

## **Notice of Privacy Practices**

(Effective Date: 03/01/2003, Revised: 09/09/2013)

*This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.*

### **I. UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

When you visit Lutheran Family Services (“Agency”) or other health care providers, a record of your visit is made. Typically, this record contains your symptoms, diagnosis, and your treatment plan for future care. This information, often referred to as your case record, serves as a basis for planning your care and treatment. Your health information is also used by third-party payers to verify that billed services were provided.

### **II. USES AND DISCLOSURES**

The Agency will not disclose your health information without your authorization, except as described in this notice.

*Treatment* - The Agency will use your health information for treatment; for example, information obtained by a therapist/worker will be recorded in your record and used to determine the course of treatment. Your therapist/worker and other health care professionals will communicate with one another personally and through the case record to coordinate care provided. You may receive more than one service (program) during your treatment period with such information shared between programs.

*Payment* - The Agency will use your health information for payment for services rendered. For example, a bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis and treatment procedures. The Agency will not use or disclose more information for payment purposes than is necessary. We are accountable to the Secretary of Health and Human Services to safeguard (keep secure) and protect (keep private) our patients’ information.

*Health Care Operations* - The Agency will use your health information for health care operations. For example, Agency therapist, workers, supervisors, and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

*Notification* - In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

*Workers’ Compensation* - The Agency may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by the law.

*Public Health* - As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law Enforcement* - As required by federal and state law, the Agency will notify authorities of alleged abuse/neglect, and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

*Correctional Institution* - Should you be an inmate of a correctional institution, the Agency may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.

*Charges against the Agency* - In the event you should file suit against the Agency, the Agency may disclose health information necessary to defend such action.

*Duty to Warn* - When a client communicates to the Agency a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke the authorization to stop any future uses and disclosures by providing that request in writing.

### **III. INDIVIDUAL RIGHTS**

You have the following rights with respect to your protected health information:

1. You may request in writing that the Agency not use or disclose the information that we have for treatment, payment, or administration purposes or to persons involved in your care however if the information is needed to provider emergency treatment, then we may use the PHI or disclose PHI to a health care provider to provide you with emergency treatment.
2. You may request in writing that the Agency not use or disclose encounter information to your insurer if you have paid for services fully out of pocket without the use of your insurance benefits.
3. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home or by restricting phone calls.
4. Within the limits of Nebraska statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute. For information that we hold electronically, you have the right to request an electronic copy of the information.

5. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your protected health information by correcting the existing information or adding the missing information.
6. You have the right to receive an accounting from us of certain disclosures of your protected health information that we have made in the last six years prior to the date of the request. We are not required to give an accounting of information we have used or disclosed for purposes of treatment, payment, or health care operations. We are not required to give an accounting of our uses of PHI for which we already have a written authorization for such use. To request an accounting of the medical information that we have used or disclosed that is not exempted from the accounting requirement, contact the Privacy Officer listed at the end of this Notice.
7. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the Agency.

#### **IV. AGENCY'S DUTIES**

- I. The Agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
- II. The Agency is required by law to notify you in case of a breach of your unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired, used, or disclosed in violation of privacy regulations.
- III. The Agency is required to abide by the terms of the Notice currently in effect, and
- IV. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Agency will change its Notice and post the new Notice in the waiting area and on our web site. You can also request a copy of our Notice at any time. For more information about our privacy practices, contact the individual listed below.

#### **V. COMPLAINTS**

If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the person listed below. You may also send a written complaint to the federal Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

#### **VI. CONTACT INFORMATION**

The Agency is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice.

**If you have any questions or complaints, please contact:**

Quality Assurance Manager  
124 South 24th Street Suite 230  
Omaha, NE 68102  
(402) 661-3131

At all times, you have the right to contact the following regulatory bodies to issue a complaint:

1. Council on Accreditation (COA)  
(212) 797-3000  
[coainfo@coanet.org](mailto:coainfo@coanet.org)
2. The Nebraska Department of Health and Human Services Regulation and Licensure  
P.O. Box 95007  
Lincoln, NE 68509-5007  
(402) 435-2133