



Pioneer Behavioral Health

Detroit Behavioral Institute-Capstone Academy
Notice of Privacy Practices



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

Pioneer Behavioral Health, its affiliates, subsidiaries and/or divisions (collectively referred to as “PBH”) is required by law to provide you with this notice explaining PBH’s privacy practices with regard to your information and how we may use and disclose your protected health information for treatment, payment and health care operations, as well as for other purposes that are permitted or required by law. PBH is required by law to follow the procedures described in this Notice of Privacy Practices as long as the Notice remains in effect. You have certain rights regarding the privacy of your protected health information and we also describe those rights in this notice.

PBH is required to protect the confidentiality of your protected health information and to inform you if your protected health information has been acquired, accessed, used or disclosed by unauthorized persons.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected Health Information (PHI) includes both medical information regarding your care and treatment and individually identifiable personal information such as your name, address, phone number, social security number or other personal information that you provide in the course of your treatment. This information may be in electronic, written and/or oral form.

HOW PBH MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

PBH may use and disclose PHI about you, without your authorization, for the purposes described below.

Treatment: PBH may use and disclose your information to provide, coordinate or manage your treatment by us and other providers. This includes, but is not limited to, disclosures about you to doctors, nurses, technicians, staff, CMO/DHS agencies, court, and other professionals who become involved in your care.

Payment: PBH may use and disclose your information to receive payment for services provided to you, or to obtain prior authorizations for proposed treatments.

Healthcare Operations: PBH may use your information for our own operations. We may disclose information to CMO/DHS and other coordinating agencies for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.

Treatment Issues: We may call you with test results or to answer your questions about your care, or use and disclose health information to inform you about treatment options and alternatives.

Health-Related Benefits and Services: We may use and disclose personal and health information to tell you about health-related benefits or services that may be of interest to you.

Leading the way in innovative healthcare since 1976



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Individuals Involved In Your Care or Payment For Your Care: Unless you object, we may disclose your information to a relative, friend or any person identified by you, if these individuals need to know about or are involved in your care, or for payment for your care.

Public Health, Safety, Disaster Relief, Or to Divert a Threat to Health Or Safety; Victims of Abuse, Neglect, or Domestic Violence: PBH may use or disclose your health information to the extent necessary for public health activities and to avert a serious and imminent threat to your health or safety or the health and safety of others. PBH may disclose your personal and health information to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. Pioneer Behavioral Health may, consistent with applicable law and ethical standards of conduct, disclose health information if we in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Health Oversight: PBH may disclose your health information to a health oversight agency for activities authorized by law. This may include but is not limited to the Council on Accreditation, Licensing, Protective Services, investigations, inspections, licensure or disciplinary actions.

Legal Proceedings and Law Enforcement: PBH may disclose your health information if asked to do so by a law enforcement officer and/or in response to a subpoena, court or administrative order, warrant, discovery request or other lawful process, but only when Pioneer Behavioral Health has made reasonable efforts to either notify you about the request or to obtain an order for protecting health information.

Military and National Security: PBH may disclose your health information to authorized military command authorities or federal officials if you are in the armed forces or are a veteran, or as required for lawful intelligence, counter intelligence and other national security activities.

Coroners, Medical Examiners and Funeral Directors: PBH may disclose your health information to a coroner or medical examiner if necessary to identify a deceased person or to determine a cause of death, or to a funeral director in connection with the performance of their duties.

Research; Death; Organ Donation: PBH may use and disclose your information for research purposes in limited circumstances. However, all such research projects are subject to an approval process, and we will ask your permission if a researcher is to have access to your name, address, or other information that identifies you. PBH may disclose your health information for the purpose of facilitating organ donation and transplantation.

Required By Law: PBH will use or disclose your information when required to do so by federal, state or local law.

USES OR DISCLOSURES NOT COVERED BY THIS NOTICE.

Uses or disclosures of your information not covered by this notice or the laws that apply to PBH may only be made with your written authorization. You may revoke such authorization in writing at any time and we will no longer disclose health information about you for the reasons stated in your written authorization. Disclosures made in reliance on the authorization prior to the revocation are not affected by the revocation.



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YOUR RIGHTS REGARDING YOUR PERSONAL AND TREATMENT INFORMATION.

Although your treatment record is the property of PBH, the information belongs to you. Federal law gives you the rights described below regarding your medical information.

Right to Inspect and Copy. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If we deny you access to a portion of your records, we will tell you why and you will have an opportunity to have a third person review your request.

Right to Request Amendments to Your Records. You have the right to request that we correct, change or delete certain PHI maintained in our enrollment, payment, claims adjudication, and case or medical management records, or other records that may be used to make decisions about you and your health care if you believe that the information is incorrect or incomplete. If we cannot or do not believe it is appropriate to amend your PHI, we will notify you of this decision in writing. You will then have the option of asking us to make your request for a change/correction of your PHI a part of your record or ask to have a third party review our decision. We cannot amend information that we did not create without receiving information or instructions to do so from the creator of the records.

Right to Receive An Accounting of Disclosures. You have the right to obtain a list of when and with whom we have shared your PHI. In some instances, the accounting may be limited by time and may exclude disclosures made for treatment, payment or health care operations.

Right to Request Additional Restrictions. You may request reasonable restrictions on our use and disclosure of your PHI

- (1) for treatment, payment and health care operations,
- (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or
- (3) to notify or assist in the notification of such individuals regarding your location and general condition.

While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction.

Right to Request Alternate Communications. You may request that we communicate with you about medical matters in a confidential manner or at a specific location.

Right to Paper Copy of This Notice. Upon request, you may obtain a paper copy of this Notice.

To exercise any of these rights you must: submit your request in writing to Pioneer Behavioral Health. Your request should include a reason for your request and, if applicable, the action you want PBH to take.



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BREACH NOTIFICATION REQUIREMENTS: PBH is required to notify you if unsecured PHI is acquired, accessed, used and/or disclosed by an unauthorized party. Notification must occur without unreasonable delay and in no case later than 90 days of the event.

CHANGES TO THIS NOTICE: We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in PBH and on its website. In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting PBH or PBH's Privacy Officer/Corporate Compliance Officer.

QUESTIONS/GRIEVANCES: If you want further information about matters covered by this notice, are concerned that your privacy rights may have been violated, or disagree with a decision made about access to your personal and health information, you may contact PBH's Privacy Officer/Corporate Compliance Officer:

Elizabeth Roth, Esq.
Director of Corporate Services and Compliance Officer
200 Lake Street Suite 102
Peabody, MA 01960
Phone: (978) 536-2777
Fax: (978) 536-2677
Compliance Hotline: 1-800-543-2447 ext 1250

You may also submit a grievance/complaint to the U.S. Department of Health & Human Services, 200 Independence Ave., SW, Washington DC 20201, Phone: 202.619.0257, Toll Free: 1.877.696.6775.

PBH will not retaliate and you will not be penalized in any way if you choose to file a grievance complaint with us or with the U.S. Department of Health and Human Services.