

## NOTICE OF PRIVACY PRACTICES

Glenwood, Inc.  
150 Glenwood Lane  
Birmingham, AL 35242  
205-969-2880

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**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.**

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Glenwood, Inc is required by a federal law, the Health Information Portability and Accountability Act (HIPAA), to provide you with this notice, which describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.

We will abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Current notices will be posted on our website, [www.glenwood.org](http://www.glenwood.org). You may also request a copy of any notice from our Privacy Officer, Vicki Strickland at (205) 795-3319.

I. Uses and Disclosures of Protected Health Information for Treatment, Payment and Healthcare Operations

When you receive care from Glenwood, Inc., we may use your protected health information (PHI), without your authorization, for treating you, billing for services and conducting our normal business (healthcare operations). Examples of how we may use your PHI include:

A. Treatment

We maintain records of the care and services provided to you. We will use and disclose these records to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your PHI, as necessary, to a pharmacy to fill a prescription or to a laboratory to order a blood test.

B. Payment

We may use or disclose your PHI, without your authorization, as needed, so that the treatment and services you receive at Glenwood are billed to, and payment is collected from your health insurance provider or other third party payer. For example, we may communicate with your health insurance company prior to provision of service – to determine benefits and eligibility or to obtain pre-authorization approval. In order to receive payment, we may also disclose PHI to your health insurance company to demonstrate medical necessity or for utilization review.

### C. Healthcare Operations

We may use or disclose your PHI, without your authorization, for our own healthcare operations. These uses and disclosures are necessary to run our agency and to make sure that our clients receive quality care. These operations may include such activities as quality improvement activities; employee review activities; training programs; accreditation, certification, licensing or credentialing activities; and review and auditing activities. We may also use or disclose your PHI to another covered entity, with whom we participate in an organized health care arrangement, for their healthcare operations. Glenwood, Inc. participates in an organized healthcare arrangement with Southern Pharmaceuticals.

We may also use or disclose your PHI to tell you about health services and products that may benefit you or remind you of an appointment.

### D. Business Associates

We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

## II. Uses and Disclosures That May be Made Without Your Authorization, but for Which you will have an Opportunity to Object

### A. Agency Directory

We maintain a limited agency directory within our residential treatment facilities for the purpose of allowing visitors and callers to locate you. This limited information will only be provided to individuals who ask for you by name.

When you are admitted to one of our residential treatment facilities, you will generally have an opportunity to object to being included in our agency directory. If you choose NOT to be included in the agency directory, your directory information will not be provided to persons asking for you by name, nor will you be identified as present at the facility.

We do not maintain a directory at any of our day or outpatient programs. If asked, we will not confirm orally, in writing, or through any other medium that you were or are a current or former client, with the exceptions listed below under "Persons Involved in Your Care".

### B. Persons Involved in Your Care

We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, or any other person that is responsible for your care, of your location, general condition or death.

In limited circumstances, we may disclose your PHI to a family member, or other person, who is involved in your care. If you are physically present and have the capacity to make health care decisions, your PHI may only be disclosed with your agreement, to persons you designate to be involved in your care.

When you pay for service out of pocket in full, you have the right to restrict disclosure to your health plan for the purpose of payment or our operation with your health insurer.

### III. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object

#### A. When an Emergency Treatment Situation Exists

#### B. When Required by Law

#### C. When There are Risks to Public Health

1. To prevent, control, or report disease, injury or disability, as permitted by law
2. To report vital events such as birth or death as permitted or required by law
3. To collect or report adverse events and product defects with drugs and medical devices
4. To conduct public health surveillance, investigations, and interventions as permitted or required by law
5. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease, as authorized by law
6. To report to an employer information about an individual who is a member of the workforce, as legally permitted or required

#### D. When Required to Report Suspected Abuse, Neglect or Domestic Violence

#### E. When Required to Conduct Health Oversight Activities

Oversight activities include government agencies that oversee the health care system, government benefit programs such as Medicare and Medicaid, other government programs regulating health care, and civil rights laws

#### F. When Required by Court Order

In certain circumstances, we may disclose your PHI in response to a subpoena to the extent authorized by state law. We will not provide this information without your authorization if the request is for records related to psychotherapy notes, substance abuse, or HIV status.

