



NOTICE OF PRIVACY PRACTICES

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

The Council on Alcoholism and Drug Abuse of Northwest Louisiana (CADA) understands that your health information is private and confidential. It is designated as your protected health information or "PHI". We are required by federal law – the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and 42 USC § 290dd-2 and 42 CFR Part 2, which govern the confidentiality of substance use disorder patient records (Part 2) – maintain the privacy of your PHI, which includes any protected information that we obtain from you or others that relates to your past, present or future physical or mental health, the healthcare you have received, and payment for your healthcare. Under these laws, CADA may not say to a person outside of CADA that you are receiving services, or have received services from CADA, or disclose any information identifying you as having or having had a substance use disorder, or disclose any other protected information about you, except as permitted by federal law and/or your written consent.

As required by law, this notice provides you with information regarding your rights and our legal duties and practices with respect to the privacy of your PHI. This notice will also explain the uses or disclosures we will make of your PHI. CADA is required by law to comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice at any time. Any revisions of this notice will be effective for all PHI that we maintain at that time. Any revised Notice of Privacy Practices will be made available upon request, by calling or writing to the CADA Compliance/Privacy Officer, or by accessing CADA's website. In addition, CADA must notify you if you are affected by a breach of unsecured PHI.

CADA has designated a Compliance/Privacy Officer available to assist you with any questions or problems relating to matters covered under this Notice. You may contact CADA's Compliance/Privacy Officer by calling our Administrative Offices at (318) 222-8511, or by writing to:

CADA Compliance/Privacy Officer
2000 Fairfield Avenue
Shreveport, LA 71104

PERMITTED USES AND DISCLOSURES WITH WRITTEN CONSENT

With your written consent, we can use or disclose your PHI for purposes of treatment, payment, and healthcare operations. For each of these categories of use and disclosures, we have provided a description and an example below. However, not every particular use or disclosure in every category will be listed.

1. **Treatment** means the provision, coordination or management of your healthcare, including consultations between healthcare providers relating to your care and referrals from one healthcare provider to another. For example, a psychiatrist treating you may need to know if you have a particular medical condition because such condition may affect the type of medication he/she provides.
 2. **Payment** means the activities we undertake to obtain payment for healthcare provided to you, including billing, collections, claims management, determinations of eligibility and coverage for insurance benefits, and other utilization review activities. For example, prior to providing healthcare services, we may need to provide information to your insurance company about your condition to determine whether the proposed course of treatment will be covered. When we subsequently bill your insurance company for the services rendered to you, we can provide the information regarding your care if necessary to obtain payment.
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3. **Healthcare Operations** refers to the support functions related to treatment, such as quality assurance activities, case management, receiving and responding to client comments and complaints, practitioner reviews, compliance programs, audits, business planning, development, management, and administrative activities. For example, we may use your PHI to evaluate the performance of our staff when caring for you. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, therapists, nurses, social workers, technicians, students and others for review and learning purposes. In addition, we may remove information that identifies you from your client information so that others can use the unidentified information to study healthcare delivery without learning who you are.

OTHER USES AND DISCLOSURES WITH WRITTEN CONSENT

Other uses and disclosures of your PHI may be made with your written consent, unless otherwise permitted or required by law, as described below.

1. We may disclose to your family, relatives, close friends or any other individual identified by you PHI directly related to such person's involvement in your care or the payment of your care. We may use or disclose your PHI to assist in the notification of a family member, a personal representative, or another person responsible for your care, of your location, health condition, or death. If you are present or otherwise available, we will give you an opportunity to object to these disclosures. If you are not present or otherwise unavailable, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.
2. We may disclose your information to individuals within the criminal justice system who have made participation in our programs a condition of the disposition of any criminal proceedings against you or your parole or other release from custody. The disclosure will be made only to those individuals within the criminal justice system who have a need for the information in connection with their duty to monitor your progress.
3. We may disclose your information to a central registry or to any withdrawal management or maintenance treatment program not more than 200 miles away for the purpose of preventing multiple enrollment.
4. We may disclose your information to a prescription drug monitoring program as required by state law.
5. We may contact you to provide appointment reminders for treatment.
6. We may contact you as part of fundraising and marketing efforts as permitted by law.
7. We may contact you to recommend possible treatment alternatives to other health-related benefits and services that may be of interest to you.

