

**Side by Side Brain Injury Clubhouse, Inc.
1001 Main Street
Stone Mountain, GA 30083**

NOTICE OF PRIVACY PRACTICES

**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 notice, please contact Cindi Johnson, Side by Side Brain Injury Clubhouse's Privacy Officer at 770-469-9355.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) guarantees certain protections for you concerning the use or sharing of your individually identifiable health information. Individually identifiable health information includes information about you that is collected in the process of providing health care, and may include your name, address, phone number, Social Security Number, hospital record number, reason for providing health care and the type of treatment you receive.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

HIPAA permits certain uses of protected health information to carry out treatment, to process payment for delivery of treatment, or for other purposes associated with operations of the hospital. YOUR APPROVAL IS NOT REQUIRED FOR THESE PERMITTED USES OF YOUR HEALTH INFORMATION. The following examples illustrate how your health information may be used or shared with others without obtaining your approval in advance.

For Treatment. We may document your name and the reason you are receiving treatment to share among the staff who will provide your care. Your health information may also be shared with others outside of the clubhouse in order to coordinate your care, such as assisting you to make a medical appointment.

For Payment. We may use your health information to bill and collect payment from you, or another third party. We may share your health information with your payer source to obtain prior approval for payment or to determine if your payer will cover the services.

For Healthcare Operations. We may use your health information as part of the statistics we collect on operations of the clubhouse. We may use this information, for example, to determine the demand for certain types of services or to evaluate the quality of services provided.

Other uses or disclosures of your health information that do not require your prior approval. State and federal regulations require us to use or share your health information in certain circumstances. These disclosures are usually made to ensure the health and safety of the public at large. THE FOLLOWING USES AND DISCLOSURES ARE REQUIRED OR PERMITTED BY LAW AND MAY BE MADE WITHOUT YOUR WRITTEN PERMISSION:

Public Health Activities. We may share your health information with public health authorities that are authorized by law to collect health information for the purposes of preventing or controlling disease, injury, or disability.

Health Oversight Activities. We may share your health information with an agency that is authorized to conduct health oversight activities. Health oversight activities include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary to monitor organizations that provide health care and to ensure conformance with applicable state and federal regulations.

Lawsuits and Disputes. We may share your health information with courts or administrative agencies that are authorized to resolve lawsuits or disputes. We may share your health information as required by court order, subpoena, a discovery request, or other lawful process issued by a judge.

Workers Compensation. We may share your health information with workers compensation programs when your health condition arises out of a work-related illness or injury.

Law Enforcement. We may share your health information in response to a request received from a law enforcement official in response to a court order, subpoena, warrant, summons, or similar lawful process.

Coroners, Medical Examiners, or Funeral Directors. We may share your health information with a coroner, medical examiner, or funeral director, for example, to identify a deceased person or determine the cause of death.

Military, Veterans, National Security, Intelligence. If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by government authorities to release your health information. We may also release information about foreign military personnel to the appropriate foreign military authority.

Organ and Tissue Donation. If you are an organ donor, we may share your health information with organizations that handle organ procurement or organ, eye, or tissue transplantation, as necessary, to facilitate such donation or transplantation.

Research. We may use or share your health information for research projects under certain, limited circumstances. Because all research is subject to a special approval process, we will not use or share your health information for research purposes until the research project has been approved.

Information Not Personally Identifiable. We may use or share health information about you in a way that does not personally identify you or reveal who you are.

Uses or Disclosures of your Health Information with your Verbal Permission. We may use or share your health information without your written permission, if we inform you in advance and give you an opportunity to agree to or prohibit or restrict these possible uses or disclosures of your health information. Your health information may be used or shared in the following ways:

Friends and Family. We may share health information with your family members or friends if you do not raise an objection. We may also share health information with your family or friends if we believe from the circumstances that you would not object. For example, we may assume that you agree to let us share your health information with a family member if they accompany you to the clubhouse or while your progress is being discussed.

Individuals Involved in Your Care. We may share your health information with individuals—such as family, friends, or caregivers—who are involved in your care or who help pay for your care. We may also share your health information with an organization assisting in disaster relief efforts, such as the Red Cross, for purposes of notifying your family or friends involved in your care about your condition, status, and location. Unless it is an emergency situation, you may choose to prohibit or restrict sharing of your health information in this way by indicating verbally that you object.

Member Directory. We may use or disclose limited health information about you (your name, address, phone number,) in a member data base, which may be used to contact you regarding upcoming social events or other opportunities of interest. You may choose to prohibit or restrict sharing of your health information in this way by indicating verbally that you object.

Other uses and disclosures of your health information. We will not use or share your health information for any purpose other than those noted above without your specific, written authorization to do so. If you give us authorization to use or share your health information, you may revoke this authorization, in writing, at any time. If you revoke authorization, we will no longer use or share information about you for the reasons covered by the authorization but we cannot take back any uses or disclosures already made with your permission. Examples of uses and disclosures that would require your written authorization include the following:

- A request to provide certain information about you to a medical equipment supply company for the purposes of marketing.
- A request to provide your health information to an attorney for use in a civil litigation claim.
- HIV or substance abuse information about you. This information can only be released with a special authorization that complies with the law governing HIV or substance abuse records.

Other reasons we may contact you. In addition to using or sharing your health information, there may be occasions when we contact you in the future.

- Appointment reminders. We may contact you to remind you that you have an appointment with someone at Side by Side Clubhouse.
- Treatment alternatives. We may contact you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health-related products and services. We may contact you to tell you about new products or services that may be of interest to you.
- Side by Side Clubhouse publications. We publish newsletters for members and supporters and you may receive these without prior notice. If you do receive a publication from Side by Side Clubhouse, we will give you the opportunity to request that we not send you the publication in the future.
- Fundraising. We may also contact you to extend opportunities to support the Clubhouse's work, through financial contributions or volunteering. If we do contact you for fundraising purposes, we will give you the opportunity to request that we not contact you in the future for marketing, promotional, or fundraising purposes.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. In order to inspect

or copy your health information you must submit a written request to Cindi Johnson, Executive Director, Side by Side Brain Injury Clubhouse 1001 Main Street Stone Mountain, GA 30083. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other expenses. We may deny your request in certain circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed healthcare professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to Cindi Johnson, Executive Director, Side by Side Clubhouse, 1001 Main Street Stone Mountain ,GA. 30083.

Right to an Accounting of Disclosure: You have the right to request an “account of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and healthcare operations. To obtain this list, you must submit your request in writing to: Cindi Johnson, Executive Director, Side by Side Clubhouse, 1001 Main Street, Stone Mountain, GA. 30083. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list.

Right to Request Restrictions or Confidential Communications. You have the right to request a restriction or limitation on the health information we use of disclose about you for treatment, payment or healthcare operations. You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member of friend. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. You also have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. To request restrictions or confidential communications, you may complete and submit the Request For Restrictions on Use/Disclosure of Medical Information to: Cindi Johnson, Executive Director, Side by Side Clubhouse 1001 Main Street, Stone Mountain, GA 30083.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact: Cindi Johnson, Executive Director, Side by Side Brain Injury Clubhouse 1001 Main Street Stone Mountain, GA 30083. You will not be penalized for filing a complaint.