

## NOTICE OF PRIVACY PRACTICES OF HILLCREST YOUTH SERVICES

Client Printed Name: \_\_\_\_\_ MR #: \_\_\_\_\_

### THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- HOW YOU CAN GET ACCESS TO THIS INFORMATION
- 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

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER AT (812) 436-4286 OR VIA EMAIL AT [PRIVACY@HILLCRESTEVV.ORG](mailto:PRIVACY@HILLCRESTEVV.ORG) IF YOU HAVE ANY QUESTIONS.

### PLEASE REVIEW THIS NOTICE CAREFULLY

#### Your Rights

When it comes to your health information, federal regulation (HIPAA and Part 2) provides you with certain rights. This section explains your rights and some of our responsibilities.

You have the right to:

<p><b>Get an electronic or paper copy of your medical record.</b></p>	<ul style="list-style-type: none"> <li>• You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>• We will provide a copy or a summary of your health information (unless there is a reason why we cannot), usually within 30 days of your request. We may charge a reasonable, cost-based fee.             <ul style="list-style-type: none"> <li>○ If we cannot provide the information you requested, we'll tell you why in writing within 30 days.</li> </ul> </li> </ul>
<p><b>Ask us to correct your medical record.</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>• We may say “no” to your request, but we'll tell you why in writing within 60 days.</li> </ul>
<p><b>Request confidential communications.</b></p>	<ul style="list-style-type: none"> <li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>• We will say “yes” to all reasonable requests of this type.</li> </ul>
<p><b>Ask us to limit what we use or share.</b></p>	<ul style="list-style-type: none"> <li>• You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations.             <ul style="list-style-type: none"> <li>○ We are not required to agree to your request, and we may say “no” if it would affect your care (for example, in a medical emergency).</li> </ul> </li> <li>• If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.             <ul style="list-style-type: none"> <li>○ We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul>

## Your Rights *continued*

<b>Get a list of those with whom we've shared information.</b>	<ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.<ul style="list-style-type: none"><li>○ For Substance Use Disorder records only, the list (accounting) would go back three years and would also include times when your information was shared by companies that help manage or share your records, like electronic health systems or health information exchanges.</li></ul></li><li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>
<b>Get a copy of this privacy notice and ask questions.</b>	<ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li><li>• You can talk to our Privacy Officer about this notice at (812) 436-4286, or via email at <a href="mailto:Privacy@HillcrestEvv.org">Privacy@HillcrestEvv.org</a>.</li></ul>
<b>Choose someone to act for you.</b>	<ul style="list-style-type: none"><li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li></ul>
<b>File a complaint if you feel your rights are violated.</b>	<ul style="list-style-type: none"><li>• You can complain if you feel we have violated your rights, by contacting us using the information on page 1.</li><li>• You can 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, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li><li>• We will not retaliate against you for filing a complaint.</li></ul>

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>• Share information with your family, close friends, or others involved in your care.</li><li>• Share information in a disaster relief situation.</li></ul> <p><i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<b>In these cases we <i>never</i> share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>• Marketing purposes.</li><li>• Sale of your information.</li><li>• Most sharing of psychotherapy notes</li></ul>

## Your Choices *continued*

In the case of fundraising:	<ul style="list-style-type: none"><li>You have the right to choose not to be contacted for fundraising.</li><li>If you haven't told us not to contact you for fundraising, we might contact you, but you can tell us not to contact you again.</li></ul>
Take back your permission:	<ul style="list-style-type: none"><li>If you give us written permission to share your health or substance use treatment information, you can change your mind at any time. This is called "revoking your consent." To do this, you must tell us in writing. We will stop sharing your information after we receive your request, except for any information we already shared based on your earlier permission.</li></ul>

## Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information (with the exception of Substance Use Disorder Patient Records) without needing your permission in the following ways:

Treat you.	<ul style="list-style-type: none"><li>We can use your health information and share it with other professionals who are treating you.</li></ul>	<b>Example:</b> A therapist may talk with your primary care doctor to coordinate your treatment.
Run our organization.	<ul style="list-style-type: none"><li>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li></ul>	<b>Example:</b> We may review your records to see how well our services are working.
Bill for your services.	<ul style="list-style-type: none"><li>We can use and share your health information to bill and get payment from health plans or other entities.</li></ul>	<b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.

**How else can we use or share your health information?** We are allowed or required to share your information (with the exception of Substance Use Disorder Patient Records) without needing your permission in other ways. There are specific rules in the law that we have to follow before we can share your information for these purposes:

Help with public health and safety issues.	<ul style="list-style-type: none"><li>We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>Preventing disease</li><li>Helping with product recalls</li><li>Reporting adverse reactions to medications</li><li>Reporting suspected abuse or neglect</li><li>Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
Do research (if we ever do).	<ul style="list-style-type: none"><li>We can use or share your information for health research. We don't currently use your information for research. If we ever decide to do research in the future, we will follow all privacy laws and get your permission when required.</li></ul>
Comply with the law.	<ul style="list-style-type: none"><li>We 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 we're complying with federal privacy law.</li></ul>
Work with a medical examiner or funeral director.	<ul style="list-style-type: none"><li>We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none"><li>We can use or share health information about you:<ul style="list-style-type: none"><li>For workers' compensation claims</li><li>For law enforcement purposes or with a law enforcement official</li><li>With health oversight agencies for activities authorized by law</li><li>For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>

