

3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct at the facility; and
6. In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

» **Research:** We may use or disclose your PHI for research purposes in limited circumstances. We will ask for your specific permission if the researcher will have access to your name, address, or other identifying information, or will be involved in your care at FCS. You may contact the Privacy Officer for more information about our research approval policy and process.

» **Coroners, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about clients of FCS to funeral directors as necessary to carry out their duties.

» **Military, National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law. If you are a member of the armed forces, FCS may disclose your PHI as required by military command authorities.

» **Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

» **Inmates:** If you are an inmate of a correctional facility or under the custody of law enforcement official or agency, we may disclose PHI about you to the correctional facility or law enforcement official or agency. This release may be necessary to: (1) enable the correctional facility to provide you with health care, (2) protect the health and safety of you and/or other people, or (3) protect the safety and security of the correctional institution.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI that we maintain about you:

» **Right to Inspect and Copy:** You have the right to inspect and request a copy of PHI. To request access to your PHI, you must submit a written authorization to FCS. You may receive this information on paper, or in the electronic format that you prefer if the information is readily available in that format. If FCS provides you with electronic access to your PHI, FCS may charge you the statutory allowed rate which is currently 30 cents per electronic page plus postage or a delivery charge but in no event greater than \$200. If you request a paper copy of the information, we may charge the statutory allowed rate which is currently 50 cents per page. We may deny your request to inspect and copy in certain circumstances. If your request is denied, you will receive a written explanation for the denial, and you may request that the denial decision be reviewed. A licensed health care professional chosen

by the facility will review your request and denial decision.

-The person conducting the review will not be the person who denied your original request. We will comply with the outcome of the review.

» **Right to Amend:** If you believe that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for FCS. To request an amendment, your request must be made in writing and submitted to the Program Manager at the FCS location where you are seen. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) Is not part of the PHI kept by or for FCS; (3) Is not part of the information which you would be permitted to inspect and copy; or (4) Is accurate and complete.

» **Right to an Accounting of Disclosures:** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures that we have made of PHI about you for purposes other than treatment, payment, or healthcare operations. The list of disclosures also will not include any disclosures made to you of your own information, disclosures required or permitted by law, information disclosed pursuant to your authorization, disclosures for national security or intelligence purposes. It also excludes disclosures to correctional institutions or law enforcement officials, or disclosures that are part of a limited data set that does not include your individually identifiable information. To request this list or accounting of disclosures, you must submit your request in writing to FCS. Your request must state a time period that may not be longer than six years and may not include dates that are more than six years earlier than your request. Your request should indicate whether you wish to have the accounting in paper or electronically. The first list you request within a 12-month period will be free. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

» **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to FCS. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, (for example, disclosures to your spouse). You also have a right to request that we restrict disclosures to a health plan or insurance company if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you (or a person other than the health plan or someone

else on your behalf) have paid FCS in full. We cannot deny this request for a restriction.

» **Right to Request Communications in a certain manner:**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. In programs such as COPES, FCS may offer to communicate with you through secure text messaging or a secure web-based chat system. While FCS can ensure that such messages are secure at the time of sending and once received by FCS, FCS cannot ensure that such communications when received or stored by your mobile phone, your computer, your internet service provider, or your mobile telephone carrier or when such communications are transmitted through such carriers will remain secure. If you choose to utilize these methods of communication offered by FCS by initiating a chat session or initiating a text communication, FCS will understand that you acknowledge these potential risks and will treat your initial text or chat as a request that FCS communicate with you by text or chat respectively. You have the right to opt-out of such communications at any time by providing FCS a written request to opt-out.

To request a certain manner of communication, you must make your request in writing to FCS. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

» **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, please contact the administrative office of any FCS facility.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with FCS or with the Secretary of the Department of Health and Human Services. To file a complaint with FCS contact the Privacy Officer at 918-587-9471. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or applicable laws will be made only with your written authorization, including any fundraising requests or any proposed sale of your PHI by FCS. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provide to you.



NOTICE OF PRIVACY PRACTICES FAMILY & CHILDREN'S SERVICES INC. AND FMC PHARMACY, LLC.

THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Amended September 27, 2019

WHO WILL FOLLOW THIS NOTICE

This notice describes our organization's practices and that of:

- » Any health care professional authorized to enter information into your medical record;
- » All departments and units of FCS and FMC Pharmacy;
- » All employees, staff and other FCS personnel, including physicians, psychologists, therapists, pharmacists, nursing personnel, prescribers, and pharmacy technicians who are independent contractors of FCS;
- » FCS includes Family & Children's Services and FMC Pharmacy. All FCS entities, sites, and locations follow the terms of this notice and may share protected health information ("PHI") with each other for treatment, payment or health care operation purposes or in the manner described in this notice.

LEGAL DUTY TO SAFEGUARD PHI

We understand that medical information about you and your health is personal and we are committed to protecting your medical information. We create a record of the care that contains your PHI. We need this record to provide you with quality care and to comply with certain legal requirements. We will obtain your authorization any time it is required, giving FCS permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your medical care, and the administrative operations of FCS. You may revoke your authorization for these uses at any time by notifying the FCS Privacy Officer or your FCS healthcare provider, except to the extent that FCS has already acted in reliance on it. Any disclosure shared via media (including social media) may be disclosed indefinitely in light of FCS's or anyone's ability to retract such disclosure once it is posted or published. This notice applies to all of the records of your care generated by FCS. This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by federal, state and local law to:

- » Make sure that PHI that identifies you is kept private;
- » Give you notice of our legal duties and privacy practices with respect to PHI about you;
- » Give you notice in the event of any breach of unsecured PHI about you; and
- » Follow the terms of the notice of privacy practices that is currently in effect.

THIS NOTICE TAKES EFFECT SEPTEMBER 27, 2019, AND WILL REMAIN IN EFFECT UNTIL WE REPLACE IT. UPDATES WILL BE POSTED ON OUR WEBSITE.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the administrative office of each facility. The notice will state the effective date on the first page. In addition, each time you are admitted to the FCS for treatment or health care services, we will offer you a copy of the current notice in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose PHI. For each category of uses or disclosures we will explain what we mean and try to give an example. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Routine Uses and Disclosures that do not Require your Authorization

- » **For Treatment:** We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to clinicians, case managers, family support workers, doctors, nurses, pharmacists, pharmacy technicians, or other FCS personnel who are involved in taking care of you at FCS. For example, a doctor prescribing medicine for you would need to know other medications that you are taking and the reason for taking these medicines to help prevent any medication interaction problems. Different areas of FCS also may share PHI about you in order to coordinate the different things you need, such as testing or other FCS treatment services.

We may disclose your PHI for the treatment activities of any other health care providers. For example, we may send a copy of your medical records to a physician who needs to provide follow-up care. Any disclosure may include PHI obtained from third parties unless the PHI was obtained under a promise of confidentiality.

- » **For Payment:** We may use and disclose PHI about you so that the treatment and services you receive at FCS may be billed and payment may be collected from you, an insurance company or a third party, including Medicaid and/or Medicare. We may disclose PHI to your health plan, insurance company, HMO, or their utilization review contractor to obtain prior approval or to determine whether a plan will cover a particular treatment. FCS holds contracts with many entities for purposes of payment and coordinating care of our clients. These entities

include but are not limited to the Oklahoma Department of Mental Health and Substance Abuse Services and Oklahoma Department of Human Services. We are required by law to share information with some of these entities.

- » **For Health Care Operations:** We may use and disclose PHI about you for health care operations. These uses and disclosures are necessary to run FCS and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many FCS clients to decide what additional services FCS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to clinicians, doctors, case managers, family support workers, and other FCS personnel for review and learning purposes. This would also include the sharing of information among students of a professional training program that FCS may sponsor. We may also combine the PHI we have with PHI from other health care organizations to compare how we are doing and see whether we can make improvements in the care and services we offer. We will remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific clients are.
- » **Business Associates:** We may disclose your PHI to other entities that provide a service to us or on our behalf that requires the disclosure of client PHI. FCS will only make these disclosures to Business Associates if we have received satisfactory assurance that the Business Associate will properly safeguard PHI. For example, we may contract with another entity to provide billing or other contracted services. All Business Associates are required to comply with the privacy and security protections in the Health Insurance Portability and Accountability Act (HIPAA).

You may object to FCS disclosing PHI in the following situations. Please advise your healthcare provider if you do not want PHI used as set forth below. Any such objection will need to be made in writing.

