

NOTICE OF PRIVACY PRACTICES

Comprehensive Systems, Inc.

1700 Clark Street

P. O. Box 457

Charles City, IA 50616

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

If you have any questions about this Privacy Notice, please contact our Privacy Officer at 641-228-4842.

I Introduction

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected health information” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II How We Will Use and Disclose Your Health Information

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. Uses and Disclosures for Treatment, Payment and Operations

1. **For Treatment.** We will use and disclose your health information without your authorization to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care.

We may also disclose your health information among our consultants and other staff who work at Comprehensive Systems, Inc. For example, our staff may discuss your care at a staffing.

In addition, we may disclose your health information without your authorization to another health care provider (e.g., your primary care physician or a laboratory) working outside of Comprehensive Systems, Inc. for purposes of your treatment.

2. **For Payment.** We may use or disclose your health information without your authorization so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:

- making a determination of eligibility or coverage for health insurance;
- reviewing your services to determine if they were medically necessary;
- reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

For example, your funding source may ask us to share your health information in order to determine if they will approve additional services. We may also disclose your health information to another health care provider so that provider can bill you for services they provided to you, for example, an ambulance service that transported you to the hospital.

3. For Health Care Operations. We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our consumers receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our consultants, training staff, licensing, accreditation, business planning and development and general administrative activities. We may combine health information of many of our consumers to decide what additional services we should offer, what services are no longer needed, and whether certain services are effective.

We may also provide your health information to other health care providers or to your funding source to assist them in performing their own operations. We will do so only if you have or have had a relationship with the other provider or funding source. For example, we may provide information about you to your funding source to assist them in their financial obligation.

We may use and disclose your health information to inform you about possible service options.

4. Fund-raising Activities. We may use or disclose health information about you to contact you about raising money for our programs, services and operations. We may disclose health information to our fund-raising entity, Comprehensive Systems, Inc. Foundation, so that the entity may contact you to raise money for us. If we disclose such information, we will only release basic contact information, such as your name and address and the dates you were provided service, but we will not provide information about your treatment. If you do not want us to contact you for fund-raising purposes, you must notify the Privacy Officer in writing at PO Box 457, Charles City, IA 50616. Please state clearly that you do not want to receive any fund-raising solicitations from us.

B. Uses and Disclosures That May be Made Without Your Authorization, But for Which You Will Have an Opportunity to Object.

1. Facility Directory. We maintain a limited facility directory within our residential program for the purpose of allowing visitors and callers to locate you. This limited information will only be provided to individuals who ask for you by name and may include your name, location in the home, and your general condition, but will not disclose the diagnosis or type of service you are receiving.

When you are admitted to our residential services, you will generally have an opportunity to restrict visits and telephone calls from individuals as you choose.

2. Persons Involved in Your Care. We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, legal representative or any other person that is responsible for your care, of your location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make

health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case, we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

And, if you are not in an emergency situation, but are unable to make health care decisions, we will disclose your health information to:

- a person designated to participate in your care in accordance with an advance directive validly executed under state law.
- your guardian or other fiduciary if one has been appointed by a court, or
- if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.

1. Emergencies. We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a physician is required by law to treat you, and your treating physician has attempted to obtain your authorization but is unable to do so, the treating physician may nevertheless use or disclose your health information to treat you.

2. As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

3. As Authorized By Law. We may also use or disclose your protected health information without your authorization as permitted by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, organ donations, medical examiners and coroners, and research purposes. Information will only be used/disclosed without your authorization as permitted by the applicable state or federal law.

4. To Avert a Serious threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

5. Organ and tissue Donation. If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye, or tissue donation and transplantation.

6. Public Health Activities. We may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:

- report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- report vital events such as birth or death;
- conduct public health surveillance or investigations;
- report abuse or neglect;
- report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
- notify consumers about FDA-initiated product recalls;
- notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
- notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

7. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.

8. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court or administrative agency upon order of a judge, under a lawful subpoena or upon our initiative if we are a party or witness in the proceeding.

