

## Open Arms Community Mental Health Center

"Always Striving to Ensure Quality Care"

## OPEN ARMS COMMUNITY MENTAL HEALTH CENTER, INC. HIPAA NOTICE OF PRIVACY PRACTICES April 2003

Under the Health Insurance Portability and Accountability Act of 1996 [HIPAA] Open Arms CMHC, Inc. is required to maintain the privacy of your protected health information and provide you with notice or our legal duties and privacy practices with respect to such protected health information.

**HOW OPEN ARMS CMHC, INC. MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:** The following describes the purposes for which Open Arms CMHC., Inc. is permitted or required by law to use or disclose your health information without your consent or authorization. Any other uses or disclosures will be made only with your written authorization and you may revoke such authorization in writing at any time.

**TREATMENT:** Open Arms CMHC, Inc. may use your health information for the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party.

**PAYMENT:** Open Arms CMHC, Inc. may use your health information to obtain reimbursement for the provision of health care. An example or payment would include, but is not limited to, obtaining third-party reimbursement, the determination or eligibility or coverage (including coordination or benefits or the determination or cost-sharing documents amounts), and adjudication or subrogation of health benefit claims.

**BEHAVIORAL HEALTH OPERATIONS:** Open Arms CMHC Inc. may use your behavioral health information for the following operations 1) conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, 2) case management and care coordination, and 3) business related matters such as administrative services.

**BUSINESS ASSOICATES:** There may be instances where services are provided to Open Arms CMHC, Inc. through contacts with third party business associates. Whenever a business associate arrangement involves the use or disclosure of your health information, Open Arms CMHC, Inc. will have a written contract that requires the business associate to maintain the highest standards of safeguarding your privacy that Open Arms CMHC, Inc. requires of all its employees and affiliates.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION: The following describes your rights under HIPAA regarding the health information we maintain about you.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request that Open Arms CMHC, Inc. restrict uses of disclosures of your health information to carry out treatment, payment, health care operations and business associates. Open Arms CMHC, Inc. is not required to agree to a restriction.

Client Signature			Date	Legal Representative Date		Date
Clinician Signature / Credentials			Date	Clinician Name (print legibly)		
		I HEREBY	REFUSE TO ACK	NOWLEDGE TH	IIS HIPPA FORM	
	n or authorized rep	dian or Authorized Represe oresentative, please provide leg		t proves such auth	nority under state law (i.e. Power	(Date) of Attorney, Living Will, or
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