

# Archway Station, Inc.

## Notice of Privacy Practices

In accordance with the Health Insurance Portability and Accountability Act (HIPAA)

Effective: April 14, 2003

This 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.

### Your rights regarding your health information. You have the right to:

- **A copy of this Privacy Notice.** You will be provided a copy of this notice during enrollment and annually thereafter. You can ask for a copy of this notice at any time or by accessing our website: [www.archwaystation.org](http://www.archwaystation.org)
- **Give us your permission to share information** with your family, close friends, or other providers involved in your care.
- **Request a copy of your health information.** You can ask to see or get a copy of your records. We will provide you a copy or a summary of your health information within 30 days. A reasonable fee may apply.
- **Request us to amend, change or correct your record.** You can ask us to amend or change your information if you think it's incorrect or incomplete. We may say 'no' to your request, but will tell you 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 send mail to a different address other than your primary mailing address.
- **Request us to limit what we use or share.** You can request that certain uses or disclosures of your protected health information be restricted. We will honor your request except when overriding laws or emergencies apply.
- **Request 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. Exceptions are disclosures made for treatment, payment, health care operations or made with your authorization. A reasonable fee may apply.
- **Revoke an authorization.** You can ask us to stop your authorization to use or share information. This excludes information that has already been shared.
- **Choose someone to act on your behalf.** If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint.** If you feel your rights are violated, you can complain by either completing an Archway Complaint form or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### We may use and disclose your information without your authorization under these circumstances:

- **For providing services.** For treatment purposes and share it with other professionals involved in your care such as a private doctor or therapist.
- **To bill for your services.** To bill and obtain payment for services provided to you from other health entities.
- **To run our agency.** To operate our agency such as evaluating the quality of services; to contact you if necessary; for state and federal auditing purposes.
- **For legal actions.** As required by law, for communicating with law enforcement officials or other government agencies that provide public benefits; responding to a court or administrative order or in response to a subpoena.
- **Health and safety issues.** As required by law, for reporting suspected abuse or neglect; preventing or reducing a serious and imminent threat to anyone's health or safety.
- **Marketing & research.** We never market or sell your health information or participate in research projects.

### Our Responsibilities. We are required to:

- Maintain the privacy and security of your protected health information.
- Obtain your written authorization for uses and disclosures of your protected health information.
- Follow the duties and privacy practices described in this policy and post it in our offices and website; provide you a copy.
- Notify you if we are unable to agree to a requested restriction or accommodate your request to communicate protected health information by alternative means and/or locations.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Not 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 or to report a problem

- For questions, information or to report a problem, contact Archway's Compliance Officer at 301-777-3208 ext. 104.
- Archway reserves the right to change this Notice of Privacy Practices at any time. Any changes to this policy will be shared with you during the agency's Annual Consent for Service packet review.