



CANOPY CENTER

Oasis Program

Notice of Privacy Practices

EFFECTIVE DATE: 3/30/2022

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

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon enrollment or upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and mental health care operations. This includes your right to request that we not disclose your mental health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. Mental health notes If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
 - a. was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - b. is not part of your medical or billing records;
 - c. is not available for inspection as set forth above; or
 - d. is accurate and complete.
 - e. In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.
6. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:
 - a. to carry out treatment, payment and health care operations as provided above;
 - b. to persons involved in your care or for other notification purposes as provided by law;
 - c. to correctional institutions or law enforcement officials as provided by law;
 - d. for national security or intelligence purposes;
 - e. that occurred prior to the date of compliance with privacy standards (April 14, 2003);
 - f. incidental to other permissible uses or disclosures; that are part of a limited data set (does not contain



CANOPY CENTER

Oasis Program

protected health information that directly identifies individuals);

- g. made to patient or their personal representatives;
 - h. for which a written authorization form from the patient has been received
7. **Revoke your authorization to use or disclose health information** except to the extent that we have already acted in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.
8. **Receive notification if affected by a breach of unsecured PHI**

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use and disclose protected health information in the provision, coordination, or management of your mental health care, including consultations between internal mental health care providers regarding your care, and referrals for health care from one health care provider to another.

Payment: We may use and disclose protected mental health information to obtain reimbursement for the mental health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to client complaints, compliance programs, audits, business planning, development, management and administrative activities.

Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose protected mental health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include web-based database, remote backup services for database and outside insurance payment service and contracted IT services. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information 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.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected mental health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected mental health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose mental health information about you in response to a subpoena, discovery request, or other



CANOPY CENTER

Oasis Program

lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected mental health information to notify the appropriate government authority if we believe a patient 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.

Fund raising: Unless you notify us you object, we may contact you as part of a fundraising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fundraising material you receive.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected mental health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

© Copyright 2002-2019, HIPAATraining.com

OUR RESPONSIBILITIES

We are required to maintain the privacy of your mental health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected mental health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied, upon request. If we maintain a website that provides information about our patient/customer services or benefits, the new notice will be posted on that website.

Your mental health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Marti Ager, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at Canopy Center or with the Secretary of the Department of Health and Human Services. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.



CANOPY CENTER

Oasis Program

The contact information for both is included below:

U.S. Department of Health and Human Services Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Canopy Center
Marti Ager
HIPAA Privacy and Security Officer 2445
Darwin Rd, Ste. 15, Madison, WI 53704
608-729-1113
608-241-4825

Client Grievance Procedure Oasis Program

The Oasis program of Canopy Center is committed to providing you with quality service. If you are not satisfied with the services provided, or if you wish to make a complaint, we ask that you follow these guidelines. Complaint forms are available at the front desk:

- 1) Try to resolve the issue directly with the staff person, or the Oasis Clinical Director: (608-729-1138), by giving specific information about your complaint.
- 2) If this is not possible, or if the issue is not resolved, please contact Meaghan Henry, Executive Director. Your complaint may be made in person, in writing to 2445 Darwin Road, Suite 15, Madison, WI 53704, or by phone at 608-729-1120.
It may be necessary to request a meeting with you and it may be necessary to seek additional information from a staff person. The Executive Director will respond to your concern within 5 business days.
- 3) If you are not satisfied with the response you receive from the Executive Director, you may express your concerns in a letter to the President of the Board of Directors. Your letter should be sent to: Board President, 2445 Darwin Road, Suite 15, Madison, WI 53704. Again, it may be necessary to request a meeting with you. The Board President will give you a final response within 15 business days.
- 4) If you believe you have been treated differently because of race, color, national origin, religion, sexual orientation, disability or age, you may file a discrimination complaint with the following agencies:

Wisconsin Department of Justice
Office of Crime Victim Services
P.O. Box 7951
Madison, WI 53707-7951

Wisconsin Department of Justice
Contract Compliance Officer
P.O. Box 7857
Madison, WI 53707-7857

Office of Civil Rights
Office of Justice Programs
U.S. Department of Justice
810 7th St. NW
Washington, DC 20531

NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office reception and waiting area. You will be provided a hard copy, at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's website for downloading.