



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.**

HIPAA NOTICE OF PRIVACY PRACTICES

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

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 or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us.
- You can 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 a hospital directory
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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of 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 typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can 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 many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help 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 reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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 complying with federal privacy law.

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 workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' 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.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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 use or share your information other than as described here 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/noticep.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 on our web site.

Other Instructions for Notice

- Effective Date of this Notice: 12/01/2020
- For further information about our security policies, you may contact Ashley Cole, Security Officer, ashleycole@spectracare.org, (334)712-2720.
- For further information about our policies to maintain the privacy of protected health information, you may contact Wess Howell, Privacy Officer, P.O. Box 1245, Dothan, AL, 36302, wessh@spectracare.org, (334)712-2720.

PATIENT RIGHTS AND RESPONSIBILITIES

Every Patient Shall Have the Following Rights:

1. To privacy.
2. To confidentiality.
3. To be informed of the person(s) who has primary responsibility for their treatment and clinical care.
4. To participate fully in all decisions related to treatment and clinical care provided by the agency.
5. To be provided with appropriate information to facilitate informed decision-making regarding treatment.
6. To the provision of services in a manner that is responsive to and respectful of the Patient's strengths, needs, and abilities and preferences, including the preference of language.
7. To the development of an individualized, unique service/treatment plan formulated in partnership with the

- program's staff, and to receive services based upon that plan.
8. To the availability of an adequate number of competent, qualified, and experienced professional clinical staff to ensure appropriate implementation of the Patient's service/treatment plan.
 9. To the provision of care according to accepted clinical practice standards within the least restrictive and most integrated setting appropriate.
 10. To be educated about the possible significant adverse effects of the recommended treatment, including any appropriate and available alternative therapies, services, and/or providers.
 11. To express a preference regarding the selection of service provider(s).
 12. To service delivery that is absent of abuse and neglect, including but not limited to:
 - a. Physical abuse.
 - b. Sexual abuse.
 - c. Harassment.
 - d. Physical punishment.
 - e. Psychological abuse, including humiliation.
 - f. Threats.
 - g. Exploitation.
 - h. Coercion.
 - i. Fiduciary abuse.
 13. To be protected from harm, including any form of abuse, neglect, or mistreatment.
 14. To report without fear of retribution, any instances of perceived abuse, neglect, or exploitation.
 15. To provide input into the agency's service delivery processes through patient satisfaction surveys and other avenues provided by the governing body.
 16. To access upon request all information in the Patient's mental health, substance abuse, medical, and financial records consistent with applicable laws and regulations.
 17. To manage personal funds.
 18. To access funds when SpectraCare is the payee. Written and verbal guidance is provided at admission and throughout the treatment process on accessing funds.
 19. To complaint and grievance procedures. (See Grievance Policy)
 20. To be informed of the financial aspects of treatment.
 21. Patients of mental health and substance abuse services have the same general rights as other citizens of Alabama. SpectraCare assures that such rights are not abridged by policies, procedures, or practices. These rights include but are not limited to the following rights:
 - a. To exercise rights as a citizen of the United States and the State of Alabama.
 - b. To be served through general services available to all citizens.
 - c. To choose to live, work, be educated, and recreate with persons who do not have disabilities.
 - d. To be presumed competent until a court of competent jurisdiction, abiding by statutory and constitutional provisions, determines otherwise.
 - e. To vote and otherwise participate in the political process.
 - f. To free exercise of religion.
 - g. To own and possess real and personal property. Nothing in this section shall affect existing laws about the conveyance of personal property.
 - h. To make contracts.
 - i. To obtain a driver's license on the same basis as other citizens.
 - j. To social interaction with members of either sex.
 - k. To marry and divorce.
 - l. To be paid the value of work performed.
 - m. To exercise rights without reprisal.
 - n. To a well-balanced diet that meets his/her daily nutritional and special dietary needs if in inpatient or residential.
 - o. To assistance in accessing medical and dental care, including vision and hearing services if in residential or inpatient.
 - p. To access and utilize appropriately prescribed medication.
 - q. Written and informed consent must be signed by the lawful representative of a patient less than 14 years of age before photographs are taken and the photograph is to be returned to the lawful representative upon request when the patient is discharged.
 22. To a written statement of services to be provided.
 23. To give informed consent prior to being involved in research or experimental projects.
 24. To have access to and privacy of mail, telephone communications, and visitors in residential or inpatient settings.
 25. To have access to courts and attorneys.
 26. To enforce rights through courts or appropriate administrative proceedings.
 27. To be informed of commitment status, if any.
 28. If committed, to be included in the community with appropriate and adequate supports on completion of or in conjunction with the terms of commitment.
 29. To be accorded human respect and dignity on an individual basis in a consistently humane fashion.
 30. To refuse services without reprisal except as permitted by law.
 31. To be informed of the means for accessing advocates, an ombudsman, or right protection services.
 32. To be free from seclusion, restraint, drugs, or other interventions administered for purposes of punishment, discipline, or staff convenience.
 33. Each program affords every patient the right to privacy relative to their treatment and care unless contraindicated by the clinical determination made by professional staff for therapeutic or security purposes, the agency shall ensure:
 - a. Emergency determinations limiting privacy shall be reviewed and documented frequently.
 - b. Each program respects patients' privacy during toileting, bathing, and personal hygiene activities.
 - c. Each program allows patients to converse privately with others and to have private access to telephone and visitors at reasonable hours.
 - d. Searches of a patient or his/her living area and personal possessions are only conducted with it is documented that the program director deems such to be necessary for the safety and security of the patient, others, and/or the physical environment. The patient and a witness must be present during a search unless there is documentation of why the patient could not be present.

