
RIVERPLACE COUNSELING CENTER, INC.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how Riverplace Counseling Center, Inc. may use and disclose your Protected Health Information (PHI). This notice also sets out Riverplace Counseling Center, Inc.'s legal obligations under Federal law and describes your rights to access and control your PHI.

I. OUR PRIVACY AND CONFIDENTIALITY OBLIGATIONS

- A. We are required by applicable federal and state law to maintain the privacy and confidentiality of your health information and payment for services related to your health. We are also required to provide you this notice of privacy practices, legal obligations, and your rights concerning your health information, referred to in this notice as Protected Health Information or PHI. When we use or disclose this information, we are required to abide by the terms of this notice, or other notice in effect at the time of the use or disclosure.

PHI IN CONNECTION WITH SUBSTANCE USE DISORDER SERVICES

- B. 42 C.F.R. Part 2 protects your health information if you are applying for or receiving services, including diagnosis or treatment, or referral, for substance use disorder. Generally, if you are applying for or receiving services for substance use disorder, we may not acknowledge to a person outside the program that you attend the program, except under certain circumstances that are listed in this notice.

ALL PHI, INCLUDING SUBSTANCE USE DISORDER SERVICES

- C. The Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations (45 C.F.R. Parts 160 and 164), also protect your health information whether or not you are applying for or receiving services for substance use disorder. Generally, if you are not applying for or receiving services for substance use disorder, the way we may use and disclose information differs slightly.

II. USES AND DISCLOSURES REQUIRING AUTHORIZATION

- A. We may use or disclose your PHI when you give your authorization to do so in writing on a form that specifically meets the requirements of laws and regulations that apply.
- B. There are some exceptions and special rules that allow for uses and disclosures without your authorization or consent, listed in section III.
- C. You may revoke your authorization, verbally or in writing, except to the extent that we have already acted upon the authorization.
- D. Please be aware that a court with appropriate jurisdiction, or other authorized third party, could request or compel you to sign an authorization.

III. USES AND DISCLOSURES REQUIRE NEITHER CONSENT NOR AUTHORIZATION

Even when you have not given your written authorization, we may use and disclose information under the circumstances listed below. This list applies to all PHI, including the information we get when you are applying for or receiving services for a substance use disorder.

- A. Treatment. We may use or disclose your PHI for treatment purposes. Information about you may be used by personnel within the program in connection with their duties to

provide you with diagnosis, treatment, or referral for treatment for substance use disorder.

- B. Health Care Operations. We may use and disclose your information in order to conduct healthcare business and perform functions associated with business activities, including accreditation and licensing, program evaluation, financial audits, alumni events, and workshops sponsored by Riverplace Counseling Center, Inc.

We may also disclose your information to an agent or agency which provides services to Riverplace Counseling Center, Inc. under a Qualified Service Organization Agreement and/or Business Associate Agreement, in which they agree to abide by applicable federal law and related regulations.

This list of examples is for illustration only and is not an exclusive list of all of the potential uses and disclosures that may be made for health care operations.

- C. Other Allowable. Other uses and disclosures without your authorization include:
- **Appointment Reminders**. We may contact you to send reminder notices of future appointments.
 - **Medical Emergencies**. We may disclose your PHI to medical personnel to the extent necessary to meet a bona fide medical emergency (as defined by 42 C.F.R. Part 2) this information might include HIV status, if applicable.
 - **Incompetent and Deceased patients**. In such cases, authorization of a personal representative, guardian or other person authorized by applicable state law may be given in accordance with 42 C.F.R. Part 2.
 - **Decedents**. We may disclose PHI to a coroner, medical examiner or other authorized person under laws requiring the collection of death or other vital statistics, or which permit inquiry into the cause of death.
 - **Judicial and Administrative Proceedings**. We may disclose your PHI in response to a court order that meets the requirements of federal regulations, 42 C.F.R. Part 2 concerning Confidentiality of Substance Use Disorder Patient Records. Note that if your records are not actually "patient records" within the meaning of 42 C.F.R Part 2 (e.g., if your records are created as a result of your participation in the family program or another non-treatment setting), your records may not be subject to the protections of 42 C.F.R. Part 2.
 - **Commission of a Crime on Premises or Against Program Personnel**. We may disclose your PHI to the police or other law enforcement officials if you commit a crime on the premises or against program personnel or threaten to commit such a crime.
 - **Child Abuse**. We may disclose your PHI for the purpose of reporting child abuse and neglect and, in Minnesota, prenatal exposure to controlled substances, including alcohol, to public health authorities or other government authorities authorized by law to receive such reports.

