



**Spring Lake Ranch**  
Therapeutic Community  
*Working Toward Wellness*

1169 Spring Lake Road  
Cuttingsville, VT 05738  
802.492.3322  
www.springlakeranch.org

Rutland Program  
26 Washington Street, Box 9  
Rutland, VT 05701  
802.775.0808

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A RESIDENT OF SLR) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

It is required by the Privacy Regulations created because of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

### **HIPAA Description:**

“In 1996, the U.S. Congress recognized the importance of protecting the privacy of medical records when it passed the Health Insurance Portability and Accountability Act (HIPAA), authorizing Congress to establish uniform privacy standards for health information that is transmitted electronically.”

“The privacy regulations establish that personal health information must be kept confidential. The regulations are designed to safeguard the privacy and confidentiality of a consumer’s health information, particularly in this age of rapid advances in technology and the subsequent ease with which information can be transmitted. The regulations establish a baseline of patient/client protections by defining the rights of individuals, the administrative obligations of covered entities, and the permitted uses and disclosures of protected health information. State laws that are stronger than the HHS privacy rule will remain in effect. In addition, state legislatures are afforded the opportunity to enact stronger protections in the future.

This Notice of Privacy Practices describes how Spring Lake Ranch may use and disclose your “Protected Health Information” (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. PHI is information about you, including demographic information that may identify you and that which relates to your past, present or future physical condition or mental health condition and related health care services. Spring Lake Ranch (SLR) is dedicated to maintaining the privacy of your PHI.

We are required to abide by the terms of this Notice of Privacy Practices. We may revise or amend the terms of this notice, at any time. The new notice will be effective for all PHI that we have at that time and for future information. We will give you a copy of this notice and advise you of any changes, if you so request.

**Notice of Privacy Practices**  
(HIPAA 45-CFR 154.520 – Effective April 14, 2003)

**This notice describes how private health information about you may be used or disclosed and how you can access this information. Please read it carefully.**

- We can release your confidential healthcare information to other staff members within SLR for the purposes of providing you with quality care.
- We can release your confidential healthcare information to your insurance provider so that SLR can receive payment for providing you with needed services.
- We can release your confidential healthcare information to the public or law enforcement officials if there is an investigation in which you are a victim of abuse, a crime or domestic violence, or otherwise as required by law.
- We can release your confidential healthcare information to other healthcare providers if you need emergency care.
- We can release your confidential healthcare information to a public health or federal organization in the event of a communicable disease or to report a defective device or unexpected event involving biological product (food or medication).
- We can release your confidential healthcare information for any other reason **ONLY** after receiving a written authorization from you. You may revoke your permission to release confidential healthcare information at any time.
- We can **not** release your confidential healthcare information other than that which is identified in the Notice.
- You have the right to restrict the use of your confidential healthcare information. However, SLR may choose to refuse your restriction if it conflicts with providing you with quality healthcare or if it is an emergency situation.
- You have the right to receive confidential communication about your protected healthcare information.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to amend or make changes to your healthcare information.
- You have the right to have a copy of the complete Notice of Privacy Practices upon request. You can have this copy by electronic transmission or on paper.
- SLR is required by law to protect the privacy of its residents/clients. It will keep confidential any and all resident/client healthcare information and will provide residents/clients with a list of duties or practices that protect confidential healthcare information.
- SLR will abide by the terms of this notice. SLR reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information.
- You have the right to complain to SLR or the Secretary of Health and Human Services if you believe your privacy rights have been violated.

**Who Must Follow This Notice?** As a “covered entity” under HIPAA, (a health care provider who bills electronically) we are subject to developing our own set of privacy protocols. Here are SLR protocols.

## DISCLOSURES

### **1. Use and Disclosures to Carry Out Treatment, Payment or Health Care Operations:**

Under HIPAA regulations, SLR does not need to obtain permission to use health information for treatment, payment and health care operations. However, several Vermont state laws require patient consent before health information is used or disclosed by health care providers.