- » **Appointment/Refill Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment for services at FCS or that you need a prescription refill.
- » **Health Information Exchange:** FCS may participate in digital information exchanges with other health care providers and health plans, in which we send your client data to a network system committed to securing the information and allowing your data to be available to another member who is providing treatment to you, those who pay for your care, and for operational purposes. Any such network would be committed to protecting your privacy and information under the federal privacy and security laws.
- » **Tours:** Tour or visits may occur of the agency facilities and people who are not FCS staff may witness your presence at the facility.
- » **Telehealth:** Certain services at FCS may be conducted by telecommunication or other similar means and your PHI may be disclosed.
- » **Photographs:** Your photograph may be taken to be included

in your medical record. The photograph will be used for internal identification purposes. Any other use of photographs will require your consent.

- » **Email and Text:** Your email address and telephone number may be used for FCS healthcare operations, like reminding you of appointments or wellness information. Your email address and text telephone number will not be given or sold to others.
- » **Treatment Alternatives and Health-Related Benefits or Services:** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you, as well as other healthcare benefits or services. You may notify us in writing if you wish not to receive this information or to restrict the manner in which we tell you about these treatment options, benefits or services, for example, if you do not want to be contacted at home, or if you prefer to be contacted by mail.
- » **Individuals Involved in Your Care or Payment for Your Care:** We may disclose PHI about you to a friend, family member or legal guardian who is involved in your medical care or who helps pay for your care. We may also disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Pursuant to law, FCS may disclose certain PHI to someone who has been identified as your responsible family member or to your attorney, guardian, health care proxy, or durable power of attorney for health care purposes relating to mental health or drug or alcohol treatment services.
- » **Disclosure after Death:** We may disclose PHI to persons who were involved in your care or payment for your care, following your death.
- » **Women in Recovery (WIR), WIR Continuing Care, and Women's Justice Team (WJT) Participants:** If you are participating in WIR, Continuing Care, and/or WJT, you may be on the agency premises for long periods of time or for events and consequently individuals not involved in WIR, Continuing Care, and/or WJT, including the media, may see you or become aware of your involvement in these FCS services when they visit the agency premises. Additionally, you, and your child(ren), if applicable, may have opportunities to volunteer and/or participate in activities and events in the community. During your participation, individuals not involved in WIR, Continuing Care, and WJT, including the media, may see you and become aware of your involvement in these FCS services. We may disclose PHI that reflects your involvement in the program to:
 1. Entities or individuals that supervise or monitor the program or FCS;
 2. Entities or individuals that are involved in funding the program or FCS;
 3. Individual or entities that publicize or are involved in publicizing the program or FCS;
 4. Individual or entities that visit the program or FCS to learn about its operations; and
 5. Entities or individuals that provide assistance to the program or FCS.
 6. Entities/individuals that provide educational groups or other enrichment activities at FCS or other locations, such as the Tulsa Children's Museum Discovery Lab.

Disclosures Which are Made without your Consent

- » **As Required By Law:** We will disclose PHI about you when required to do so by federal, state or local law. In Oklahoma, FCS is required to disclose PHI as necessary and appropriate to individuals and agencies that hold a contract with the Department of Mental Health and Substance Abuse Services and the Oklahoma Department of Human Services.
- » **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- » **Workers' Compensation:** We may release PHI about you to your employer or his/her designee for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- » **Public Health Risks:** We may disclose PHI about you for public health activities. These activities generally include the following:
 1. To prevent or control disease, injury or disability;
 2. To report deaths;
 3. To report child abuse or neglect;
 4. To report reactions to medications or problems with products;
 5. To notify people of recalls of products they may be using;
 6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 7. To notify the appropriate government authority if we believe a client has been the victim of abuse or neglect.
- » **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of FCS. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- » **Accrediting Organizations:** We may disclose PHI to an organization that FCS has contracted with for purposes of accreditation such as Council on Accreditation (COA) Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Health Care Authority (OHCA), Department of Human Services (DHS), Oklahoma State Board of Pharmacy (OSBP), etc.
- » **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court order. We may also disclose PHI about you in response to a court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your representative about the request or to obtain an order protecting the information requested.
- » **Law Enforcement:** We may release PHI if asked to do so by a law enforcement official:
 1. In response to a court order, warrant, summons or similar process;
 2. To identify or locate a suspect, fugitive, material witness, or missing person;