



**DEER OAKS - THE BEHAVIORAL HEALTH SOLUTION**  
**NOTICE OF PRIVACY PRACTICES**  
**Health Insurance Portability and Accountability Act (HIPAA)**  
**April 14, 2003**

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

This Notice describes the privacy practices of the following **Deer Oaks: The Behavioral Health Solution** (referred to thereafter as Deer Oaks) entities: **Deer Oaks Arkansas LLC, Deer Oaks Behavioral Health PA, Deer Oaks Geriatric Services PC, Deer Oaks Med Management Associates LLC, Deer Oaks Mental Health Associates PC, Deer Oaks Mid-West LLC, Deer Oaks Minnesota LLC, Deer Oaks Southeast LLC, Deer Oaks West LLC, Med Management Associates, Med Management Associates of Colorado LLC, Med Management Associates of Iowa PC, Med Management Associates of Virginia LLC, Med Management Indiana PC, and Med Management of Kansas LLC**. Deer Oaks has the responsibility to protect the privacy of your personal and health information, as described in this notice. Personal and health information includes medical (or psychological) information and individually identifiable information, such as your name, address, telephone or social security number. Deer Oaks is required by applicable federal and state laws to maintain the privacy of your personal and health information or "PHI".

Deer Oaks will protect your privacy by limiting how we may use or disclose your PHI; limiting who may see your PHI; inform you of our legal duties with respect to your PHI; and explain and strictly adhere to our privacy policies. These policies are in effect as of April 14, 2003, and will remain in effect until updated and until you receive notice of any changes. Deer Oaks reserves the right to change these policies and the terms of this notice as allowed by state and federal laws, rules or regulations. Changes to this notice will apply to the health information we already have as well as any information we receive in the future. If changes are made, we will publish a revised Notice of Privacy Practices on our website. The most current version of this notice is available at [www.deeroaks.com](http://www.deeroaks.com) or may be obtained by contacting our Privacy Officer or Medical Records Department (see contact information below). The notice will contain the effective date at the bottom of each page. Deer Oaks Notice of Privacy Practices can be made available in other languages upon request.

**Uses and Disclosures of Client Personal and Health Information:**

Deer Oaks may disclose your PHI for treatment purposes for the provision, coordination or management of your health care and related services among health care providers or with a third party. For example, disclosure occurs in consultation between healthcare providers involved in your care for care coordination and management, for referral to a health care provider, to order and follow tests, labs, or prescriptions.

Deer Oaks may disclose your PHI for payment purposes to insurance carriers in order to receive payment or be reimbursed for services provided to you by the Deer Oaks clinical staff, to fulfill their coverage responsibilities within the limits established by applicable licensing board. This includes, but is not limited to, determining coverage or eligibility, risk adjustments, billing and collection activities, reviewing health care services, utilization review activities, and disclosures to consumer reporting agencies.

Deer Oaks may use your PHI for health care operations purposes to conduct quality improvements, including outcome studies and development of clinical guidelines, care coordination, case management, utilization and risk management, data analysis, business planning and development, and business management or general administrative activities. Deer Oaks may also use your PHI to review the competence of our clinical staff, provide clinical supervision of clinical staff, or for business purposes such as customer service, training, resolution of your complaints, or for due diligence in connection with the sale or transfer of assets to a potential successor in interest.

Deer Oaks may use your PHI to contact you with information about services provided, appointment reminders, or for collection of co-pays or your account balance (if any). Emails, text messages, or other electronic communications may not be encrypted or secure and could be read or otherwise accessed by another person or organization. We will assume that you understand these risks if you initiate electronic communication with us or agree to receive communications from us in a non-secure format.

Deer Oaks may use your PHI to the extent necessary to avert a serious and imminent threat to your health or safety or the health and safety of others. We may disclose this information to the proper authorities, if we reasonably believe that you are

a possible victim of abuse, neglect, domestic violence or other crimes or if you admit to the abuse or neglect of a child or dependent elderly person.

Deer Oaks must disclose your PHI when we are required to do so by U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with privacy laws.

Deer Oaks may disclose your PHI in response to a court order or subpoena, although every effort will be made to obtain your consent for the release of any personal or health information, as required by confidentiality regulations as set by the applicable licensure boards.

Deer Oaks may disclose your PHI to law enforcement officials or personnel of a correctional institutional if you are in lawful custody while receiving treatment.

