



PRIVACY NOTICE

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

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d *et seq.*, 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 45 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, Recovery Center Missoula, Inc. (RECOVERY CENTER MISSOULA) may not say to a person outside RECOVERY CENTER MISSOULA that you attend the program, nor may RECOVERY CENTER MISSOULA disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

RECOVERY CENTER MISSOULA must obtain your written consent before it can disclose information about you for payment purposes. For example, RECOVERY CENTER MISSOULA must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before RECOVERY CENTER MISSOULA can share information for treatment purposes or for health care operations. However, federal law permits RECOVERY CENTER MISSOULA to disclose information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit or evaluations;
3. To report a crime committed on RECOVERY CENTER MISSOULA premises or against RECOVERY CENTER MISSOULA personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report suspected child abuse or neglect;
6. As allowed by a court order.

For example, RECOVERY CENTER MISSOULA can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place. Before RECOVERY CENTER MISSOULA can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. RECOVERY CENTER MISSOULA is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. RECOVERY CENTER MISSOULA will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by RECOVERY CENTER MISSOULA, except to the extent that the information contains psychotherapy notes or information compiled for use in civil, criminal or administrative proceedings or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in RECOVERY CENTER MISSOULA's records, and to request and receive an accounting of disclosures of your health related information made by RECOVERY CENTER MISSOULA during the six years prior to your request. You also have the right to receive a paper copy of this notice.

RECOVERY CENTER MISSOULA Duties

RECOVERY CENTER MISSOULA is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. RECOVERY CENTER MISSOULA is required by law to abide by the terms of this notice. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the Reception Desk at RECOVERY CENTER MISSOULA. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted to RECOVERY CENTER MISSOULA for treatment or health care services, we will offer you a copy of the current notice in effect.

Complaints and Reporting Violations

If you believe your privacy rights have been violated, you may file a complaint with RECOVERY CENTER MISSOULA or with the Secretary of the Department of Health and Human Services. To file a complaint with RECOVERY CENTER MISSOULA, contact our Privacy Officer, RECOVERY CENTER MISSOULA, 1201 Wyoming St., Missoula, MT 59801 or by telephone at 406-532-9900. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** Violations of the federal laws and regulations by RECOVERY CENTER MISSOULA are a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Contact

For further information, contact: Privacy Officer, Recovery Center Missoula., 1201 Wyoming St., Missoula, MT 59801, (406) 532-9900.

CLIENT RIGHTS

The following are the legal rights under Montana law for all clients who receive chemical dependency services through Recovery Center Missoula, Inc.

1. Client will be treated with respect and dignity.
2. Client will be treated without regard to physical or mental disability. Treatment will reflect both clients' abilities to profit from services and others' treatment right.
3. Client will have all clinical and personal information treated confidentially in communication with individuals not directly associated with the Recovery Center Missoula, Inc.
4. Client has the right to practice religion of choice insofar as such practice does not infringe on the rights and treatment of others. Client has the right to be excused from any religious practice.
5. Client will not be denied communication with family in emergency situations.
6. Client will not be subjected to corporate punishment; physical, emotional, sexual or other forms of abuse.
7. Client has the right to services for men and women, which reflect awareness of the special needs of each gender.
8. Client has the right to established client grievance procedures.

CLIENT GRIEVANCE PROCEDURE

Occasionally clients initiate complaints or grievances. Each case must be individualized, but the following steps suggest a basic procedure.

1. Client initiates complaint/grievance, in writing (if able) and submits it to the counselor or Executive Director.
2. As appropriate, the WMMHC Executive Director and/or the center's attorney will be notified by the Executive Director
3. As appropriate, the counselor and/or the Executive Director will meet with the client to determine the nature of the grievance and attempt to respond to the grievance.

Appropriate administrative personnel are informed of the results. If the counselor and Executive Director are unable to satisfy the client, the case is referred to the WMMHC Executive Director for further action.