We may use and disclose your PHI if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to the use or disclosure under the circumstances.

CADA'S USE OF INTERNS DURING COUNSELING SESSIONS

CADA sometimes has interns, who are students at our local schools who are training to be counselors or social workers. These interns spend time at CADA to learn more about their profession before they graduate. These interns are supervised by CADA staff and by their instructors and supervisors at the schools they attend. These interns and their supervisors at the schools they attend must follow the same federal laws and regulations that govern your privacy as do all the CADA staff.

If you consent in writing to having an intern participate in your treatment, that intern will serve as your counselor at CADA, with supervision by CADA's staff. That intern will sit in on your counseling sessions and/or conduct your counseling sessions. In addition, an intern may be required by their school to record one or more of your counseling sessions if you agree to it. The intern will share this recording with his or her supervisor at his or her school, so that the supervisor can give feedback to improve the intern's skills. Also, the intern's supervisor at the school may ask to sit in on one or more of your counseling sessions, if you agree. The use of interns gives CADA the chance to help train new professionals to provide services to people with substance use disorders.



CADA will not deny treatment or services to you based on whether you agree or do not agree to having an intern or the intern's school supervisor sit in on or record your counseling sessions. It's up to you. You will be given a consent form which will allow you to agree to, or to opt out of, having an intern involved in your treatment at CADA.

OTHER PERMITTED USES AND DISCLOSURES THAT MAY BE MADE *WITHOUT* YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

Among CADA Personnel: We may use or disclose information between or among personnel having a need for the information in connection with their duties that arise out of the provision of diagnosis, treatment, or referral for treatment of alcohol or drug abuse, provided such communication is within CADA. For example, our staff, including doctors, nurses, and clinicians, will use your PHI to provide your treatment care.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, CADA shall attempt to obtain your consent as soon as reasonably practical after the delivery of treatment. If the physician or any other CADA staff member is required by law to treat you and has attempted to obtain your consent but is unable to obtain your consent, he/she may still use or disclose your PHI to treat you. Your PHI may be used or disclosed to medical personnel of the Food and Drug Administration (FDA) who assert a reason to believe that the health of any individual may be threatened by an error in the manufacture, labeling, or sale of a product under FDA jurisdiction, and that the information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers. Your PHI may also be used or disclosed if CADA is closed or unable to provide services during a temporary state of emergency declared by a state or federal authority as the result of a natural or major disaster, until CADA resumes normal operations.

Military and Veterans: If you are a former or current member of the Armed Forces, we may release health information about you as required by military command authorities.

Audit and Evaluation Activities: We may disclose your information to persons conducting certain audit and evaluation activities, provided the person agrees to certain restrictions on disclosure of information.

Research: We may use or disclose your information for research if certain requirements are met, such as approval by an Institutional Review Board. Any entity conducting scientific research using PHI is fully bound by the regulations and restrictions in 42 CFR Part 2. All research projects are subject to a special approval process that balances research needs with a client's need for privacy. When required, we will obtain a written authorization from you prior to using your health information.

Legal/Law Enforcement: We may disclose your PHI in response to a court order, subpoena or arrest warrant **ONLY** if a specially authorized court order from an appropriate court of competent jurisdiction is received after a court hearing has been convened and CADA and you have been notified and given the opportunity to appear at such hearing.

Additionally, we may release your PHI to a law enforcement official if applicable legal requirements are met:

1. About criminal conduct or the threat of criminal conduct on CADA premises or against CADA personnel.
2. Per the requirements of state law, if child abuse or neglect is suspected.

Reporting of Death: We may disclose your information related to cause of death to a public health authority that is authorized to receive such information. Any further disclosure would require consent by an executor, administrator, or other personal representative appointed under applicable state law.