## Uses and Disclosures *continued*

<b>Respond to lawsuits and legal actions.</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li></ul>
<b>Military and national security.</b>	<ul style="list-style-type: none"><li>• If you are in the armed forces, we may share your information with military command authorities.</li></ul>
<b>Inmates and custody.</b>	<ul style="list-style-type: none"><li>• If you are in jail or under law enforcement custody, we may share your information to help provide care or maintain safety.</li></ul>
<b>Reproductive health privacy.</b>	<ul style="list-style-type: none"><li>• We will not use or share your health information for investigations or legal actions related to lawful reproductive health care unless you give us written permission or the law requires it. If someone asks for this information, we may ask them to sign a statement confirming that the request is not for one of these prohibited purposes.</li></ul>

For more information about HIPAA see: <https://www.hhs.gov/hipaa/for-individuals/index.html>.

## Special Rules for Substance Use Disorder Records

If you receive treatment for a Substance Use Disorder, your treatment records are specially protected by a law that is called Part 2 (<https://www.ecfr.gov/current/title-42/part-2>).

Generally, we will only use or share information about Substance Use Disorder Records when you give us permission **in writing**. However, there are some situations when we will share your information without consent, such as:

<b>Medical emergencies.</b>	<ul style="list-style-type: none"><li>• If you are in danger and we can't get your permission in time, we may share your information with medical staff to help you.</li></ul>	<b>Example:</b> <i>If you are unconscious from an overdose, we may tell first responders about your treatment history so they can help you safely.</i>
<b>Audits and program evaluation.</b>	<ul style="list-style-type: none"><li>• If government agencies or contractors need to check how our program is working.</li></ul>	<b>Example:</b> <i>The state health department reviews our records to make sure we are following the rules and providing quality care.</i>
<b>Court orders.</b>	<ul style="list-style-type: none"><li>• If a judge gives permission after giving you (or your representative) a chance to speak up.</li></ul>	<b>Example:</b> <i>A judge orders us to share your records for a court case, but only after you've been notified and had a chance to object.</i>
<b>Crimes on our premises or against our workforce.</b>	<ul style="list-style-type: none"><li>• We may share limited information with law enforcement if someone commits a crime on our property or against our staff.</li></ul>	<b>Example:</b> <i>If someone assaults a staff member or damages property, we may tell law enforcement what happened and who was involved.</i>
<b>Required abuse reporting.</b>	<ul style="list-style-type: none"><li>• We must report suspected abuse or neglect of children or incapacitated adults to the proper authorities, as required by law.</li></ul>	<b>Example:</b> <i>If a counselor believes a child is being abused, they must report it to the authorities, even if the parent is in treatment.</i>
<b>Public Health authorities (without your name).</b>	<ul style="list-style-type: none"><li>• We may share information that does not identify you to help protect public health.</li></ul>	<b>Example:</b> <i>We may report the number of people treated for a certain condition to the health department, but we won't include names or personal details.</i>

## Special Rules for Substance Use Disorder Records *continued*

As we said, generally we will only use or share information about Substance Use Disorder Records when you give us permission **in writing**. This includes using or sharing information in order to treat you, run our organization, or bill for your services.

However, you have the right to give us written permission one time for all future treatment, healthcare operations, and billing. This means you don't have to sign a new form each time we need to share your information with other providers or your insurance. Signing this consent is required to receive ongoing treatment from us. If you choose not to sign, we may not be able to provide or continue services. You can change your mind and take back your permission at any time.

We will not use or share your Substance Use Disorder treatment information for anything not described in this notice unless you give us written permission. If you do give us permission, you can change your mind at any time.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know quickly if your health information is ever seen, shared, or used in a way that the law says is not allowed.
- We are required to explain our responsibilities and privacy practices in this Notice, and to give you a copy of it.
- We must follow the duties and privacy practices described in this notice.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of This Notice:** We reserve the right to change the terms of this notice, and the changes will apply to all the information we have about you. The new notice will be available upon request, electronically or as a printed copy. It will also be posted in all our locations, and on our website.

**Effective Date:** This Notice is effective as of July 3, 2025.

### Contact Information

Chief Compliance and Privacy Officer  
Email: [Privacy@HillcrestEvv.org](mailto:Privacy@HillcrestEvv.org)  
Phone: (812) 436-4286  
Address: 2700 West Indiana Street, Evansville, IN 47712

**Acknowledging Receipt of This Notice:** When you visit us, we may ask you to sign saying you received this Notice of Privacy Practices. This is just to show that we gave you a copy. We are required to ask you to state in writing that you received the notice. However, you do not have to sign the form.

- Signing it does not mean you agree to anything.
- If you choose not to sign, we will still give you care and follow the law.
- If you don't sign, we will make a note that we offered you the notice.

You can ask for a copy of this notice at any time.

You will be asked to sign a separate form acknowledging the receipt of this Notice.