



Alliance, Inc. Notice of Privacy Practices

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.

Effective April 14, 2003

Alliance, Inc.
7701 Wise Avenue
Baltimore, MD 21222
www.allianceinc.org

Tel: (410) 282-5900

This notice was updated on May 30, 2008.

Alliance is committed to protecting health information about you. We follow very strict rules from the Federal and State Governments about how we may share your medical record – your protected health information (PHI).

Protected Health Information is medical information that identifies you or may provide a basis for identifying you, including demographic information. Your PHI relates to your past, present or future physical or mental health condition and related health care services. Alliance is required by law to keep records of the care provided to you.

You/Your is defined as any person receiving a health related service through Alliance. If the subject of PHI is a minor, the patient means the parent or guardian (unless subject to a limiting court decree or custody agreement) or authorized legal representative(s). If the subject of the PHI is incapable of making an informed decision, patient means the authorized legal representative(s) or other person authorized by law to receive PHI.

Alliance is required by law to:

- ⇒ Make sure your medical information is protected;
- ⇒ Give you this Notice describing our legal duties and privacy practices with respect to your medical information; and
- ⇒ Follow the terms of the Notice that are currently in effect.

The Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule sets up ways for you to have Federal protection of your personal health information, while still allowing Alliance to give you quality health care. The Rule basically prevents Alliance from using or sharing your protected health information unless allowed by you, except as follows:

Alliance is required by law to share your protected health information without your authorization to report abuse and neglect, to warn about dangerous behavior, for specialized governmental functions, for worker's compensation and during the course of judicial and administrative proceedings when presented with a valid subpoena or court order.

As authorized by law, Alliance may also release your medical information to military authorities if you are a member of the armed forces.

Alliance may disclose medical information to a coroner, medical examiner or funeral director as necessary to carry out his or her duties.

Alliance may release PHI without your authorization to health oversight bodies such as the state licensing authorities to allow them to regulate Alliance and health care professionals associated with Alliance.

Alliance may also disclose medical information about you to authorized federal officials so they may conduct special investigations or provide protection to the U.S. President, other authorized persons or foreign heads of state, or to assist lawful efforts to protect national security.

Alliance is also allowed to share your protected health information without your permission when necessary for purposes of treatment, payment, or the health care operations of the program.

"Treatment" generally means the services that are provided as well as the coordination of services including consultation with other health care providers. It also includes the referral from one health care provider to another.

"Payment" includes the different activities of health care providers to obtain payment or be reimbursed for their services.

"Health Care Operations" are certain administrative, financial, legal and quality improvement activities of a program that are necessary to run its business and support the core functions of treatment and payment.

We may share your protected health information with another provider for certain health care operation activities of that provider if:

Each provider either has or had a relationship with you, and protected health information is important to that relationship; and

The sharing of information is for a quality-related health care operations activity or for the purpose of health care fraud and abuse detection or compliance.

A **Business Associate** is a third party who works with Alliance in the performance of Alliance's functions. Business Associates include billing companies, certified public accountants, attorneys and others. Alliance may share your PHI with business associates if it is necessary for Alliance to function. However, business associates will enter into a contract with Alliance whereby the business associate will agree to apply Alliance's privacy policies and the federal and state privacy standards to your protected health information in the business associate's possession. Alliance will take steps to enforce these agreements if a business associate violates the privacy policy.

Marketing/Fundraising Alliance will not make use of your PHI for marketing or fundraising without your authorization.

As Required By Law and Public Health

Activities Alliance may share your PHI to comply with local, state or federal law. Alliance will cooperate with public health authorities without your authorization when necessary to protect the public health.

Program Evaluation and Research Alliance may use your protected health information with your written authorization or by obtaining a waiver from Alliance's Institutional Review Board (IRB) for the purpose of program evaluation and research in accordance with HIPAA Privacy Rule Research Standards.

Psychotherapy Notes (Applies to those individuals who are receiving or have received services from Alliance's Outpatient Mental Health Clinic) Your psychotherapy notes are maintained separately from the rest of your medical record. Psychotherapy notes are the record of the statements made during a counseling session and your therapist's opinion of those statements. (This does not include written information about your medications, the treatment you received, tests, treatment plans, progress notes, and statements made by the therapist regarding his/her opinion of your progress in the future).