- e. Each program has procedures established for conducting searches, which observe and adhere to the patient's right to be accorded human respect and dignity on an individual basis in a consistently humane manner.
 - f. In residential programs, written policies and procedures require staff alert patients before entering patient living areas.
34. Confidentiality and Privacy. The agency shall develop, maintain, and document implementation of written policies and procedures that govern confidentiality and privacy of patient information that includes, at a minimum, the following specifications:
- a. SpectraCare Health Systems shall comply with all state and federal laws and regulations relative to confidentiality and privacy of patient information, including but not limited to, Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and Part 8, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164.
35. Recognizing that the freedom to exercise rights carries with it the need to accept some responsibilities, the following list of responsibilities is expected of each patient who receives treatment at SpectraCare. Therefore, within the limits of his/her abilities, each patient is responsible for:
- a. Providing complete and accurate information regarding medical history including present and past illnesses, medications, and hospitalizations.
 - b. Providing accurate and current financial information.
 - c. His/her actions if refusing treatment or not following instructions.
 - d. Being familiar with and following the rules, regulations, and responsibilities governing the care and conduct of the program.
 - e. Attending scheduled activities and keeping appointments.
 - f. Being considerate and respectful of peers, staff, and visitors of the program.
 - g. Actively participating in the planning, treatment, discharge planning, and financial arrangements regarding his/her care.
 - h. Asking questions when information, instructions, are not understood.
 - i. Assisting with the upkeep of the facility in living areas and his/her bedrooms in residential facilities.
 - j. Maintaining personal hygiene.
 - k. Obeying the laws which apply to all citizens.

facility. The patient/lawful representative may notify any staff member of their wish to file a grievance. The staff member will take a statement regarding the grievance which will include the following information: name of patient grieved, name of the staff member(s) involved, witnesses to the grievance if applicable, nature of the grievance, and contact information for the patient/lawful representative. The staff member will provide the grievance statement to the program director or his/her supervisor if the program director is named in the grievance. The program director will notify supervisors in his/her chain of command up to and including the Associate Executive Clinical Director, Chief Compliance Officer, Chief Operating Officer, and Chief Executive Officer. The Chief Human Resources Officer will be included in grievances filed against employees. The Associate Executive Clinical Director will attempt to resolve the complaint informally. If the grievance cannot be resolved informally to the satisfaction of the patient/lawful representative, the chief operating officer will appoint staff to hear the grievance and render a finding. If the patient/lawful representative wishes to appeal the decision of the grievance committee, the Chief Executive Officer, or his/her designee will hear the grievance and render a final decision.

Grievance concerns may be addressed to the following SpectraCare staff by calling (334)712-2720 or by email.

