

TRIHEALTH
JOINT NOTICE OF PRIVACY PRACTICES

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

This Notice will tell you about the ways in which we may use and disclose protected health information about you. It also describes your rights and certain obligations that we have regarding the use and disclosure of your protected health information.

TriHealth, Inc, d.b.a. CONCERNTMSERVICES, Corporate Health Services Division, is required by law to maintain the privacy of your health information, give you notice of our privacy practices with respect to your protected health information, and follow the terms of this Notice. This Notice applies to all of the records of your care generated and maintained by CONCERNTMSERVICES. CONCERNTMSERVICES and Corporate Health Services entities will share your protected health information as necessary with each other in order to carry out your treatment, obtain payment for the services provided to you or operate their health care facilities.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU: The following categories describe different ways that we may use and disclose your protected health information. These are examples and, therefore, not every permitted use and disclosure is listed.

For Treatment. We may use protected health information about you to provide you with treatment or services. We may disclose protected health information about you to counselors, support staff, or other personnel who are involved in providing your services. Different departments may share protected health information about you in order to coordinate the different services you need, such as counseling, case management and referrals.

For Payment. We may use and disclose protected health information about you so that the treatment and services you receive may be billed, if appropriate, and payment may be collected from your employer.

For CONCERNTMSERVICES Operations. We may use and disclose protected health information about you for CONCERNTMSERVICES operations. These uses and disclosures are necessary to run CONCERNTMSERVICES and make sure that our clients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose protected health information to counselors, and other CONCERNTMSERVICES personnel for review and training purposes.

As Required by Law. We will disclose protected health information about you when required to do so by federal, state or local law. For example, Ohio law requires us to report child abuse.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Health Oversight Activities. We may disclose protected health information to a health oversight agency for activities allowed by law such as audits, investigations, inspections and licensure or disciplinary actions.

Lawsuits and Disputes. We may disclose protected health information about you in response to a Court Order or Administrative Order.

Law Enforcement. We may release protected health information to a law enforcement official about a death we believe may be the result of criminal conduct; about criminal conduct at CONCERNTMSERVICES; and, 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.

National Security and Intelligence Activities. We may release protected health information about you to authorize federal officials for intelligence and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

OTHER USES OF YOUR PROTECTED HEALTH INFORMATION: Other uses and disclosures of your protected health information not covered by this Notice or required by the laws that apply to CONCERNTMSERVICES, will be made only with your written permission (your written permission is referred to as an Authorization). If you provide your permission to use or disclose protected health information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons indicated in your written Authorization. You understand that we are unable to take back any disclosures that we made before we received your written notice revoking your Authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU: You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your protected health information. This includes your case records and billing records but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

To inspect or obtain a copy of your case record, you must submit your request in writing to CONCERNTMSERVICES, 8280 Montgomery Road, Suite 101, Cincinnati, Ohio 45236, Attention: Supervisor of Administration and Support.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CONCERNTMSERVICES.

To request an amendment of your case record, you must submit your request in writing to CONCERNTMSERVICES, 8280 Montgomery Road, Suite 101, Cincinnati, Ohio 45236, Attention: Supervisor of Administration and Support.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for CONCERNTMSERVICES;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of your protected health information. This list will not include disclosures that we made for purposes of treatment, payment and health care operations. We are also not required to include in this list the disclosures we made by acting upon your written authorizations.

To request an accounting of disclosures, you must submit your request in writing to CONCERNTMSERVICES, 8280 Montgomery Road, Suite 101, Cincinnati, Ohio 45236, Attention: Supervisor of Administration and Support.

Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003. The first accounting you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the list.

Right to Request Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction or limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about protected health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work.

We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have a right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. You may also obtain a copy of this Notice at our website, www.concerneap.net.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected 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 CONCERNTMSERVICES offices. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you open a new case at CONCERNTMSERVICES, we will offer you a copy of the current Notice in effect.

FOR FURTHER INFORMATION: For further information about the matters covered by this Notice, you may contact the following:

CONCERNTMSERVICES, Supervisor of Administration and Support, 513-794-8603

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with CONCERN or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with CONCERNTMSERVICES, you must submit your complaint in writing as follows:

CONCERNTMSERVICES, 8280 Montgomery Road, Suite 101, Cincinnati, Ohio 45236, Attention: Supervisor of Administration and Support.

You will not be penalized for filing a complaint.

Notice of Privacy Practices CONCERN™ SERVICES

I, _____ [Print your Name] hereby acknowledge that I have received the Notice of Privacy Practices from CONCERN™ SERVICES.

Signature of Client or Client's Guardian

Date

(This acknowledgement form will be kept in the clinical chart)