



## Notice of Privacy Practices

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

Volunteers of America Ohio & Indiana provides many types of services, such as treatment and social services, to the clients we serve. We must collect information about you to provide these services. We also create a record of the care and services you receive from us. We need this information to provide you with quality care and to comply with certain legal requirements.

Volunteers of America Ohio & Indiana knows that information we collect about you and your health is private. We are required by Federal and State law to protect and maintain the privacy of this information, provide you with notice of our legal duties and privacy practices with respect to health information, and to notify affected individuals following a breach of unsecured health information. We are committed to protecting the privacy of the clients we serve.

This Notice of Privacy Practices will tell you how Volunteers of America Ohio & Indiana may use or disclose health care (medical) information about you. This Notice also describes your rights to information we keep about you, and certain obligations we have regarding the use and disclosure of this information.

Volunteers of America Ohio & Indiana is required by law to follow the terms of the notice that is currently in effect.

Volunteers of America Ohio & Indiana also provides treatment for addictions and mental health counseling, which are further protected by additional laws and regulations protect this information. This Notice also describes how we protect this information for individuals receiving this type of treatment from us.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose your health information, without your authorization:

- A. For Treatment. We may use health information about you to provide you with health care treatment or services. We may disclose health information about you to health care providers involved in your care. They may work at our offices, or at the office of another health care provider to whom we may refer you for other treatment purposes. For example, in an emergency situation, our staff may share with the EMTs that you are taking certain medication or have a history of seizures. Please know this may also include government agencies and providers that are contracted with Volunteers of America of Ohio & Indiana. We may also use and disclose your health information to contact you as a reminder that you have an appointment or should schedule an appointment, for prescription notifications, patient satisfaction surveys, or for other health care related matters. We may communicate with you by telephone, text, email or mail based on the information you provide us.
- B. For Payment. We may use and disclose health information about you to get payment for the health care services you receive from us. For example, we may need to provide information about health care services you received from us to a health plan to bill for the services provided to you.

- C. For Health Care Operations. We may use and disclose health information about you in order to manage operations of our program and activities. For example, we may use health information to review the quality of the services you receive. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. Records that are disclosed pursuant to your written consent for treatment, payment, and health care operations may be further disclosed without your written consent, to the extent the HIPAA regulations permit such disclosure.
- D. As Required By Law and For Law Enforcement. We will use or disclose health information about you when required or permitted by federal, state, or local law. We may also release health information if asked to do so by a law enforcement official:
- a. In reporting certain injuries, as required by law, such as gunshot wounds, burns, or injuries to perpetrators of crime;
  - b. In response to a court order, subpoena, warrant, summons, or similar process;
  - c. To identify or locate a suspect, fugitive, material witness, or missing person;
  - d. About the victim of a crime if the victim agrees to disclosure or under certain limited circumstances we are unable to obtain the person's agreement;
  - e. About a death we believe may be the result of criminal conduct;
  - f. About criminal conduct at our facility or programs; and
  - g. In emergency circumstances to report a crime, the location of a crime or victims; or the identity, description, or location of the person who committed the crime.
- E. Public Health Activities. We may use or disclose health information about you for public health activities, such as:
- a. To a public health authority to prevent or control disease, injury, or disability;
  - b. To a public health authority to report births and deaths or other vital statistics;
  - c. To a public health authority to conduct public health investigations, surveillance, and interventions;
  - d. To a public health authority or other authorized authority to report child abuse or neglect;
  - e. To report reactions to medications or problems with products;
  - f. To notify people of recalls of products they may be using;
  - g. To notify a person or organization required to receive information on FDA-regulated products;
  - h. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - i. To an employer, to evaluate a work-related illness or injury and allow the employer to comply with its obligations regarding workplace medical surveillance;
  - j. Proof of immunization of a current or prospective student to a school, subject to certain approval requirements.
- F. Report Abuse, Neglect or Domestic Violence. To notify the appropriate government authority if we reasonably believe a client has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- G. Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for the government to monitor the health care system, government programs, entities subject to government regulatory programs, and compliance with civil

right laws. However, substance use disorder treatment records, or testimony relaying the contents of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on your specific written consent or a court order.