#### **SLR may use and disclose your Protected Health Information (PHI) for the following reasons:**

**A) Treatment:** SLR will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This may include the coordination or management of your health care with a third party healthcare worker if applicable. Information obtained from a Long-term Care Coordinator, House advisor, Resident Coordinator, or any member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your team may also discuss your treatment plan, concerns and/or progress as part of a collaborative team approach to treatment.

SLR will also provide a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharge from this facility. We may also send relevant portions of your medical record to a specialist to whom you are being referred for care, or to physicians whom your providers here may want to consult on a care issue.

SLR will do everything to protect your identity in such consultations. Additionally, in an emergency, SLR may disclose your PHI to others who may assist in your care/treatment, such as your spouse, children or parents. SLR may also disclose your PHI to other health care providers for purposes related to your treatment.

**B) Payment:** Your protected health information will be used as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services SLR recommends for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a residential stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the admission.

**C) Healthcare Operations:** SLR may use or disclose, as needed, your protected health information in order to support the business activities of SLR. For example, ways SLR may

disclose your protected health information would be to return calls to your home and leave a message unless otherwise instructed by you, not to do this. Whenever an arrangement between SLR and another professional involves the use or disclosure of your protected health information, SLR will have a written statement that contains terms that will protect the privacy of your protected health information.

**D) Business Associates:** SLR provides some services with business associates who are independent professionals that use resident health information provided by us in order to perform these services. Examples include psychiatry services or certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do. We require business associates to appropriately safeguard your information.

## **2. Use & Disclosures You Can Agree or Object to:**

**SLR may use and disclose your protected health information in the following instances, to which you have the opportunity to object.**

### **Facility Directories**

SLR does not have a facility directory.

**Others Involved in Your Healthcare:** Your treatment will be provided in a professional and confidential manner. No information of your treatment will be released to others without your written permission or otherwise required by law. Any party requesting information about you or on your behalf is responsible for obtaining a written release from you and sending it to SLR before any consultation will occur. SLR will not initiate such a release if the information being sought or generated is from the other party. If a third party contacts SLR, we cannot even say that you are or are not a resident. SLR will direct them to contact you. SLR will always inform you when someone contacts us about you if you are currently a resident. In an emergency, if you are unable to agree or object to such a disclosure, SLR may disclose such information as necessary if SLR determines that it is in your best interest based on our professional judgment and obligation. SLR may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, SLR may use or disclose your protected health information to an authorized public or private entity to assist in treatment efforts and to coordinate use and disclosures to family or other individuals involved in your health care.

**Emergencies** SLR may use or disclose your protected health information in an emergency treatment situation. If this happens, SLR shall allow you to object to future disclosures as soon as reasonably practical after the delivery of treatment.

### **3. Use & Disclosures That SLR Will Obtain Your Written Authorization For:**

**Psychiatry Notes** A file regarding your treatment will be maintained in a secure/locked location. The files may contain your signed admission and billing contract (permission to treat and permission to bill your insurance company), billing information, HCFA forms with a diagnosis, and treatment plan(s). Separate from this file there may be a file containing: treatment notes, mental status exam, as well as a summary report. The file's maintenance is a requirement for a period of five years following the end of treatment. SLR will always obtain your written consent before your notes are released. You have the right to refuse that your notes be provided to an insurance company.

**Marketing and Fundraising:** SLR engages in activities and mailings for fundraising and marketing purposes; however, we will NOT use or disclose your protected health information for such purposes without your prior written consent.

**4. Use and Disclosures for Which an Authorization or Opportunity to Agree or Object to is Not Required:** SLR may use or disclose your protected health information in the following situations:

**Required By Law:** There are legal exceptions for how SLR may use or disclose your protected health information to the extent that the use or disclosure is required by law under which SLR must report to the appropriate authorities. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

The legal exceptions to the confidentiality rules are:

- 1) If there is a likelihood of serious harm to you or anyone else.
- 2) If SLR believes a child, elderly, or disabled person may be a victim of abuse, neglect, or exploitation.
- 3) In a child custody dispute in which the court determines that the best interest of the child requires SLR to breach confidentiality, the court may so.
- 4) A judge's court order.