#### G. When Required for Law Enforcement Purposes

#### H. When Requested by Coroners, Funeral Directors or for Organ Donation, as Required by Law

#### I. When Required for Research Purposes

We may use or disclose your PHI for research when the use or disclosure has been approved by an Institutional Review Board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

- J. When Required to Prevent or Lessen a Serious and Imminent threat to Your Health or Safety or to the Health and Safety of the Public
- K. When Required for Specialized Government Functions Such as Intelligence and National Security
- L. When Required to Comply with Workers' Compensation Laws or Similar Programs
- M. When Required we will notify you if any potential breach occurs that may have compromised the privacy or security of your PHI.
- N. When Required we must obtain your written authorization before we may use or disclose your PHI for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.
- O. When Required we may contact you to assist in fundraising activities for the agency. We would use only contact information, such as your name, address and phone number. We may communicate with you as part of our fundraising activities, but you have the right to opt out of receiving such communications.

If you do not want the agency to contact you for fundraising efforts, you must notify us. Your notification can be sent to: Glenwood Inc., Development Department Director, 150 Glenwood Lane, Birmingham, AL 35242 or by e-mail at [Glenwood.org](mailto:Glenwood.org). You may also call us at (205) 969-2880.

#### IV. Uses and Disclosures Which You Authorize

Other than as stated above in Sections II and III, Glenwood, Inc. will not disclose your health information without your written permission, called an "authorization". You may revoke your authorization in writing at any time. If you revoke your authorization, we will not make any further uses or disclosures of your PHI under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

#### V. Your Rights Regarding Your Healthcare Information

##### A. Right to Inspect and Copy

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

You must submit your request in writing to our Privacy Officer at 150 Glenwood Lane, Birmingham, AL 35242. We may charge a fee for the cost of copying and/or mailing this information.

Under federal law, you may not inspect or copy certain information – for example, psychotherapy notes. Depending on the circumstances, you may have the right to have a decision to deny access reviewed.

##### B. Right to Amend

You may request an amendment of PHI about you for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement.

You must submit your request for amendment in writing to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendment(s).

#### C. Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures of your protected health information made by Glenwood, Inc. This right applies to disclosures for purposes other than treatment, payment of healthcare operations, and other disclosures we are permitted to make without your authorization as described in this Privacy Notice.

You must submit your request for accounting in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide accounting for disclosures that take place prior to April 14, 2003, nor for time periods exceeding three (3) years

We will provide the first accounting you request without charge. Subsequent accounting requests will be subject to a reasonable fee for cost of production.

#### D. Right to Request Restrictions

You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that we not disclose your health information to family members or others who may be involved in your care or for notification purposes, as described earlier in this Privacy Notice.

You must submit your request for restriction in writing to our Privacy Officer. The request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request, unless the restricted PHI is needed to provide you with emergency treatment.

#### E. Right to Request Confidential Communications

You have the right to request that we communicate with you about your health care only in certain ways. For example, you may request that we contact you only by e-mail.

You must submit your request for confidential communication in writing to our Privacy Officer. You do not need to give a reason for the request, but you must specify how or where you wish to be contacted.

We will accommodate all reasonable requests.

#### F. Right to Obtain a Paper Copy of this Notice

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

### VI. Complaints

You have the right to register a complaint with Glenwood, Inc. and to the Secretary of Health and Human Services, if you feel your privacy rights have been violated. You may present your complaint to Glenwood by contacting the Privacy Officer, either verbally or in writing, using the contact information listed below. You may present your complaint to the Secretary of HHS, using the contact information listed below.

Glenwood will investigate all complaints and will not penalize or treat you any differently for filing a complaint.

VII. Contact Information

- A. Glenwood's contact person for all issues regarding privacy and your rights under the federal privacy standards is the Privacy Officer. Our Privacy Officer is Vicki Strickland. You may reach her at the address and phone number listed below:

Vicki Strickland  
150 Glenwood Lane, Suite 511  
Birmingham, AL 35242  
(205) 795-3319

- B. Direct all complaints to the Secretary of Health and Human Services to the address listed below:

Region IV, Office of Civil Rights  
Department of Health and Human Services  
Atlanta Federal Center, Suite 3B70  
61 Forsyth Street, S.W.  
Atlanta, GA 30303—8909  
(404) 562-7886

VIII. Effective Date

This Notice is effective April 13, 2003.