members or persons involved in your care.

We are required to agree to a patient’s request to restrict the disclosure of their PHI to a health plan when both of the following conditions are met: (1) the disclosure is for payment or healthcare operations and is not otherwise required by law; and (2) the PHI pertains solely to a healthcare item or service for which the patient, or someone on behalf of the patient, has paid in full.

#### 2. Request Confidential Communication

You have the right to request PHI in a certain form or at a specific location. Your request must be in writing. If we agree to your request, we will honor your request until you tell us in writing that you have changed your mind and no longer want the confidential communication to remain in effect.

#### 3. Inspect and Receive a Copy of Your PHI

You have the right to request to review and/or receive a paper or electronic copy of your PHI. You may request that we send a copy of your PHI to a third party. Ask us how to do this. We will charge a reasonable cost-based fee for compiling information, and you will be responsible for paying

charges associated with the request. We may deny your request to access and receive a copy of your PHI in certain limited circumstances further outlined in the notice available at <http://eustasis.com/resources/>.

#### 4. Amend Your PHI

You have a right to request that your PHI be corrected if you believe that it contains a mistake or is missing information. You must tell us the reasons for the change in writing using our request form, which you can get from our Medical Records Department listed at the end of this Notice. Eustasis may deny your request for reasons further outlined in the notice posted at <http://eustasis.com/resources/>. Even if your request is denied, it will be maintained with the portion of your medical record.

#### 4. An Accounting of Disclosures of PHI

You have the right to request an accounting of disclosures of your PHI that we have made with some exceptions to include those for which authorization was received or for the purposes of treatment, payment, or healthcare operations. Your request must be in writing and must state the time period for the requested information. Eustasis will not provide this information for a time period greater than six (6) years from the date of your request. We will charge a reasonable, cost-based fee for the request.

#### 5. Choose Someone to Act for You

If you have appointed a medical power of attorney or if you have a legal guardian, that person can exercise your rights and make choices about your PHI.

#### 6. Recieve a Copy of this Notice

You have the right to a copy of this Notice. You may view and print a copy of this notice from our patient portal located on our website at [www.eustasis.com](http://www.eustasis.com).

Eustasis Duties Regarding Your PHI

By law, we are required to:

- Maintain the privacy of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices with respect to your PHI
- Notify you if a breach occurs that may have compromised the privacy or security of your PHI.

PHI is any information, including oral, electronic, and on paper, created or received by Eustasis pertaining to your healthcare and payment for your healthcare. When we use or disclose your PHI, we are required to abide by the terms of this Notice. This notice covers Eustasis and our employees, volunteers, students, and trainees.

How We May Use and Disclose Your PHI

We may use and disclose your PHI without obtaining your authorization as described in this notice. The following information is a brief explanation of use or disclosure, but we do not list every use or disclosure in a category.

Uses and Disclosures Requiring Your Authorization

For any purpose other than the ones listed prior in this notice, we may use or share your PHI only when you give us written authorization. Your authorization is required for most uses and disclosures of your PHI for marketing purposes and for sale of your PHI. In addition, certain Federal and state laws may require special protections for certain medical information, including information that pertains to HIV/AIDS, mental health, alcohol or drug abuse treatment services, genetic information, or certain other information. If these laws do not permit disclosure of such information without obtaining your authorization, we will comply with those laws.

How Eustasis May Use and Disclose Your Personal Health Information

**Treatment:** We may use your PHI for treatment purposes to include providing, coordinating, or managing healthcare and related services by one or more healthecare providers. An example of this would be if you are referred to a primary care doctor or another specialist. We may contact you to provide appointment reminders, patient registration information, information about treatment alternatives or other health related benefits and services that may be of interest to you, or to follow up on your care.

**Payment:** We may use and disclose your PHI for billing purposes. Payment includes activities to obtain prior authorization for treatment, reimbursement for services, confirmation of coverage, billing, or collections activities. An example of this would include sending your insurance company a bill for your visit.

**Health Care Operations:** We may use and disclose PHI about you for our healthcare operations, which are various activities necessary to run our business, provide quality health care services, and contact you when necessary. For example, we may share your PHI to evaluate our providers performance in caring for you and for quality-improvement activities. We may also disclose your PHI to medical or nursing students and other trainees for review and learning purposes.

