

SAVIO
NOTICE OF USE OF PRIVATE HEALTH INFORMATION

Effective Date: April 14, 2003

FOR YOUR PROTECTION

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

GENERAL INFORMATION

Information regarding your health care, including payment for health care, is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. §1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under these laws, Savio may not say to a person outside Savio that you attend the program, nor may Savio disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

Savio must get your written permission before it can share information about you for payment purposes. For example, Savio must get your written permission before it can give information to the county in order to be paid for services. Generally, you must also give written permission before Savio can share information for treatment purposes or for business operations. However, federal law allows Savio to share some information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization / business associate;
2. For research, audit or evaluations;
3. For the purpose of staff training and case supervision and consultation;
4. To report a crime committed on Savio property or against Savio personnel;
5. To medical personnel in a medical emergency;
6. To appropriate authorities to report suspected child abuse or neglect; and
7. As allowed by a court order.

For example, Savio can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place.

Before Savio can use or disclose any information about your health in a way not described above, it must first get your specific written permission allowing it to make the disclosure. Any such written permission may be revoked by you in writing.

YOUR RIGHTS

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Savio is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Any requests of this nature should be made to the individual listed at the

end of this notice. Savio will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Savio, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. To obtain access to your health information maintained by Savio, you should make a written request to the individual listed at the end of this notice.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Savio's records, by submitting a written request that includes the reason supporting the amendment. HIPAA allows you to request and receive an accounting of disclosures of your health related information made by Savio during the six years prior to your request. You are permitted to receive the first accounting during a 12-month period free of charge. If you request further accountings within the same 12-month period, Savio may charge a cost-based fee. Requests for an accounting of disclosures should be submitted in writing to the individual listed below. You also have the right to receive a paper copy of this notice.

SAVIO'S DUTIES

Savio is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Savio is required by law to abide by the terms of this notice. Savio reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If the notice changes, you will be mailed an updated copy. You can obtain additional copies of this notice by asking your counselor or therapist.

COMPLAINTS AND REPORTING VIOLATIONS

You may complain to Savio and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You may complain to Savio by contacting one of the following individuals:

Adolescent Programs: Norma Aguilar-Dave Child Protection Programs: Julia Roguski
Savio
325 King Street
Denver, CO 80219
(303) 225-4100 or toll-free at 1-877-570-5918

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

CONTACT

For further information, you may contact the individuals named above.