



NOTICE OF PRIVACY PRACTICES AND CLIENT RIGHTS

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

We respect client confidentiality and only release confidential information about you in accordance with state and federal law. This notice describes our policies related to the use of the records of your care generated by this clinic.

Privacy Contact. If you have any questions about this policy or your rights contact Jacquelyn Williams, National Director of Corporate Compliance, 903-769-1379, ext. 11.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our clinics. This includes for:

Treatment. We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our clinics that we are consulting with or referring you to.

Payment. If necessary, information may be used to obtain payment for the treatment and services provided. This will include contacting your guarantor, a third party collection agency, or health insurance company for prior approval of planned treatment, insurance verification, or for billing purposes.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff, accreditation surveys.

Information Disclosed Without Your Consent. Under state and federal law, information about you may be disclosed without your consent in the following circumstances:

Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

Follow-Up Appointment/Care. We may be contacting you to remind you of future appointments or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We will leave appointment information on your answering machine unless you tell us not to.

As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and /or neglect such as child abuse or elder abuse.

Coroners. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. There also might be a need to

share information with the Food and Drug Administration related to adverse events or product defects. We are also required to share information, if requested, with the Department of Health and Human Services to determine our compliance with federal laws related to health care.

Criminal Activity or Danger to Others. If a crime is committed on our premises or against our personnel we may share information with law enforcement to apprehend the criminal. We also have the right to involve law enforcement when we believe an immediate danger may occur to someone.

CLIENT RIGHTS

You have the following rights under state and federal law:

Copy of Record. You are entitled to inspect the client record our clinic has generated about you. We may charge you a reasonable fee for copying and mailing your record.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. This could include your attorney, employer, or other who you wish to have knowledge of your care. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization.

Restriction on Record. You may ask us not to use or disclose part of the clinical information. This request must be in writing. Meier Clinics is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information. This request should be given to the National Director of Corporate Compliance.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We have a right to verify that the payment information you are providing is correct. We also will be glad to provide you information by e-mail if you request it. If you wish us to communicate by e-mail, you are also entitled to a paper copy of this privacy notice.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. To do this contact the National Director of Corporate Compliance and ask for the *Request to Amend Health Information* form. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Accounting for Disclosures. You may request an accounting of any disclosures we have made related to your confidential information, except for information we used for treatment, payment, or health care operations purposes or that we shared with you or your family, or information that you gave us specific consent to release. It also excludes information we were required to release. To receive information regarding disclosure made for a specific time period no longer than six years and after April 14, 2003, please submit your request in writing to our National Director of Corporate Compliance. We will notify you of the cost involved in preparing this list.

Questions and Complaints. If you have any questions, or wish a copy of this Policy or have any complaints you may put these in writing to our National Director of Corporate Compliance, Jacquelyn Williams, at Meier Clinics, 190 PR 7869, Suite 1, Holly Lake Ranch, Texas 75765. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe our clinic has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. Meier Clinics reserves the right to change its Privacy Policy based on the needs of the clinic and changes in state and federal law.

CLIENT RIGHTS STATEMENT

The following rights are extended to each client in the Day Program and the Outpatient Clinic services for all ages without reservation or limitation:

1. The right of confidentiality: The client has the right to every consideration of privacy concerning his or her medical care program, including HIV status and testing. All case discussion, consultation, communications, records, and medical information pertaining to his or her care will be treated as private and confidential. Medical records may only be inspected or removed from the program office with administrative approval and written authorization of the client, or by law or court process. All communications and records pertaining to his/her care will be treated as confidential by Meier Clinics, except in cases such as suspected abuse and public health hazards (i.e. potential for violent or criminal activity toward self or another) when reporting is permitted or required by law;
2. The right to know that medical records are randomly selected by Meier Clinics National Director of Corporate Compliance for quarterly compliance audits. Copies of these records are sent to the director, who is a Licensed Professional Counselor, confidentially. Upon completion of the audit these copies are shredded. The purpose of the audit is to assure consistency and accuracy of billing and charting requirements;
3. The right to have impartial access to treatment regardless of age, psychological characteristics, sexual orientation, physical condition, race, religion, gender, ethnicity, marital status, HIV status, criminal record, or source of financial support;
4. The right to have personal dignity recognized and respected in the provision of all care and treatment;
5. The right to religious freedom;
6. The right to receive individualized treatment including the provision of an individualized treatment plan based upon information of all assessments, active participation in the development of the treatment plan by the client with periodic review of the plan by staff, and implementation and supervision of the plan by qualified professional staff;
7. The right to make decisions about the treatment plan prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of this action. In case of such refusal, the client is entitled to other appropriate care and services that Meier Clinics provides or they may transfer to another facility;
8. The right to know the immediate and long-term financial implications of treatment choices, insofar as they are known;
9. The right to obtain from clinician, or other staff involved in direct care, relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. The right to review the records pertaining to his/her treatment and to have the information explained or interpreted as necessary, except when restricted by law. If you request a copy of your records, we may charge you a reasonable fee for copying and mailing your record;
10. The right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, interns, residents, or other trainees;
11. The right to expect that, within its capacity and policies, the practice will make reasonable response to the request of a client for appropriate and medically indicated care and services. Meier Clinics must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a client has so requested, a client may be transferred to another clinician's care. The clinician to whom the client is to be transferred must first have accepted

