



Notice of Privacy Practices

This notice describes how your health information may be used and disclosed and how you can access that information. Please review carefully

INTEGRATED SUPPORT & FACILITAITON CARES ABOUT YOUR RIGHT TO PRIVACY.

We are committed to protecting health information about you. We create a record of the care and services you receive at Integrated Support & Facilitation. We need this record to provide you with quality care and to comply with certain legal requirements. This notice only applies to records that are generated by Integrated Support & Facilitation.

We are required by law to:

- Maintain the privacy of your protected health information.
- Give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

❖ **As Required by Law**

We will disclose protected health information about you when required by federal, state, or local law.

- To avert a serious threat to health or safety. If we believe your health and safety is at risk, we will disclose your health information to appropriate persons.

❖ **Public Health Activities**

We will disclose protected health information for public health reporting required by federal or state law. These activities can include:

- To prevent or control disease, injury, or disability.
- To report child abuse, neglect, or abandonment;
- To notify the appropriate government authority if we believe you have been a victim or abuse, neglect, or domestic violence.

❖ **Health Oversight Activities**

We will disclose health information as required by law to a health oversight agency for activities authorized by law: These activities may include audits, investigations, inspections, and accreditation.

❖ **Judicial and Administrative Proceedings:**

We may disclose protected health information about you in the course of any judicial or administrative proceedings in response to a subpoena, discovery request, or other legal process but only if efforts have been made to inform you about the request or to obtain an order protecting the information to be disclosed.

❖ **Law Enforcement**

We will release protected health information if asked to do so by a law enforcement officer in the following situations:

- In response to a court, grand jury, or administrative order, warrant or subpoena.
- As required by state or federal law;

- To identify or locate a suspect, fugitive, material witness, or missing person.
- About an actual or suspected victim of a crime and that person agrees to disclose, under certain circumstances, we are unable to obtain the person's agreement;

- About a death if we believe may be the result of criminal conduct;
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or the location of the person who committed the crime.

❖ **Threats to Health or Safety**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health and safety of a person or the public.

❖ **Coroners, Medical Examiners, and funeral directors**

We may disclose protected health information about you to a coroner or medical examiner for purposes such as identifying a deceased person or determining cause of death.

❖ **Organ Donation**

We may disclose medical information about you to facilitate organ, eye or tissue donation to organ procurement organization or other entities in the procurement, banking or transplantation of organs, eyes, or tissues.

❖ **Employment related**

We may disclose protected health information about you to your employer if:

- We provide healthcare to you at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate if you have a work-related illness or injury.
- The information disclosed will consist of findings concerning a work-related illness or injury or a workplace related medical surveillance.
- The employer needs the findings in order to comply with its legal obligations to record the illness or injury to carry out its responsibilities for workplace medical surveillance

❖ **Protective Services for the President and Others**

We will disclose protected healthcare 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.

❖ **National Security and intelligence**

We may disclose protected health information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

❖ **Disaster Relief**

We may use or disclose medical information about you to a public or private entity authorized by law to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close friend, or other person identified by you, of your location, general condition, or death.

❖ **Military and Veterans**

If you are a member of the armed forces, we may release protected health information about you as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

❖ **Inmates and/or Persons in Custody**

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 agency. This would be necessary in the following:

- For the institution to provide you with health care
- To protect your health and safety or the health and safety of others
- For the safety and security of the correctional institution.

❖ **For Treatment**

We may use and/or release protected health information about you to provide you with the course of treatment or services that will work best for you.



- We may disclose protected health information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or other personnel involved in taking care of you.
- We may consult with other healthcare providers concerning your care.
- We may disclose personal health information about you to refer you to another healthcare provider.

❖ **For Payment**

We may use and disclose personal health information about you so that the services we provide. This can include billing you, your insurance company, or a third-party payor. We may also need to provide your insurance company or a government program, such as Medicaid with information about your medical condition to determine eligibility for services.

❖ **Research**

We may use and disclose protected health information about you for research conducted in accordance with the rules of the Division of Mental Health.