- H. Lawsuits and Disputes (Judicial and Administrative Proceedings). If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or an administrative order. We may also disclose health information about you in response to a subpoena or other lawful process by someone else involved in a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- I. Coroners, Health Examiners, and Funeral Directors. We may release health information to a coroner or health examiner, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to carry out their duties.
- J. Donation Purposes. We may use or disclose health information to facilitate organ, eye or tissue donation and transplantation.
- K. Research Purposes. We may use or release health information for research.
- L. To Avoid Harm. We may use and disclose health information about you to law enforcement to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- M. Military and Veterans. If you are a member of the armed forces or foreign military personnel we may release health information about you as required by military command authorities or the Department of Veteran Affairs.
- N. National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law and for the protection of the President.
- O. Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official, where the release is necessary for certain purposes.
- P. Workers' Compensation. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Q. Fundraising Activities. Volunteers of America Ohio & Indiana is a nonprofit organization, and we may use certain non-identifying information (e.g. general categories of diagnoses) to raise money for Volunteers of America Ohio & Indiana. The money raised will be used to expand and improve the services and programs we provide to the community. You have the right to opt out of receiving such communications.

The following categories describe different ways that we use and disclose your health information, and to which you have the opportunity to agree or object to such use:

- A. Facility Directory. While you are staying at one of our program facilities, we may include your name, location in the building, and your general condition in a facility directory. We may disclose this information to those who ask for you by name, or to clergy. If you prefer not to have this information included in our facility directory, or given out to anyone, simply let us know.
- B. Disclosures to Family, Friends, and Others. We may disclose information to your family or other persons involved in your medical care. You have the right to object to the sharing of this information.

The following categories describe different ways that we use and disclose your health information, with your authorization:

- A. **Psychotherapy Notes.** If your care involves psychotherapy, we may not use or disclose any psychotherapy notes related to your care, without your prior written authorization except in limited circumstances to carry out treatment, payment or health care operations.
- B. **Marketing.** We may only use or disclose health information for marketing purposes, which involve communicating a product or service to encourage someone to purchase or use the product or service, with your prior written authorization. However certain communications do not constitute marketing and do not require your prior authorization, including face-to-face communications between Volunteers of America Ohio & Indiana and you, promotional gifts of nominal value that we provide to you, refill reminders, telling you about health-related services or recommending possible treatment alternatives.
- C. **Sale of Health Information.** Before we can sell any of your health information, we must obtain your prior written authorization.
- D. **Other Uses of Health Information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. However, if you have been referred by the criminal justice system, your ability to revoke consent may be conditioned upon the passage of time or the occurrence of a specific event, which will not be later than the final disposition of the conditional release or other action related to your consent. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made pursuant to your authorization, and that we are required to retain our records of the care that we provided to you.

## YOUR PRIVACY RIGHTS

You have the following rights regarding health information we maintain about you:

- A. **Right to Request Limits on Uses or Disclosures of Health Information.** You have the right to ask that we limit how your information is used or disclosed. You also have the right to ask that we limit the health information we disclose about you to someone who is involved in your care, such as a family member or friend. For example, you may ask us not to disclose information to your spouse about the treatment you receive in our care.

You must make the request in writing. You must tell us what information you want to limit and to whom you want the limits to apply. We are not required to agree to the restriction. You can request that any restrictions you put in place be terminated in writing or verbally. You may also request restrictions of disclosures made with your prior consent for treatment, payment, and health care operations, and the right to request and obtain restrictions of disclosures to your health plan (if applicable) for any services for which you pay in full.

- B. **Right to Choose How We Communicate With You.** You have the right to ask that we share information with you in a certain way or at a certain place. For example, you may ask us to send information to your work address instead of a home address. You must make this request in writing. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- C. **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your health and billing records. This does not include psychotherapy notes. You must make your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request.

In limited circumstances, we may deny your request to see or get copies of your records. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Volunteers of America Ohio & Indiana will review your request and the denial.

The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- D. **Right to Request a Correction or Update of Your Records.** You may ask us to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for the request. All requests must be limited to one page of paper legibly handwritten or typed in at least 10 point font size. We may deny your request if it is not in writing or does not include a reason for the request.

We may also deny your request if you ask us to change information that:

- a. Is accurate and complete;
- b. Is not part of the information you are permitted to inspect and copy;
- c. Was not created by us, unless the person or organization that created the information is no longer available to make the change; or
- d. Is not part of the health information kept by or for our programs.

Any changes we make to your health information will be disclosed to those with whom we disclose information, as described above.

- E. **Right to Get a List of Disclosures.** You have the right to ask us for a list of any disclosures of your health information we have made. Your request must be made in writing. We are not required to account for disclosures made for any period longer than 6 years. We will not charge you for your first request for a list of disclosures. However, we may charge you for the costs of providing another list in the same 12 month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred. We will mail you a list of disclosures in paper form within 60 days of your request, or notify you if we are unable to supply the list within that time period.