the client for transfer. The client must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer;

12. The right to ask and be informed of the existence of business relationships among the clinic, hospital, educational institutions, other health care providers, or payers that may influence the client's treatment and care;
13. The right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct client involvement, and to have those studies fully explained prior to consent. A client who declines to participate in research or experimentation is entitled to the most effective care that the clinic can otherwise provide;
14. The right to receive prescribed services within the least restrictive but appropriate environment;
15. The right to assurance and protection of privacy and confidentiality of communication with treatment staff, and of material written in the client's individualized record;
16. The right to be presumed mentally competent unless a court has ruled otherwise;
17. The right to a clean and humane environment in which you are protected from harm, have privacy with regard to personal needs, and are treated with respect and dignity;
18. The right to be free from mistreatment, abuse, neglect, and exploitation;
19. The right to expect reasonable continuity of care when appropriate and to be informed by clinicians and other caregivers of available and realistic client care options;
20. The right to initiate a complaint or grievance, with the assurance of no retaliation, and to be informed of the appropriate grievance process;
21. The right to be informed that Meier Clinics has the right to terminate care with a 30 day written notification given to the client with a listing of referrals for continuity of care.
22. The right to request an amendment to your record if you believe something in your record is incorrect or incomplete. Ask for the *Request to Amend Health Information* form.
23. Prior to admission to the day program, you have the right to be informed of all program rules and regulations concerning your conduct and course of treatment.
24. If you have a complaint about the services provided, you may file a grievance by doing the following:
 - Step One: Discuss the issue with your Therapist or Doctor. He or she is there to help you with any issue that arises. It is never an inconvenience for them to assist you.
 - Step Two: If the Therapist or Doctor is not able to adequately assist you with your concern, talk with the Clinical Supervisor or Program Director for that clinic or program.
 - Step Three: If you have taken steps one and two, and still have not had your issues resolved, contact the Regional Director for the area where the clinic is located.
 - Step Four: If you are still not satisfied with the outcome, ask to speak with Nancy Brown, the President of Meier Clinics. She will be happy to help you if the others have been unable to. She can be reached by calling 1-800-848-8872. Your call will be handled first by you assuring her that you have gone through the above steps. If you have taken the appropriate steps, she will then work with you to resolve the situation as quickly as possible.

Filing of Complaints against HIPAA-covered entities believed to be non-compliant with HIPAA Privacy Rule

Complaints must be written to the Secretary of HHS, have occurred on or after April 14, 2003, and meet the following requirements:

- Be filed in writing, either on paper or electronically;
- Name the entity that is the subject of the complaint and describe the acts or omission believed to be in violation of the applicable requirements;
- Be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred, unless this time limit is waived by the OCR for good cause shown;

Electronic complaints should be sent to OCRCComplaint@hhs.gov. Mailed complaints must be addressed to the OCR regional office that is responsible for matters relating to the Privacy Rule arising in the State or jurisdiction where the covered entity is located. The list below provides the appropriate addresses for filing complaints:

Region III (Delaware, Washington D.C., Maryland, Pennsylvania, Virginia, or West Virginia)

Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111

Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi North Carolina, South Carolina, or Tennessee)

Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW.,
Atlanta, GA 30303-8909

Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, or Wisconsin)

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601

Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, or Texas)

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202

Region VII (Iowa, Kansas, Missouri, or Nebraska)

Office for Civil Rights
U.S. Department of Health and Human Services
601 East 12th Street – Room 248
Kansas City, MO 64106

Region IX (American Samoa, Arizona, California, Guam, Hawaii, or Nevada)

Office for Civil Rights
U.S. Department of Health and Human Services
50 United Nations Plaza – Room 322
San Francisco, CA 94102

Region X (Alaska, Idaho, Oregon, or Washington)

Office for Civil Rights
U.S. Department of Health and Human Services
2201 Sixth Avenue – Suite 900
Seattle, WA 98121 - 1831