❖ **Health Related Benefits and Services**

We may use and disclose protected health information to inform you of products or services that may be of beneficial or of interest to you.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

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 copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy health information you must submit your request in writing to Integrated Support & Facilitation at 8112 Woodington Ct., Indianapolis, IN 46259. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, i.e.. Paper or electronic media. If you request a copy of the information, we may charge you a fee for the cost of copying plus the cost of postage for mailing the information. We must act on a request for access no later than 30 days after receipt of the request but may extend this timeframe by no more than 30 days if a written statement of the reasons for the delay is provided.

We may deny your request to inspect and copy in certain very limited circumstances. Examples, Psychotherapy notes and information compiled in anticipation of, or use in a civil, criminal, or administrative action or proceeding.

If you are denied access to protected health information we will inform you of the reason for the denial, how you may have the denial reviewed and how you may file a complaint. If you request a review of the denial, it will be conducted by a licensed health care professional designated by us who is not directly involved in the denial. We will comply with the recommendation of the review.

➤ **Right to Amend**



If you feel the 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 Integrated Support & Facilitation.

To request an amendment, you must submit the request in writing to Integrated Support & Facilitation at 8112 Woodington Ct., Indianapolis, IN 46259. The request must state the amendment desired and provide information in support of that amendment. We will act on your request within 60 calendar days. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying. We will also seek your agreement to share the amendment with relevant persons.

We may deny your request to amend medical information due to:

- Was not created by Integrated Support & Facilitation, 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 Integrated Support & Facilitation.
- Is not part of the information which you would be permitted to inspect and copy or
- Is accurate and complete

If we deny your request, we will inform you of the reason for the denial. You have the right to submit a statement disagreeing with the denial. We may prepare a rebuttal to the statement. All information will then be appended to the medical information involved or otherwise linked to it. All information regarding the denial and/or rebuttal will be included with any subsequent disclosures of the information.

➤ **Right to Accounting Disclosure**

You have the right to receive an accounting of disclosures. This is a list of disclosures we made of protected health information about you. The accounting may be for up to 6 years prior to the date on which you request the accounting. Integrate Supports & Facilitation will not include the following types of disclosures in the accounting:

- Information released to you.
- Information released with valid authorization signed by the individual
- Information released for business purposes, including submission of claims for payment, litigation, quality assurance, peer review and educational purposes.
- Information released to people involved in your care.
- Information released for national security or intelligence purposes or to correctional or law enforcement officials.
- Information for disaster relief purposes
- Information prior to April 14, 2003

❖ **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 limit on the protected health information we disclose about you to someone who is involved in your care, like a family member. For example, you could ask that we not use or disclose information about a specific treatment session you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. You also have the right to request restriction on disclosure of Protected health information if the disclosure is for payment or health care operations and pertains to a healthcare item for which you have paid out of pocket in full.

➤ **Right to Request Confidential Communication by Alternate Means**



You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail, phone, or text. To request confidential communications, you must request our admission form or submit a written request at any time to modify the way we communicate with you. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

➤ **Right to Receive Breach Notifications**

You have the right to receive notification in a timely manner if a breach of your protected health information occurs.

➤ **Right to a Paper Copy of This Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.integratedcmllc.com. To obtain a paper copy of this notice, contact your Wrap Around Facilitator.

Our Responsibilities

➤ **Our Right to Change the Notice of Privacy Practices**

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 any information we receive about you in the future. We will have the notice available on our website. The notice will contain the date it is effective on the bottom left corner of each page.

➤ **Complaints**

If you believe your privacy rights have been violated, you may file a complaint concerning our privacy policies and procedures, our compliance with those policies or procedures, or our compliance with legal requirements. You may file a complaint with Integrated Supports & Facilitation by contacting Marla Hoover or April Gibb, 8112 Woodington Ct, Indianapolis, IN 46259 or 317-799-1462. You may also contact us through our contact on our website at www.integratedcmllc.com

You may file a complaint with the United States Secretary of Health and Human Services at: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington D.C (District of Columbia), 20201. Complaints may also be filed online at <http://www.hhs.gov/ocr>. To file a complaint with Integrated Supports & Facilitation, contact the Managing Owners at 317-799-1462 All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

➤ **Questions and Information**

If you have questions or want more information concerning this Notice of Privacy Practices, please contact Marla Hoover or April Gibb at 8112 Woodington Ct, Indianapolis, IN 46259 or 317-799-1462