

Alpine Clinic, LLC

NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

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.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, “medical information.”

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Who Is Bound By This Notice?

This Notice of Privacy Practices describes the practices of Alpine Clinic/Alpine Counseling center as well as of all physicians, psychologists, social workers, counselors, administrative staff and clerical workers affiliated with Alpine Clinic.

This notice applies to the following delivery sites: 3660 Rome Drive, Lafayette, Indiana, and 3733 Rome Drive, Lafayette, Indiana.

We all will follow what is said in this Notice.

How We May Use and Disclose Medical Information About You.

We will share medical information about you with each other as necessary to carry out treatment, payment, or our health care operations.

1-16

“Normally, we use and disclose medical information about you for a number of different purposes. However, we will only disclose medical information about you after you have authorized use in writing to make the disclosure in question. In the event of a medical emergency, we will disclose your medical information as necessary to deal with the emergency.

Furthermore, Alpine Clinic is required by law to respond to court orders and if we receive a court order requesting your medical information, we will respond to that order”

1. For Treatment.

We may use medical information internally about you to provide, coordinate or manage your health care and related services provided by us. For example, when different treatment providers you are seeing here at Alpine Clinic need to discuss your care in order to coordinate services..

2. For Payment.

We may use and disclose medical information about you so we can be paid for the services we provide to you, as outlined in the consent for Release of Information to the Insurance Company. This can include billing you, your insurance company, or a third party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain determination if you are covered by that insurance or program.

3. For Health Care Operations.

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate Alpine Clinic and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers and students working in Alpine Clinic. We also may use the information to study ways to more efficiently manage our organization.

4. How We Will Contact You.

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages

for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 6 of this Notice.

5. Appointment Reminders.

We may use and disclose medical information about you to contact you to remind you of an appointment you have with us.

6. Treatment Alternatives.

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

7. Health Related Benefits and Services.

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.

8. Disaster Relief.

We may use and disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you or your location, general condition or death.

9. Required by Law.

We may use or disclose medical information about you when we are required to do so by law.

10. Victims of Abuse, Neglect or Domestic Violence.

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

11. Health Oversight Activities.

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

12. Judicial and Administrative Proceedings.

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court.

13. Disclosures for Law Enforcement Purposes.

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court order.
- c. About an actual or suspected victim of a crime and that person authorizes the disclosure. If we are unable to obtain that person's authorization we will only respond to a court order.
- d. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- e. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

14. Coroners and Medical Examiners.

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

15. Research.

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Alpine Clinic during that person's review of the information. Alpine will always secure a written authorization from you before any information is released.

16. To Avert Serious Threat to Health or Safety.

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

17. Other Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying the staff member working with you or The Medical Director, 3660 Rome Drive, Lafayette, Indiana 47905 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

Your Rights With Respect to Medical Information About You.

You have the following rights with respect to medical information that we maintain about you.

1. Right to Request Restrictions.

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to staff member working with you or write the Medical Director at, 3660 Rome Drive, Lafayette, Indiana 47905, (765) 446-9394 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We will agree to your restriction and we will follow that restriction unless the information is needed to emergency treatment. You can later terminate this restriction by notifying in writing the staff member working with you or The Medical Director at 3733 Rome Drive, Lafayette, Indiana, 47905.

2. Right to Receive Confidential Communications.

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to the staff member working with you or The Medical Director at 3722 Rome Drive, Lafayette, Indiana 47905. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

3. Right to Inspect and Copy.

With a few very limited exceptions you have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to the staff member working with you or the Medical Director at 3733

Rome Drive, Lafayette, Indiana 47905. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

4. **Right to Amend.**

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to The Medical Directory at 3733 Rome Drive, Lafayette, Indiana 47905. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

5. Right to an Accounting of Disclosures.

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for disaster relief purposes;

- f. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- g. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to The Medical Director, 3733 Rome Drive, Lafayette, Indiana 47905. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

6. Right to Copy of this Notice.

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.alpineclinic.com.

To obtain a paper copy of this notice by writing The Medical Director at, 3733 Rome Drive, Lafayette, Indiana 47905.

Our Duties

7. Generally.

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

8. Our Right to Change Notice of Privacy Practices.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

9. Availability of Notice of Privacy Practices.

A copy of our current Notice of Privacy Practices will be posted In the waiting room at each of Alpine's sites. A copy of the current notice also will be posted on our web site, www.alpineclinic.com.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting The Medical Director at 3733 Rome Drive, Lafayette, Indiana 47905, (765) 446-9394.

10. Effective Date of Notice.

The effective date of the notice will be stated on the first page of the notice.

11. Complaints.

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact The Medical Director at, 3733 Rome Drive, Lafayette, Indiana 47905. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

You will not be retaliated against for filing a complaint.

12. Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact The Medical Director at, 3733 Rome Drive, Lafayette, Indiana 47905, (765) 446-9394.

Patient Rights

As a patient of Alpine Clinic/Alpine Counseling Center, you have certain rights that you need to be made aware of and understand to ensure that you are able to fully benefit from the services we offer. If for any reason you feel that one of your rights has not been fully respected by Alpine Clinic/Alpine Counseling Center staff, please let us know immediately.

- You have a right to be informed of your rights prior to the furnishing of services.
- You have the right to participate in the development and implementation of your treatment with the treatment designed to maximize your opportunity for improvement.
- You have the right to receive services that are delivered in accordance with the standards of professional practice and which are appropriate to your individual needs.
- You have the right to know the nature of your treatment or habilitation program offered.
- You have the right to know the effects of receiving and not receiving the treatment or habilitation.
- You have the right to information regarding alternative treatments or habilitation, if any.
- You have the right to be treated without regard to religious preference, sexual orientation, race, creed or color.
- You have the right to practice your own religion.
- You have the right to refuse treatment.
- You have the right to personal privacy.
- You have the right to receive humane care in a safe setting.
- You have the right to be free from all forms of abuse or harassment, including intimidation and coercion.
- You have the right to be free from seclusion and/or restraints of any form that are not necessary to prevent danger of abuse or injury, to yourself or others, or are used as a means of coercion, discipline, convenience or retaliation by staff.
- You have the right to confidentiality of your clinical records as provided by Indiana Code 16-39-2-3 and 42CFR2.
- You have the right to access your clinical records, provided such access would not be detrimental to your physical or mental health, and would not be likely to cause you or another individual harm.
- You have the right to file a grievance regarding any violation of your rights or other care-related issues and have the grievance fully investigated by Alpine Clinic/Alpine Counseling Center. The grievance process may be initiated by writing the Medical Director at 3733 Rome Drive, Lafayette, Indiana 47905.
- You have the right to exercise your constitutional, statutory, and civil rights.
- You have the right to contact and consult with legal counsel and/or private practitioners of your choice at your own expense.

05/20/2013