

**YOU ARE RECEIVING THIS NOTICE BECAUSE YOU ARE A PATIENT OF CLEANSLATE CENTERS. THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

## **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your written request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone, or not to contact you) or to send mail to a different address.
- We will say “yes” to your requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

## Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us:

CleanSlate Reportline

Tele: 1-844-338-7287

Online form: [www.Reportline.Ethicspoint.com](http://www.Reportline.Ethicspoint.com)

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

200 Independence Avenue, S.W.

Washington, D.C. 20201

calling 1-877-696-6775, or

Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

- We will not retaliate against you for filing a complaint.

## YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

## CLEANSLATE RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## OTHER INFORMATION / THINGS YOU SHOULD KNOW

We typically use or share your health information in the following ways.

### Treat you

Once you sign a consent to treatment, we can use your health information and share it with other professionals who are treating you. Example:

*We may need to disclose your health information to a case manager coordinating your care.*

## Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example:

*We use health information about you to manage your treatment, evaluate practitioners, and improve quality.*

## Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example:

*We give information about you to your health insurance plan so it will pay for your services.*

## We will not market or sell your health information.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)  
<http://www.healthinfoworld.org/federal-law/42-cfr-part-2>

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if the law allows or requires it.

## Address government requests

We can use or share health information about you:

- With health oversight agencies for activities authorized by law



## Respond to legal actions

We can share health information about you in response to a court order.

(See Health Insurance Portability and Accountability Act of 1996 (HIPAA))

If you have questions about any of the notices above:

### **CleanSlate Centers**

#### **Corporate Compliance and Privacy Office**

244 Main Street | PO Box 32

Tele: 413-584-2173, extension 103 | Fax: 413-584-2427