9. **Law Enforcement Activities.** We may disclose health information to a law enforcement official for law enforcement purposes when:

- a court order, subpoena, warrant, summons or similar process requires us to do so; or
- the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
- we report a death that we believe may be the result of criminal conduct; or
- we report criminal conduct occurring on the premises of our facility; or
- we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
- the disclosure is otherwise required or authorized by law.

10. **Medical Examiners or Funeral Directors.** We may provide health information about our consumers to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our consumers to funeral directors as necessary to carry out their duties.

11. **Military and Veterans.** We may disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs.

12. **National Security and Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

13. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

14. **Worker's Compensation.** We may disclose health information about you to comply with the state's Workers' Compensation Law.

D. Uses and Disclosures of Your Health Information requiring Your Permission.

Uses and disclosures not described in paragraphs A,B, and C of Section II of this Notice of Privacy Practices will only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

E. More Stringent Laws.

Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health federal information are often given more protection. In the event your Protected Information is afforded greater protection under federal or state law, we will comply with the applicable law.

III Your Rights Regarding Your Health Information

A. Right to Inspect and Copy.

You have the right to request an opportunity to inspect or copy health information used to make

decisions about your care - whether they are decisions about your services or payment of your care. Usually, this would include program plan and billing records, but not psychotherapy notes.

You must submit your request in writing to our Privacy Officer at P.O. Box 457, Charles City, IA 50616. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

B. Right to Amend.

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care - whether they are decisions about your services or payment of your care. Usually, this would include program plans and billing records, but not psychotherapy notes.

To request an amendment, you must submit a written document to our Privacy Officer at P.O. Box 457, Charles city, IA, 50616, and tell us why you believe the information is incorrect or inaccurate.

We may deny your request if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is no longer available to make the amendment.
- is not part of the health information we maintain to make decisions about your care.
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

C. Right to an Accounting of Disclosures.

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of services, payment, and health care operations. To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at P.O. Box 457, Charles City, IA 50616. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003.

The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

D. Right to Request Restrictions.

You have the right to request a restriction on the health information we use or disclose about you for services, payment or health care operations. To request a restriction, you

must request the restriction in writing addressed to the Privacy Officer at PO Box 457, Charles City, IA. The Privacy Officer will ask you to sign a "Request for Restriction" form, which you should complete and return to the Privacy Officer.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must make your request in writing to the Privacy Officer at P.O. Box 457, Charles City, IA 50616. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

F. Right to a Paper Copy of this Notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact our Privacy Officer at P.O. Box 457, Charles City, IA 50616.

IV Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with us, follow the grievance procedure found in the consumer handbook. All complaints must be submitted in writing.

Our Privacy Officer, who can be contacted at P. O. Box 457, Charles City, IA 50616, will assist you with writing your complaint, if you request such assistance.

We will not retaliate against you for filing a complaint.

V Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will have available a copy of the current Notice of Privacy Practices at our main office and at each site where we provide services. You may also obtain a copy of the current Notice of Privacy Practices by accessing our website at www.comprehensivesystems.org or by calling us at 641-228-4842 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

Effective Date: April 4, 2003

Reviewed 07/07/06

Revised 10/26/07, 05/09/09

P110

April 4, 2003

To Whom It May Concern:

Comprehensive Systems, Inc. must comply with HIPAA regulations. HIPAA stands for Health Insurance Portability and Accountability Act of 1996. HIPAA provides a framework for the establishment of nation-wide security standards and the protection of the confidentiality of health information. You may have already heard of HIPAA and been asked to sign a receipt of privacy notice from other organizations that provide health care services to you.

The following privacy notice explains how consumers receiving support services from Comprehensive Systems, Inc. will be protected. The privacy notice was designed to cover every conceivable situation. As you read the following pages you may notice that not every situation will apply to you.

The HIPAA regulation mandates that every consumer or representative must receive the privacy notice and sign the acknowledgment form. Please read the following pages, sign the form, and return it in the enclosed stamped, self-addressed envelope.

Thank you.

The HIPAA Committee:

Mary Pat Cole
Laura Wallace
Laura Wilde
Diane Brandt
Christine Gohr