

HIPAA Notice of Privacy Practices Abridged Version

Effective Date: __03/19/2018__

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW A RESIDENT CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the HIPAA Campus Privacy Officer.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Campus Privacy Officer.

1. Treatment, 2. Payment, 3. Health Care Operations, 4. Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services, 5. Individuals Involved in Your Care or Payment for Your Care, 6. Research

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Campus Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

- ***Right to Inspect and Copy***
- ***Right to an Electronic Copy of Electronic Medical Records***
- ***Right to Get Notice of a Breach***
- ***Right to Amend***
- ***Right to an Accounting of Disclosures***
- ***Right to Request Restrictions***
- ***Right to Request Confidential Communications***
- ***Right to an Unabridged 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 web site, www.Brooks-Howell.org. To obtain a paper copy of this notice, please contact our Campus Privacy Officer.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice on our campus website www.Brooks-Howell.org. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our campus or with the Secretary of the Department of Health and Human Services. To file a complaint with our campus, contact our Campus Privacy Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**