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**HIPPA PRIVACY POLICY**

 **NOTICE OF PRIVACY PRACTICES**

1. **OUR PLEDGE REGARDING MEDICAL INFORMATION**

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at Addiction Health Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

**2. OUR LEGAL DUTY**

**Law Requires Us To:** Keep your medical information private; Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.

**We Have the Right To:** Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law; Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes. Notice of Change to Privacy Practices: Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

**3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

**FOR TREATMENT:**  We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, dentists, technicians, medical students, or other people who are taking care of you. We may also share medical information about you the other non-chemical dependency providers to assist them in treating you.

**FOR PAYMENT:**  We may use and disclose your medical information for payment purposes.

**FOR HEALTH CARE OPERATIONS:**  We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training program, and getting accreditation, certificates, licenses and credentials we need to serve you.

**ADDITIONAL USES AND DISCLOSURES:**  In addition to using and disclosing your medical information for treatment, payment and health care operations, we may use and disclose medical information for the following purposes.

1. **Facility Directory:** Unless you notify us that you object, the following medical information about you will be placed in our facilities directories; your name, your location in our facility, your condition described in general terms, your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.
2. **Notification:**  Medical information to notify or help to notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgement to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.
3. **Disaster Relief:**  Medical information with a public or private organization or person who can legally assist in disaster relief efforts.
4. **Research in Limited Circumstance**s: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.
5. **Funeral Director, Coroner, and Medical Examiner:** To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.
6. **Specialized Government Function:**  Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
7. **Court Orders and Judicial and Administrative Proceedings:** We may disclose medical information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances

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