**Public Health:** SLR may disclose your protected health information for public health activities and purposes to a public health authority that is required or permitted by law to receive the information. The disclosure will be made for the purpose of controlling or reporting disease, injury or disability. SLR may also disclose your protected health information, if directed by the

public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** SLR may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Abuse or Neglect:** SLR may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, SLR may disclose your protected health information if SLR believes that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Maintenance of Vital Records**

**Health Oversight:** SLR may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Legal Proceedings:** SLR may disclose protected health information in the case of any judicial or administrative proceeding, in response to an order of a court by a judge.

**Law Enforcement:** SLR may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

- (1) legal processes and otherwise required by law,
- (2) limited information requests for identification and location purposes,
- (3) pertaining to victims of a crime,
- (4) suspicion that death has occurred as a result of criminal conduct,
- (5) in the event that a crime occurs on the premises of SLR, and
- (6) medical/psychological emergency (not on SLR premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** This means that SLR may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. SLR may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.

**Criminal Activity:** Consistent with applicable federal and state laws, SLR may disclose your protected health information if SLR believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. SLR may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, SLR may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. SLR may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** SLR may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

**Required Use and Disclosures:** Under the law, SLR must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine my compliance with the requirements of Section 164.500 et. Seq.

**Disclosures required by Vermont State law:** Vermont Law requires reporting in the following cases: child abuse; abuse, neglect or exploitation of vulnerable adults; fire-arm related injuries; communicable diseases; fetal deaths; cancer; lead poisoning; blood-alcohol reporting; duty to warn of harm cases. SLR will disclose information limited to the relevant requirements of the law.

## **YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as SLR maintains the protected health information. A

“designated record set” contains medical and billing records and any other records that SLR has for making decisions about you.

You must submit your request in writing to **Privacy Officer, Spring Lake Ranch, 1169 Spring Lake Road, Cuttingsville, VT 05738**, in order to inspect and/or obtain a copy of your PHI. SLR may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. SLR may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of such a denial.

Please contact **SLR Privacy Officer**, if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask SLR not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. With this in mind, please discuss any restriction you wish to request with the privacy officer. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply (e.g. insurance company). In an emergency, SLR is not required to agree to a restriction that you may request. If SLR believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted.

You have the right to request that SLR communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. You may request that we not leave messages on your answering machine, or with a family member. In order to request a type of confidential communication, you must make a written request to Spring Lake Ranch, Privacy Officer, 1169 Spring Lake Road, Cuttingsville, VT 05738 specifying the requested method of contact, or the location where you wish to be contacted. SLR will accommodate reasonable requests. You do not need to give a reason for your request.

**You may have the right to have SLR amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as SLR maintains this information. In certain cases, for example if SLR thinks the information is correct, or was not created by us, SLR may deny your request for an amendment. If SLR denies your request for amendment, you have the right to file a statement of disagreement with SLR and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact the privacy officer to determine if you have questions about amending your medical record. To file an amendment, your request must be in writing and must be submitted to **Spring Lake Ranch, Privacy Officer**.

**You have the right to receive an accounting of certain disclosures SLR has made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.

Accounting is not required for disclosures SLR may have made to you, incidental disclosures, disclosures you have authorized, disclosures to family members or friends involved in your care, or disclosures made to carry out treatment, payment or health care operations. You have the right to receive specific information regarding disclosures that occurred after September 9, 2009 up to a six-year timeframe. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

In order to obtain an accounting of disclosures, you must submit your request in writing to SLR Privacy Officer. The first list you request within a 12-month period is free of charge, but SLR may charge you for additional lists within the same 12-month period. SLR will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**You have a right to a paper copy of this notice.** You are entitled to receive a paper copy of my Notice of Privacy Practices. You may ask SLR to give you a copy of this Notice at any time.

**You have a right to file a complaint if you believe your privacy rights have been violated.** You may file a complaint with the SLR or with the Secretary of the Department of Health and Human Services, 200 Independence Ave., S.W.; Washington, DC 20201. To file a complaint with SLR, contact the Privacy Officer at 802-492-3322. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

Vermont Department of Health  
108 Cherry St.  
P.O. Box 70, Drawer 27  
Burlington, VT 05402  
Attention: Privacy Coordinator.

Adopted - August 20, 2011