

Notice of Privacy Practice

You have a right to privacy with respect to your past, present, and future mental health information. We are required by law to protect your information and provide you with this notice of legal duties and privacy practices. You have a right to receive a copy of this notice.

We use and disclose your protected information for the following reasons:

- We use your protected information and disclose it to others as necessary to provide treatment to you. For example, disclosure to another facility may become necessary for your continued treatment.
- We will use or disclose your protected information to provide payment for services provided to you. For example, your diagnosis and service may be included in a bill sent to your insurance company.

We prohibit using or disclosing your protected information without your written authorization unless the use or disclosure is within one of the reasons below:

- When requires by law. The law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to certain criminal activity, or in response to a court order.
- We may disclose certain health information to public health agencies as required by law.
- We may disclose certain health information in response to a court order, in response to a subpoena, or other lawful process, subject to your notice and opportunity to object.
- We may disclose information in order to avoid a serious threat to your health and/or safety and the health and/or safety of the public or another person..
- We may disclose information as required by military authorities, correctional facilities, government programs, and to the government for national security or intelligence reasons.

You have the right to obtain access to your protected information upon written request. If you are denied, we have to provide you a reason for the denial. You have the right to request restrictions on use and disclosure of your information. We will consider the request but are legally bound to agree to the restrictions .We cannot agree to disclosures that are required by law. You have a right to request that we communicate with you by using confidential communication, i.e., alternative address. We must agree to your request as long as it is reasonable to us to comply. You have the right to request when, to whom and for what purpose your information was requested. This request will not cover such disclosures as to law enforcement officials or for security purposes. If you believe your confidential information is incorrect or incomplete, you have the right to request in writing that it be amended. Your request must include the reason you are requesting the change. We may deny your request if the information is not permitted to be disclosed, if we did not create the information, or the information is correct. Any denial must be in writing and must state the reason for the denial.

If you have any questions, concerns or complaints about our privacy practices you may file a grievance with the US Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-877-696-6775