- **Duty to Warn.** Where the program learns that a patient has made a specific threat of serious physical harm to another specific person or the public, and disclosure is otherwise required under statute and/or common law, the program will carefully consider appropriate options that would permit disclosure.
- **Audit and Evaluation Activities.** We may disclose PHI to those who perform audit or evaluation activities for certain health oversight agencies, e.g., state licensure or certification agencies, Managed Care Organizations (MCO) we are contracted with, or those providing financial assistance to the program.
- **Marketing Communications.** We may contact you with information about Riverplace Counseling Center, Inc. alumni events.

IV. YOUR INDIVIDUAL RIGHTS

- A. Right to Receive Confidential Communications. You have the right to request and receive confidential communications about your health, treatment, or related issues in a particular manner or at a certain location. We would generally communicate with you via the telephone number and /or address you provide. If you prefer we communicate with you by alternative means or location, please submit your request in writing. Riverplace Counseling Center, Inc. will accommodate all reasonable requests.
- B. Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of protected health information. Federal law states we are not required to agree to your requested restriction.

To request a restriction, submit the following in writing: 1. what information you want to limit; 2. whether you want to limit our use, disclosure or both; and 3. to whom you want the limits to apply. If we agree to the restriction, we will comply with the restriction going forward, unless you take affirmative steps to revoke it, or we believe, in our professional judgment, that an emergency warrants circumventing the restriction in order to provide the appropriate care, or unless the use or disclosure is otherwise permitted by law.

We reserve the right to terminate a restriction that we have previously agreed to but only after providing you notice of termination.

- C. Out-of-Pocket Payments. If you have paid out-of-pocket, in full or for a specific item or service, you have the right to request your PHI, with respect to that item or service, not be disclosed to a health plan for purposes of payment or healthcare operations, and we are required by law to honor that request unless affirmatively terminated by you in writing and when the disclosures are not required by law. This request must be in writing.
- D. Right to Inspect and Copy your Health Information. You may request access to your medical record maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records
- E. Right to Amend your Records. You have the right to request we amend your PHI for as long as it is maintained by us. The request must be in writing and you must provide a reason to support the requested amendment.

Under certain circumstances, Riverplace Counseling Center, Inc. may deny your request to amend your records, including but not limited to, when PHI: 1. was not created by us; 2. is excluded from access and inspection under applicable law; or 3. is accurate and complete. If we deny your request for amendment, we will provide the rationale to you in writing. You may write a statement of disagreement if your request is denied. This statement will be maintained as part of your PHI and will be included with any disclosure.

If your requested amendment is accepted, a copy of your amendment will become a permanent part of the medical record. When we amend a record, we may append information to the original record, as opposed to physically removing or changing the original record.

- F. Right to Receive an Accounting of Disclosures. You have the right to receive a list of disclosures we have made of your PHI for purposes other than routine treatment, payment or operational activities. Your request must state a time period that is not longer than six years. This request must be made in writing.
- G. Right to Receive Notification of Breach. If Riverplace Counseling Center, Inc. or any of its business associates experience a breach of your health information, as defined by HIPAA, that compromises the security or privacy of your health information, you will be notified of the breach and about any steps you should take to protect yourself from potential harm resulting from the breach.
- H. Right to a Paper Copy. You have the right to obtain a paper copy of this notice from Riverplace Counseling Center upon request at any time.

V. FURTHER INFORMATION AND COMPLAINTS

To make a complaint, submit authorizations, request records, request accounting disclosures, amend your medical record, revoke authorization, or any other question related to your confidential information, contact:

Riverplace Counseling Center, Inc.
6058 Highway 10
Anoka, MN 55303
Phone: 763.421.5590
Fax: 763.427.6876

You have the right to submit a complaint to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for the submission of your complaint.

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F HHH Building
Washington D.C., 20201

VI. EFFECTIVE DATE AND DURATION OF THIS NOTICE

- A. Effective Date. This notice is effective February 7, 2022. This notice will remain in effect until it is revised. We are required to modify this notice when there are material changes to your rights, our duties, or other practices contained herein.

- B. Right to Change Terms of this Notice. We reserve the right to change the terms of this notice, consistent with applicable law and our current business process, at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. Notification of revision of this notice will be provided as follows:
 - 1. Upon request;
 - 2. As posted in our place of business; and
 - 3. Electronically via our website or via other electronic means.