Deer Oaks will adhere to the minimum necessary standard when disclosing protected health information, in compliance with all applicable state and federal privacy regulations.

**Your Rights:**

You have the right to review or obtain copies of your personal and health information, subject to the limitations of the applicable licensing board. Your request must be in writing and you may be charged a fee for copying of the record.

You have the right to request and receive a list of instances in which we, or our subcontractors, disclosed your PHI for purposes other than treatment, claims processing/payment, and organizational operations.

You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement. You also have the right to terminate or amend previously requested restrictions. Requests for additional restrictions or request for termination of requested restrictions must be in writing.

You have the right to request that we communicate with you in confidence about your PHI by alternative means, such as sending reminders for appointments by mail instead of telephone calls. You must specify how we may contact you in writing, if you do not wish to be telephoned at your primary or secondary listed telephone numbers.

You have the right to request an amendment of your PHI. The request must be in writing and include the information to be amended. We may deny your request for an amendment if we did not create the information you want amended, we do not maintain the information or the information is accurate and complete. If we agree to the amendment, we will make a reasonable effort to inform others of the amendment and to include the changes in any future disclosures of that information.

You have the right to request deletion of certain consumer health data, subject to legal, clinical, and regulatory requirements.

You have the right to receive a copy of this notice in either written or electronic form.

You have the right to receive notice in the event of a breach of confidentiality. As required by law, Deer Oaks will notify you of any breach of your PHI that is unsecured.

You have the right to file a complaint if you believe we have violated your privacy rights or you disagree with a decision we made about access to your PHI. A complaint may be registered with the Privacy Officer at Deer Oaks. You may also submit a written complaint to the U.S. Department of Health and Human Services (HHS). Deer Oaks supports your right to file a complaint and will assist you by providing address information for the HHS, and we will not retaliate in any way if you choose to file a complaint with us or the HHS.

**Written Authorization to Use or Disclose Your PHI:**

Deer Oaks will request written authorization from you to use your PHI or to disclose it to anyone for any purpose or situation not included in this document. You may revoke this authorization in writing at any time. Your revocations will not affect any

use or disclosure permitted by your authorization while it was in effect. We will not disclose your PHI for any reason except those described in this notice without your written consent.

**Request Access to Your PHI and Medical Records:**

Requests for access to consumer health records must be submitted in writing. Requests can be submitted via fax at (855) 916-3600, email at [records@deeroaks.com](mailto:records@deeroaks.com), or mail to Deer Oaks – A Behavioral Health Organization, Attn: Medical Records Department, 7272 Wurzbach Rd., Suite 601, San Antonio, TX 78240. Our Medical Records Department can be reached at (210) 615-3440 for purposes of answering any questions related to medical record requests. To assist with timely processing of your request, please include full legal name, date of birth, description of the records requested, and preferred method of response. If you are requesting on behalf of a patient, please include your relationship with the patient.

For your protection, Deer Oaks will require an Authorization to Exchange Information Form to be completed prior to releasing any records. Deer Oaks may also require identity verification prior to releasing records. If you are requesting on behalf of a patient, Deer Oaks will require written documentation of your authority to sign the Authorization to Exchange Information Form and obtain copies of the patient's records. Deer Oaks will respond to verified requests **within 30 days and/or as required by applicable state law**. If additional time is needed due to the scope or complexity of the request, you will be notified in writing.

**Questions or Complaints Regarding Use or Disclosure of PHI:**

You may contact the Deer Oaks Privacy Officer regarding questions or complaints regarding the use or disclosure of your PHI. The Privacy Officer at Deer Oaks is Brittany Velebil, CMCO. Brittany Velebil, CMCO, may be contacted toll-free at (888) 365-1795, [compliance@deeroaks.com](mailto:compliance@deeroaks.com), or in writing care of Deer Oaks at 7272 Wurzbach Road, Suite 601, San Antonio, Texas 78240.

You may also file a complaint with the Secretary of the Department of Health and Human Services. Upon request, the Privacy Officer will provide you with the contact information.

**Acknowledgement of This Notice of Privacy Regarding Your PHI:**

Your acknowledgement of this notice of privacy will be made a part of your medical record at Deer Oaks. Please sign and date below. You may request a copy of this notice at any time.

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Patient/Client Name

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Date

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Signature of Patient/Client or Legal Guardian

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Relationship to Patient/Client