Qualified Service Organization/Business Associate: We may disclose your PHI to a qualified service organization/business associate, with which CADA has a written agreement that requires the qualified service organization/business associate to comply with HIPAA and Part 2, and to protect the privacy of your health information.

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization.



RIGHT TO REVOCATION AND AUTOMATIC EXPIRATION OF CONSENT

You have the right to revoke your authorization at any time, provided that the revocation is in writing. Your revocation will only be effective from the date that CADA receives it in writing, and will not apply to actions that CADA already has taken in reliance upon your authorization. To revoke your authorization, submit a clearly-written, dated and signed letter of revocation to the CADA's Compliance/Privacy Officer at 2000 Fairfield Avenue, Shreveport, LA 71104.

In those instances where CADA must obtain your written authorization for a use or disclosure of your PHI, your written authorization will expire automatically one year after you sign it, unless you have revoked it in writing prior to that date.

YOUR PRIVACY RIGHTS

1. You have the right to request restrictions on our uses and disclosures of any part of your health information for treatment, payment and healthcare operations. However, we are not required to agree to your request if we believe it is in your best interest to permit use and disclosure of your PHI. To request a restriction, you must make your request in writing to the Compliance/Privacy Officer of the Council on Alcoholism and Drug Abuse of Northwest Louisiana.
2. You have the right to reasonably request confidential communications of your PHI by alternative means or at alternative locations. For example, you may wish to be contacted only at work or by mail. To make such a request, you must submit your request in writing to CADA's Compliance/Privacy Officer
3. You have the right to inspect and copy the PHI contained in your medical and billing records used by us to make decisions about you, except:
 - a. For psychotherapy notes, which are notes that have been recorded by a mental health professional documenting or analyzing the contents of conversations during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record;
 - b. For the information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
 - c. If you are a prison inmate, and your information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, of the safety of any officer, employee or other person at the correctional institution or person responsible for transporting you;
 - d. If we obtained or created PHI as part of a research study, for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research;
 - e. For PHI contained in records kept by a federal agency or contractor when your access is restricted by law;
 - f. For PHI obtained from someone other than CADA under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of information.
 - g. If a licensed healthcare professional has determined, in exercise of professional judgment, that the access requested is reasonably likely to endanger your life or physical safety or that of another person.
 - h. If the PHI makes reference to another person (unless such person is a healthcare provider) and a licensed healthcare professional has determined, in exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to you or another person.
4. You have the right to request a paper copy of this Notice of Privacy Practices – just ask the CADA employee who is handling your admission, or your counselor, or the CADA Program Director at the facility where you are receiving services.
5. You have the right to request an amendment to your PHI. Any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records. However, we may deny your request for amendment for any of the following reasons:
 - a. We did not create the information.
 - b. The person or entity that created the information is no longer available to make the amendment.
 - c. The information is not part of the medical or billing records kept by our organization.



- d. The request pertains to information that you are not permitted to inspect or copy, as explained above.
- e. The information is complete and accurate.

In order to request an amendment to your health information, you must submit your request in writing to CADA's Compliance/Privacy Officer, along with the description of the amendment you want made, and the reason for your request.

- 6. You have the right to receive an accounting of disclosures of PHI made by us to individuals or entities other than you for six years prior to your request. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations. It excludes routine disclosures, the organization's directory, and law enforcement officials. It also excludes disclosures to family and friends involved in your care.

To request an accounting of disclosures of your health information, you must submit your request in writing to CADA's Compliance/Privacy Officer. Your request must state a specific time period for the accounting. You may be charged a fee for the administrative costs of retrieving, copying, mailing, and any other activities associated with your request.

COMPLAINTS

The violation of the federal law and regulations by a Part 2 program is a crime. If you believe that your privacy rights have been violated, you should immediately contact CADA's Compliance/Privacy Officer at 2000 Fairfield Avenue, Shreveport, LA 71104, or at (318) 222-8511. We will not take action or retaliate against you for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services. Contact the United States Department of Health and Human Services at (877) 696-6775.