You have the right to see and receive a copy of your Protected Health Information contained in your designated record set. However, Federal law states you may not read or copy psychotherapy notes so these notes are not available to you.

Security Alliance maintains administrative, technical and physical safeguards to prevent intentional or unintentional use or disclosure of protected health information in violation of the Privacy Rule. For example, your medical record (your protected health information) is kept in a secure location and only those employees or clinicians who need to use your medical record for treatment, payment, or health care operations have the right to read your medical record unless you sign an authorization. It is the agency's policy to limit the sharing of and requests for protected health information for payment to the minimum amount necessary.

Alliance may also share information in order to contact you, for example, to make appointments, to check with you about how you are doing, and to get your opinion on the quality of our services. Alliance may also make use of PHI to maintain a directory of consumers, but only after you have been given an opportunity to object to the use of the information.

Right to a List of Disclosures You have a right to receive a list describing specifically who has received PHI about you during the last six years beginning after April 14, 2003. There are certain restrictions and limitations. This list will not include those who have received PHI for treatment, payment or healthcare operations, as described in this Notice of Privacy Practice.

It also will not include those who have made inquiry of a Facility Directory, or family members or friends involved in your care, or to whom notification was given. To request this information, you must write the Alliance Chief Compliance Officer. You must state the time period for which you want to receive the accounting. The first list you request within a 12 month period will be free, but we may charge you for additional lists.

Under **45 C.F.R §164.526**, you have the right to request an amendment to your health care information if you disagree with what is written in your medical record. Alliance will place that amendment in the medical record unless we did not create that part of the record or we believe the record is correct and complete.

If Alliance grants your request to amend your record, we will let you know and you may ask that we give the amendment to other programs that you identify to us as having already received your medical record. If we disagree with the amendment, we will give you the specific reasons that your request has been denied. You may then present a statement of why you disagree with our decision, and we will respond in writing.

If you notify Alliance in writing, we will attach your request for an amendment to your medical record and our denial of your request to future disclosures of that part of your medical record. Also, if you continue to disagree, you may file a complaint with Alliance's Chief Compliance Officer and/or the Secretary of Health and Human Services at the following address:

Regional Manager – Region III
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West,
Suite 372
Public Ledger Building
Philadelphia, PA 19106
215-861-4441

How to file a complaint If you believe your protected health information has been released in violation of the law, you have the right to file a complaint. You may file a complaint with our program by sending a letter to: Chief Compliance Officer, Alliance Inc., 7701 Wise Avenue, Baltimore, MD 21222.

You may also file a complaint in writing within 180 days of the incident with the U.S. Department of Health and Human Services. You have our promise that our program will not take any negative action against you if you decide to file a complaint.

If you want to send your protected health information to someone, you must sign an authorization. Authorizations may be obtained at any of our practice locations. We may charge a reasonable fee for the associated costs of copying and mailing your request.

It is important to note, Alliance may release PHI to your family members only after you have been given an opportunity to object to the release of information.

Your rights to see your record

You have the right to see your record (excluding any psychotherapy notes, information for legal proceedings and health information restricted by law) or to receive a summary of your record. To do this, please contact the:

Chief Compliance Officer, Alliance Inc.
7701 Wise Avenue
Baltimore, Maryland 21222
(410) 282 5900 Ext. 3023

Who Will Follow this Notice:

- ⇒ Any Alliance health care professional authorized to enter information into your medical record;
- ⇒ All Alliance departments and units that have access to PHI;
- ⇒ All Alliance employees and staff that have access to PHI;
- ⇒ Any Alliance volunteer or intern who is permitted to provide you services or assistance;
- ⇒ All these entities, sites and locations defined as Alliance follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or health care operation purposes described in this notice.

Updates. Alliance is required by law to maintain the privacy of your PHI and to notify you of our legal duties and privacy practices. Over time, we may change this Notice of Privacy Practices. If we make changes, we will post the updated version on our web site at www.allianceinc.org. The updated Notice of Privacy Practices will also be posted at all of Alliance's practice locations.