- Theolyn Miller, Associate Executive Clinical Director, theolynm@spectracare.org
- Susie Kingry, Chief Operating Officer, skingry@spectracare.org
- Ebony Crews, Chief Compliance Officer, ebonyc@spectracare.org

For issues that involve a rights violation, the patient, lawful guardian, or another person may also contact the following as needed:

- Alabama Department of Mental Health - Office of Advocacy: (800)367-0955
- Alabama Disability Advocacy Program: (800)826-1675
- Barbour County DHR: (334)775-9601
- Dale County DHR: (334)775-5135
- Geneva County DHR: (334)684-3613
- Henry County DHR: (334)585-6447
- Houston County DHR: (334)677-0400

Criteria for Patient Assistance Program - Medication

1. SpectraCare does not provide assistance for medication if you have prescription drug coverage.
2. You must have the appropriate proof of income required by the specific pharmaceutical company prior to application. Each company has program specific income requirements. A handout containing the requirements is provided.
3. You are responsible for accurately completing the patient portion on the application in its entirety prior to submitting for the Physician's signature. Incomplete information may cause a delay in your application.
4. You must sign a Release of Information to the pharmaceutical company to which you are applying. An application takes 4-6 weeks to be processed by the pharmaceutical company. Non-compliance with the Physician can delay the process.
5. The Patient Assistance Program aid is temporary. If you are approved, an application is effective for only 3 months. If you require assistance at the end of 90 days, another

Grievance Policy

Any patient/lawful representative may file a grievance concerning infringement of patient rights, denial of admission/readmission, or administrative discharge from a level of care. The grievance will be heard in an impartial and timely manner and the complaint process occurs without fear of restraint, coercion, interference discrimination, reprisal, or threat of discharge to the patient or others acting on their behalf. The patient/lawful representative is made aware of the right to file a grievance at admission and a copy of the grievance procedure is provided at admission in the patient's preferred manner. The grievance procedure is also posted in each

application must be submitted. It is your responsibility to facilitate reapplication.

6. It must first be established that you are stable on the medication before an application can be processed. You may be subject to this waiting period due to the great number of requests for assistance.
7. SpectraCare may supply samples during your waiting period if they are available. However, do not rely on SpectraCare to provide samples on a continuous basis.
 - ❖ *SAMPLES ARE NOT PROVIDED TO MAINTAIN YOUR MEDICATION FOR LONG PERIODS OF TIME. IF SAMPLES ARE NOT AVAILABLE IT IS YOUR RESPONSIBILITY TO OBTAIN YOUR MEDICATION AND CONTINUE TO TAKE YOUR MEDICATION AS PRESCRIBED.*
8. The nurses have a list of pharmacies with competitive prices to assist you with your purchase of medication.
9. SpectraCare cannot guarantee that a supply of sample medication will always be available; therefore, it is important to discuss with the Physician your ability to pay for medication.
10. If you begin a medication and then abruptly stop taking it, you may experience certain side effects.
11. Effective antidepressants are now available in generic brands at reasonable and affordable prices.

patient shall pay the full amount of the assessment. SpectraCare may deduct the full amount from the patient's account or pursue any other legal means to collect the amount due. If multiple patients are responsible for damage or destruction incurred, patient agrees to joint and several liability, and SpectraCare may in its sole discretion assess the full amount due to patient.

Patient, or the parent, legal guardian, or conservator of patient, as applicable, fully understands and acknowledges the terms of this agreement and agrees to abide hereto.

Our Contact Information

SpectraCare Health Systems
P.O. Box 1245
Dothan, AL 36302
(334)712-2720

Financial Information

SpectraCare Health Systems strives to provide quality services to everyone we serve. We make every effort to keep down the cost of your medical care and treatment and you can help us by paying for your services when the services are received. Payment is expected at the time service is received. If you are unable to pay for all of your services and you do not have health insurance, Medicare Part B, or Medicaid, you may apply for financial assistance to help pay for the cost of your services received. Fees are adjusted on a sliding scale based on certain income guidelines including the income of the individual receiving services and number of other individuals who are also dependent on that income. To be eligible for this financial assistance, proof of the amount and type of household income must be provided. SpectraCare must be notified if any changes to either amount or type of household income have occurred.

For individuals with no income and who live with other individuals or alone, who receive in-kind support from other individuals, and who are not bound in a legal relationship, must certify that no income is received. These services are paid for by a pool of charity care funds. Once depleted, SpectraCare reserves the right to discontinue services and place the individual on a waiting list for future services.

Patient Property Agreement

Patient hereby agrees to refrain from causing any damage or destruction to the SpectraCare facility or any property located therein, including but not limited to property of SpectraCare and property of other individuals within the facility. Patient further agrees to not remove any item of property, except those items belonging to patient, from the facility.

In the event a patient causes any damage, theft, or destruction to the SpectraCare facility or any property located therein, patient agrees to reimburse SpectraCare the full cost of repair or replacement, with the decision to repair or replace being solely within the discretion of SpectraCare. SpectraCare shall provide patient with a written assessment of the damages incurred, and



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