

Your information. Your rights. ATSU's responsibilities.

This notice describes how medical information about you may be used and disclosed and how you may get access to this information. **Please review it carefully.**

Your rights

See Page 2 for more information on these rights and how to exercise them.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask ATSU to limit the information it shares
- Get a list of those with whom ATSU has shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your choices

See Page 3 for more information on these rights and how to exercise them.

You have some choices in the way ATSU uses and shares information as ATSU:

- Tells family and friends about your condition
- Provides disaster relief
- Provides mental healthcare
- Markets our services and sells your information
- Raises funds

Our uses

See Page 4 and 5 for more information on these uses and disclosures.

ATSU may use and share your information as ATSU:

- Treats you
- Runs our organization
- Bills for your services
- Helps with public health and safety issues
- Does research
- Complies with the law
- Responds to organ and tissue donation requests
- Works with a medical examiner or funeral director
- Addresses workers' compensation, law enforcement, and other government requests

Your rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of ATSU's responsibilities to help you.

Get an electronic or paper copy of your medical record.

- You may ask to see or get an electronic or paper copy of your medical record and other health information ATSU has about you. Ask ATSU how to do this.
- ATSU will provide a copy or a summary of your health information, usually within 30 days of your request. ATSU may charge a reasonable, cost-based fee.

Ask ATSU to correct your medical record.

- You may ask ATSU to correct health information about you that you think is incorrect or incomplete. Ask ATSU how to do this.
- ATSU may say "no" to your request, but ATSU will tell you why in writing within 60 days.

Request confidential communications.

- You may ask ATSU to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ATSU will say "yes" to all reasonable requests.

Ask us to limit what we use or share.

- You may ask ATSU not to use or share certain health information for treatment, payment, or ATSU operations. ATSU is not required to agree to your request, and ATSU may say "no" if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask ATSU not to share that information for the purpose of payment or ATSU operations with your health insurer. ATSU will say "yes" unless a law requires ATSU to share that information.

Get a list of those with whom ATSU has shared information.

- You may ask for a list (accounting) of the times ATSU has shared your health information for six years prior to the date you ask, who ATSU shared it with, and why.
- ATSU will include all the disclosures except for those about treatment, payments, and healthcare operations, and certain other disclosures (such as any you asked ATSU to make). ATSU will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

- You may ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. ATSU will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.
- ATSU will make sure the person has this authority and may act for you before ATSU takes any action.

File a complaint if you feel your rights are violated.

- You may complain if you feel ATSU has violated your rights by contacting ATSU using the information at the bottom of Page 5.
- You may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, DC 20201, calling 1.877.696.6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints/
- ATSU will not retaliate against you for filing a complaint.

Your choices

For certain health information, you may tell ATSU your choices about what ATSU shares.

If you have a clear preference for how ATSU shares your information in the situations described below, talk to an ATSU clinic representative. Tell the clinic representative what you want ATSU to do, and ATSU will follow your instructions.

In these cases, you have both the right and choice to tell ATSU to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell ATSU your preference, for example if you are unconscious, ATSU may go ahead and share your information if ATSU believes it is in your best interest. ATSU may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, ATSU never shares your information unless you give ATSU written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- ATSU may contact you for fundraising efforts, but you can tell ATSU not to contact you again.

Our uses

How does ATSU typically use or share your information?

ATSU typically used or shares your information in the following ways:

Treat you

- ATSU may use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition

Run our organization

- ATSU may use and share your health information to run ATSU's clinic practice, improve your care, and contact you when necessary.

Example: ATSU uses health information about you to manage your treatment and services

Bill for your services

- ATSU may use and share your health information to bill and get payment from health plans or other entities.

Example: ATSU gives information about you to your health insurance plan so it will pay for your services

Our uses

How else may ATSU share your health information?

ATSU is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. ATSU must meet many conditions in the law before ATSU may share your information for these purposes. For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

- ATSU may share health information about you for certain situations such as:
 - » Preventing disease
 - » Helping with product recalls
 - » Reporting adverse reactions to medications
 - » Reporting suspected abuse, neglect, or domestic violence
 - » Preventing or reducing a serious threat to anyone's health or safety

Do research

- ATSU may use or share your information for health research.

Comply with the law

- ATSU will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that ATSU is complying with federal privacy law.

Respond to organ and tissue donation requests

- ATSU may share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- ATSU may share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- ATSU may use or share health information about you:
 - » For workers' compensation claims
 - » For law enforcement purposes or with a law enforcement official
 - » With health oversight agencies for activities authorized by law
 - » For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- ATSU may share health information about you in response to a court or administrative order, or in response to a subpoena.

ATSU's responsibilities

- ATSU is required by law to maintain the privacy and security of your protected health information (PHI).
- ATSU will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ATSU must follow the duties and privacy practices described in this notice and give you a copy of it.
- ATSU will not use or share your information other than as described here unless you tell ATSU that it can in writing. If you tell ATSU that it can, you may change your mind at any time. Let ATSU know in writing if you change your mind.

Additional rights

Substance use disorder records

- If ATSU's clinic receives or maintains any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment, or healthcare operations, the clinic may use and disclose your Part 2 Program record for treatment, payment, and healthcare operations purposes as described in this notice and the notice of privacy practices.
- If the clinic receives or maintains your Part 2 Program record through specific consent you provide to ATSU or another third party, the clinic will use and disclose your Part 2 Program record only as expressly permitted by you in your consent, as provided in the consent.
- In no event will the clinic use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order that is accompanied by a subpoena or other legal requirement compelling disclosure.
- ATSU will not use or share your information other than as described here unless you tell ATSU that it can in writing. If you tell ATSU that it can, you may change your mind at any time. Let ATSU know in writing if you change your mind.

Please note:

Other uses and disclosures of your PHI not described in this Notice of Privacy Practices will require your written authorization. You may revoke your authorization to use or disclose your health information by informing Health Information Services in writing. If you revoke your authorization, ATSU will no longer use or disclose your PHI as set forth in the authorization. However, any use or disclosure of your PHI made in reliance on your authorization before it was revoked will not be affected by the revocation.

Changes to the terms of this notice

ATSU may change the terms of this notice, and changes will apply to all information ATSU has about you. The new notice will be available upon request in ATSU clinic offices and on ATSU's website.

For more information, visit hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

For questions or to make a complaint, please contact:

ATSU Chief Information Privacy Officer
Matthew R. Heeren
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