**Family Members and Friends Involved in Your Care:** In recognition of the integral role that family and friends play in a patient’s health care, the HIPAA Privacy Rule allows routine and often critical communications between healthcare providers and these identified individuals. Where a patient is present and has the capacity to make

healthcare decisions, healthcare providers may communicate with a patient’s family members, friends, or other persons the patient has involved in his or her healthcare or payment for care, so long as the patient does not object. (45 CFR 164.510(b)). The provider may ask the patient’s permission to share relevant information with family members or others, may tell the patient he or she plans to discuss the information and give them an opportunity to agree or object, or may infer from the circumstances, using professional judgment, that the patient does not object.

Note that, when someone other than a friend or family member is involved, the healthcare provider must be reasonably sure that the patient asked the person to be involved in his or her care or payment for care. In all cases, disclosures to family members, friends, or other persons involved in the patient’s care or payment for care are to be limited to only the protected health information directly relevant to the person’s involvement in the patient’s care or payment for care.

**Duty to Warn:** A healthcare provider’s “duty to warn” is derived from and defined by standards of ethical conduct. HIPAA permits a healthcare provider to notify a patient’s family members of a serious and imminent threat to the health or safety of the patient or others if those family members are in a position to lessen or avert the threat. Thus, to the extent that a provider determines that there is a serious and imminent threat of a patient physically harming him- or herself or others, HIPAA would permit the provider to warn the appropriate person(s) of the threat, consistent with his or her professional ethical obligations and State law requirements. See 45 CFR 164.512(j)).

In addition, even where danger is not imminent, HIPAA permits a provider to communicate with a patient’s family members, or others involved in the patient’s care, to assist the patient to ensure compliance with medication regimen and treatment plan, as long as the patient has been provided an opportunity to agree or object to the disclosure and no objection has been made. See 45 CFR 164.510(b)(2).

**For Research:** We may use or disclose your PHI for research purposes provided that we comply with applicable laws. We may share your PHI with researchers when their research has been approved by an institutional review board (IRB) and found by the IRB not to require patient permission.

**Fundraising:** We may use and disclose to a business associate or a related foundation certain limited PHI about you to contact you as part of a fundraising effort on behalf of Eustasis, unless you have told us that you do not want to receive communications from us for fundraising purposes. You have the right to opt out of receiving fundraising communications and, if you receive a communication for fundraising purposes, you will be provided with instructions on how to request not to be contacted for fundraising purposes in the future.

**Public Health Activies:** We may disclose your PHI for public health activities to public health or other governmental authorities authorized by law to receive such information. This may include disclosing your medical information to report certain diseases, report child abuse or neglect, report information to the Food and Drug Administration if you experience an adverse reaction from a medication, enable product recalls, or facilitate public health surveillance, investigations, or interventions.

**Changes to this Notice:** We have the right to change this Notice at any time. If we change this notice, we may apply the revised Notice to all PHI that we maintain about you. We will post a copy of the current Notice on our patient portal located on our website at [www.eustasis.com](http://www.eustasis.com). The Notice will specify the effective date of the Notice. Each time you visit our website, you will see a link to the current Notice in effect. You can also call or write to our Office of Compliance & Integrity at the address listed on this Notice to obtain a copy of the Notice currently in effect.

**Further Information; Privacy Complaints**  
If you have questions about this Notice or would like more information about our privacy practices please contact our Office of Compliance & Integrity at 417-322-6622 or [compliance@eustasis.com](mailto:compliance@eustasis.com). Or by mail: 3600 S. National Ave., Springfield, MO 65804.

If you believe your privacy rights have been violated, you may file a written complaint with our Office of Compliance & Integrity at the address specified above in this Notice or with the U.S. Department of Health and Human Services Office for Civil Rights Secretary by sending a letter to 200 Independence Ave., S.W., Washington, D.C. 20201, calling 1.877.696.6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. Eustasis will not retaliate against you for filing a complaint.

Contact Information

**Office of Compliance and Integrity**  
3600 S. National Ave. | Springfield, MO 65807  
417.322.6622  
[compliance@eustasis.com](mailto:compliance@eustasis.com)

**Medical Records Department**  
3600 S. National Ave. | Springfield, MO 65807  
417.322.6622 Ext 355 | Fax: 417.350.1935  
[records@eustasis.com](mailto:records@eustasis.com)