

NOTICE OF PRIVACY AND CONFIDENTIALITY

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.

General Information: The confidentiality of alcohol and drug abuse client records maintained by Blooming Cactus Wellness is protected by two federal laws: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. § 132d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Generally, Blooming Cactus Wellness may not say to a person outside the program that you attend the program, nor disclose any information identifying you as an alcohol and/or drug user or disclose any other protected information except as permitted by federal law. Blooming Cactus Wellness must obtain your written consent before it can disclose information about you for payment purposes. For example, Blooming Cactus Wellness must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Blooming Cactus Wellness can share information for treatment purposes or for health care operations. However, federal law permits Blooming Cactus Wellness to disclose information without your written permission:

1. Pursuant to an agreement with a qualified service organization/ business associate;
2. For research, audit or evaluation;
3. To report a crime committed on Blooming Cactus Wellness or of NM premises or against Blooming Cactus Wellness or personnel;
4. To Medical Personnel in a medical emergency;
5. In connection with treatment, payment (insurance company) or health care operations;
6. To appropriate authorities to report suspected child or elder abuse and/or neglect;
7. As allowed by a court order. Before Blooming Cactus Wellness can use or disclose any information about your health in a manner, which is not described above, we must first obtain your specific written consent allowing it to make the disclosure. You may revoke any such written consent in writing.

Patient's Bill of Rights

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Blooming Cactus Wellness is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency. You have the right to request that we communicate with you by alternative means or at an alternative location. Blooming Cactus Wellness will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Blooming Cactus Wellness, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding, or in other limited circumstances. Under HIPAA you also have the

right, with some exceptions, to amend health care information in Blooming Cactus Wellness records, and to request and receive an accounting of disclosures of your health-related information made by Blooming Cactus Wellness during the six (6) years prior to your request. You also have the right to receive a paper copy of this notice. **A. In accordance with Title 6 of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title 9, Section 10800, and Americans with Disabilities Act of 1990, each person receiving services from an alcoholism or drug abuse recovery or treatment facility shall have rights which include, but are not limited to, the following:**

1. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2 and HIPAA and the right to receive this Privacy Notice.
2. To be accorded dignity in contact with staff, volunteers, board members and other persons. You have the right to have your rights explained to you in simple terms, in a way you can understand within 24 hours of admission, which can help in your, and/or your family's decision-making.
3. To be accorded safe, healthful and comfortable accommodations to meet his or her needs. You have the right to a humane environment that provides reasonable protection from harm and appropriate privacy for your personal needs.
4. To be free from verbal, emotional, physical abuse, inappropriate sexual behavior or contact, exploitation, humiliation, harassment and/or neglect.
6. To be free from discrimination based on ethnic group identification, culture, sexual orientation, religion or spiritual beliefs, age, gender, skin color, socioeconomic status, language, or disability.
7. To be accorded access to his or her file and the right to own the information within his or her file with the exception of psychotherapy notes.
8. The right to request corrections of erroneous and/or incomplete information.
9. The right to prohibit re-disclosure of client information.
10. The right to request transmittal of communications in an alternative manner.
11. The right to obtain an accounting of disclosures.
12. The right to express preferences regarding counselor or service providers.
13. Fiduciary abuse of the participants is prohibited.
14. To be free from any marketing or advertising publicity, without written authorization.
15. The right to provision of services will be responsive to the participants' social support and legal advocacy needs, when necessary.
16. The right to be free from any intrusive procedures (strip searches, and/or pat downs).

17. If you agree to treatment or medication, you have the right to change your mind at any time (unless specifically restricted by law). You have the right not to receive unnecessary or excessive medication.

18. You have the right to accept or refuse treatment after receiving this explanation.

19. You have the right to appropriate treatment in the least restrictive setting available that meets your needs.

20. You have the right to be told about the program's rules and regulations before you are admitted. You also have the right to be told what is to be expected of treatment. Failure to follow rules can be deemed as non-compliance and client can be discharged from treatment.

21. You have the right to be told before admission: a. the condition to be treated; b. the proposed treatment; c. the risks, benefits, and side effects of all proposed treatment and medication; d. the probable health and mental health consequences of refusing treatment; e. other treatments that are available and which ones, if any, might be appropriate for you; and f. the expected length of stay.

22. You have the right to a treatment plan designed to meet your needs, and you have the right to take part in developing that plan. You also have the right to meet with staff to review and update the plan on a regular basis.

23. You have the right to be told in advance of all estimated charges and any limitations on the length of services of which we are aware.

24. You have the right to receive an explanation of your treatment or your rights if you have questions while you are in treatment.

25. Cancellations or rescheduling requires 24 hours' notice. Failure to do so will incur a \$20.00 fee, or the amount of the co-pay.

B. Each participant shall review, sign and be provided at admission, a copy of the participant rights specified in A1 through A24 above. The program shall place the original signed bill of rights document in your file.

C. The provider shall post a copy of these participant rights in a location visible to all participants and the general public.

D. The follow-up after discharge cannot occur without a written consent from the participant. E. Any program conducting research using participants as subjects shall comply with all federal regulations for protection of human subjects (Title 45, Code of Federal Regulations 46.) However, you have the right to refuse to take part in research without affecting your regular care.

Blooming Cactus Wellness is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Blooming Cactus Wellness is required by law to abide by the terms of this notice. Blooming Cactus Wellness reserves the right to change the terms of this notice and to

make new notice provisions effective for all protected health information it maintains. Revised notices will be posted in all Blooming Cactus Wellness offices and website, as well as given to all active patients.

Complaints and Reporting Violations

You may complain to the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201, to NM Counseling and Therapy Practice Board, Toney Anaya Building, 2550 Cerrillos Road, Santa Fe, NM 87505, (505) 476-4500. **If you believe that your privacy rights have been violated under HIPAA, Blooming Cactus Wellness will take no retaliatory action against you if you file a complaint about our privacy practices.**

If you have questions about this notice or any complaints, please contact our Owner and CEO Nicole Rivera at (505) 730-5020. 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 county or governmental district where the violation occurs. **Effective Date:** This notice came into effect on January 1, 2010.

Acknowledgement: I hereby acknowledge that I understand and received a copy of this notice.

Print Name

Client Signature

Date

Parent/ Guardian Signature

Date

*****For Office Use Only*****

Blooming Cactus Wellness was unable to obtain this acknowledgement of receipt due to:

- Client **refused** to sign acknowledgement

- Client was **unable** to sign acknowledgement
- Client **left** the facility before the end of the assessment and is not entering treatment
- Other