You have the right to a list of disclosures made based on consent or for treatment, payment, or operations through electronic means in the three years preceding the request. You have the right to a list of disclosures by an intermediary for the past three years.

- F. **Right to Get a Paper Copy of this Notice.** You may request a paper copy of this notice at any time. Current copies of this notice will also be available at all times at each of our program sites.

#### SPECIAL REQUIREMENTS FOR RECORDS RELATED TO DIAGNOSIS OR TREATMENT OF ALCOHOL OR DRUG ABUSE.

Records related to the diagnosis, treatment, or referral for treatment for a substance use disorder ("SUD Records") are subject to the privacy requirements of HIPAA, as described in this Notice, but are also subject to additional protections under Federal law and regulations (42 USC 290dd-2(g) and 42 CFR Part 2), which are further described in this section.

We may acknowledge your presence at the program or disclose your SUD Records with your written consent.

The following are the limited circumstances in which we may acknowledge your presence at the program or disclose SUD Records, without your written consent:

- A. **Treatment.** We may use or disclose your SUD Records to provide you with health care treatment or services, such as by disclosing your SUD Records to program personnel involved in your care.
- B. **QSO.** We may disclose your SUD Records to qualified service organizations to provide services to the program.
- C. **Crime.** We may disclose certain SUD Records to law enforcement agencies or officials when you commit, or threaten to commit, a crime on the premises of the program or against any person who works for the program.
- D. **Suspected Child Abuse or Neglect.** We may disclose certain SUD Records to report suspected child abuse or neglect to appropriate State or local authorities, pursuant to State law.
- E. **Court Order.** We may acknowledge your presence in the program or disclose your SUD

Records, without your consent, pursuant to a court order issued under 42 CFR Part 2 authorizing disclosure and accompanying subpoena or other legal mandate compelling disclosure. In most cases involving court orders, records will only be disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record.

- F. Medical Emergency. We may disclose your SUD Records to medical personnel in a medical emergency, when your informed consent cannot be obtained.
- G. Research. We may disclose your SUD Records, without your consent, to qualified personnel to conduct scientific research.
- H. Audit or Evaluation. We may disclose your SUD Records, without your consent, for the performance of certain audits or evaluations.

Any such use or disclosure of SUD Records must be limited to the information necessary to carry out the purpose of the disclosure.

Violation of these Federal laws and regulations governing SUD Records, by the program, is a crime. You may report suspected violations to the appropriate authorities, as follows:

United States Attorney's Office  
10 W Market St, Suite 2100  
Indianapolis, IN 46204  
(317) 226-6333  
usains.webmaster@usdoj.gov  
(contact information for US attorney for the district in which the violation occurs)

#### ADDITIONAL INFORMATION ABOUT THIS NOTICE

How to contact Volunteers of America Ohio & Indiana regarding your health information:

You may contact Business & Administrative Officer for Volunteers of America Ohio & Indiana at the address listed below to:

- o Ask to look at or copy your records
- o Ask to limit how information about you is used or disclosed Ask to cancel your authorization
- o Ask to correct or change your records
- o Ask for a list of the times Volunteers of America Ohio & Indiana disclosed health care information about you.

Lori Varn  
Senior Vice President, Compliance  
Volunteers of America Ohio & Indiana  
215 N. Front Street, Suite 510  
Columbus, OH 43215  
614-696-5029  
[compliance@VOAOHIN.org](mailto:compliance@VOAOHIN.org)

#### Behavioral Health Care Advanced Directives:

If you want information regarding Behavioral Health Care Advanced Directives, please ask your Counselor.

How to file a complaint or report a problem: If you do not agree with how we have used or disclosed information about you, you may contact us at the address listed below to file a complaint or report a problem. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at the address below. The services you receive from us will not be affected by any complaints you make. Volunteers of America Ohio & Indiana cannot retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful.

Lori Varn  
Senior Vice President, Compliance  
Volunteers of America Ohio & Indiana  
215 N. Front Street, Suite 510  
Columbus, OH 43215  
614-696-5029  
[compliance@VOAOHIN.org](mailto:compliance@VOAOHIN.org)

To file a complaint with the U.S. Department of Health and Human Services, contact:

Office for Civil Rights  
Medical Privacy, Complaint Division  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW, HHH Building, Room 509H  
Washington, DC 20201

Changes to this Notice: Volunteers of America Ohio & Indiana reserves the right to change this notice. Any changes will apply to health information we already have about you, as well as any information we receive in the future. Any such revised notice will be posted at each of our program sites and facilities and provided as required by law. You may also ask for a copy of the revised notice any time you visit one of our facilities.