



This NOTICE OF PRIVACY PRACTICES describes:

- **HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**
- **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION**

This Notice is effective April 14, 2003, last revised January 1, 2025.

You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Seneca's privacy officer at 888.736.3229 or privacyofficer@shsinc.org if you have any questions.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must obtain your consent and disclose only the minimum necessary PHI to accomplish the intended purpose of its use or disclosure.

We are required to follow the privacy practices described in this Notice, but we reserve the right to change our privacy practices and the terms of this Notice at any time and make the changes effective for all PHI we maintain. We will give appropriate and advance notice of the change(s).

Seneca Health Services, Inc. provides both behavioral (mental and substance use) and physical health services and maintains an integrated health record. As such, Federal confidentiality law and regulations prohibit this program from disclosing health information without proper consent from the client, unless consent is not required. Disclosures are limited to the minimum necessary to carry out the stated purpose.

Confidentiality of Substance Use Disorder Records

The confidentiality of substance use disorder records is protected by Federal law and regulations (Part 2). Generally, we may not acknowledge to a person outside our facility that you are a client of a Part 2 program or disclose any information identifying you as an alcohol or drug abuser, unless:

- (1) You consent in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Your records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. Your records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, where required by Federal regulations. A subpoena must be accompanied by a court order compelling the disclosure before any information is disclosed.

Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about:

- (1) a crime committed by you either at Seneca or against any person who works for Seneca or about any threat to commit such a crime,
- (2) suspected child abuse or neglect, which will be reported to appropriate State or local authorities (as discussed below).

See 42 CFR Part 2 for Federal regulations.

How We May Use and Disclose Your Protected Health Information

We use and disclose Protected Health Information for a variety of reasons. We have limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity for that entity to perform a function on our behalf, we must have in place an agreement with the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI. We will make uses and disclosures not described in this notice only with your written consent.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. We also may disclose medical information about you to people outside the facility who may be involved in your medical care, such as a designated family member in case of an emergency or others we use to provide services that are part of your care, such as your insurance company. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work or x-rays, or for consultation purposes, and/or community mental health agencies involved in provision or coordination of your care. When required, we will obtain your authorization before disclosing any of your information. Only the minimally necessary information will be revealed during disclosures.

To obtain payment: With your consent, we may use/disclose your PHI to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program, the Department of Human Services (DoHS), the Bureau for Behavioral Health (BBH), and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes. We may also share information with your health insurer about the treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. When required, we will obtain your authorization before disclosing any of your information. Only the minimally necessary information will be revealed during disclosures.

For health care operations: We may use/disclose your PHI in the course of operating our health care programs. For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff. We may disclose your PHI to designated staff in our other facilities, programs, or our business office or to our accountant or attorney for audit purposes. Release of your PHI to DoHS and BBH and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

Records that are disclosed to another part 2 program, covered entity, or business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent the HIPAA regulations permit such disclosure.

Uses and Disclosures of PHI Requiring Authorization. For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. For example, we may disclose your records, with your consent, to any person identified in your consent. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Requiring You to Have an Opportunity to Object. In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not prohibited by law.

To families, friends or others involved in your care: We may share information directly related to their involvement in your care, or payment of your care with these people. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information. You have the following rights relating to your PHI:

To request restrictions on uses/disclosures: Although most disclosures we make only include the minimally necessary information, you have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You have the right to request restrictions on the PHI we use or disclose to your health plan for those services for which you have paid in full. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in

your care or the payment for your care. Finally, you have the right to request a restriction on the people who can obtain the information we disclose. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or at home. To request confidential communications, you must make your request in writing. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

To inspect and request a copy of your PHI: Unless your access to your records is restricted for clear and documented treatment reasons or WV state law, you have a right to access your protected health information upon your written request. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you feel that any of the medical 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 for as long as the information is kept by our facility. To request an amendment, your request must be in writing. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that was not created by us, if the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by Seneca; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations: to you, your family; or pursuant to your written authorization. The list also will not include any disclosures made incident to a use and disclosure that is otherwise permitted by law, for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. You may request a list of entities to which your information has been disclosed within the past six years pursuant to a general designation. We will respond to your written request for such a list within 60 days of receiving it.

Breach of Protected Health Information

In the event your protected health information is unsecured and disclosed without Seneca's or your authorization, you will be notified of a data breach. Seneca is required to notify you even if there is no reason to suspect any misuse of the PHI. You will be notified by mail or by phone as soon as reasonably possible. It is your duty, or the duty of your legally authorized individual, to promptly notify us if you have a change of address.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with Seneca's Privacy Officer (contact information listed below).

You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201 or call 1-800-368-1019. Your complaint must be filed with the Secretary of the US DHHS within 180 days of knowing that an act or omission occurred.

We will not engage in intimidating or retaliatory action against you if you make a complaint. You will not be asked to waive your rights to file a complaint as a condition of treatment.

Contact for Information or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, contact our **Privacy Officer**:

Seneca Health Services, Inc.
131 Wellness Drive
Summersville, WV 26651
Telephone: 888.736.3229
privacyofficer@shsinc.org