CAHABA CENTER
FOR MENTAL HEALTH

FOR YOUR INFORMATION
&
HIPAA
NOTICE OF PRIVACY PRACTICES

OCTOBER 2026

CAHABA CENTER FOR MENTAL HEALTH

FOR YOUR INFORMATION & HIPAA NOTICE OF INFORMATION PRACTICES

We all need help in coping with certain situations. Making the decision to seek professional help in solving problems can be a difficult one. We at Cahaba Center believe recognizing your need for such help is the first step toward progress. We hope your decision to use our services will produce positive results for you. So we can better serve you, we would like to give you as much information as possible about how we will be working together.

Cahaba Center for Mental Health is a public, non-profit corporation consisting of a 27 member board appointed by local governments under the authority of Alabama Act 310.

MISSION

The mission of Cahaba Center is to provide quality mental health and developmental disabilities services to residents of Dallas, Perry, and Wilcox Counties to the extent resources will allow with the assurance that these services will be provided in a manner that respects individual dignity, promotes recovery, and enhances consumer, family, and provider relationships.

The Cahaba Center is a member of the Behavioral Healthcare Alliance of Alabama and is certified by the Alabama Department of Mental Health.

TREATMENT

Treatment gives you the chance to work with service professionals to help solve problems. During your first session, staff may ask many questions about your history and current concerns. This information-gathering process is important because it helps us assess your problem correctly and understand how it may have developed.

The staff will help you set goals and determine which services may be appropriate to help you meet those goals. Although we can't tell the exact length of time you will need to participate in treatment, we will do everything we can to help you set and meet your goals as quickly as possible.

APPOINTMENTS

It is important that you keep every appointment to ensure the best results from your services. If you miss an appointment, please notify the Center as soon as possible. If you are able, please call to reschedule before your missed visit.

IN CASE OF AN EMERGENCY

If you have an emergency in the evenings, on weekends or on holidays, you can call the 24 hour emergency number **(334) 875-2100.**

A professional staff member is always available. The staff member that you reach may not be your own; therefore, problems which are not emergencies should be discussed with your treatment professional during business hours.

CONFIDENTIALITY

Any information you share with a staff member is considered confidential, even the fact that you are receiving services from Cahaba Center. When there is a need to release information about you or to request information from another source about you or your family, you will be asked to sign a release of information form. A staff member will review what information will be requested or released. Clinical information, either written or verbal, will not be released by this Center without your written permission except in the following instances:

1. If there is evidence of abuse of neglect or suspected child abuse or neglect.
2. If the Center is ordered by a Court.
3. If you express intent to harm yourself or others.
4. If you have a medical emergency.
5. To coordinate care with a treatment provider or make a referral to another provider

INDIVIDUAL/RECIPIENT RIGHTS – FOR PERSONS SERVED AT CAHABA CENTER

1. Right to Privacy
2. Right to Confidentiality
3. Right to Access Information
4. Right to Participate Fully in Decision-Making Regarding Treatment
5. Right to Be Informed Regarding Parental or Guardian Consent
6. Right to be Informed Regarding Services to Be Provided
7. Right to Statement of Applicable Charges and Limitations on Duration of Services
8. Right to Refuse Services
9. Right to Access the Complaint/Grievance Procedure
10. Rights Regarding Participation in Research or Experimentation
11. Right to Be Free from Abuse, Neglect, Exploitation, and Mistreatment

12. Right to Human Respect and Dignity
13. Right to Be Free of Punishment
14. Right to Be Informed of Accessing Rights Protection
15. Right to Informed Consent for Use of Specialized Equipment
16. Right to Enforce Rights
17. Right to Personal Liberty
18. Right to Manage Personal Funds
19. Right to Be Informed of Commitment Status
20. Right to Appropriate Services Subsequent to Commitment

These rights are available to you as an individual receiving treatment at Cahaba Center although there may be some limitations based upon your circumstances.

RESIDENTIAL SERVICES RIGHTS

1. Right to Access and Privacy of Mail, Telephone Communications, and Visitors
2. Right to a Well-Balanced Diet and Adequate Shelter
3. Right to Access Medical Services

OTHER RIGHTS

Individuals/recipients have the same rights afforded to all citizens of Alabama:

1. Right to exercise freedom of religion.
2. Right to be paid the value of work performed.
3. Right to exercise rights as a citizen of the United States and the state of Alabama.
4. Right to be served through general services available to all citizens.
5. Right to choose to live, work, be educated, and recreate with persons who do not have disabilities.
6. Right to be presumed competent until a court of competent jurisdiction, abiding by statutory and constitution provision, determines otherwise.

7. Right to vote and otherwise participate in the political process.

8. Right to own and possess real and personal property.

9. Right to make contracts.

10. Right to exercise rights without reprisal.

11. Right to obtain a driver's license on the same basis as other citizens.

12. Right to marry and divorce.

13. Right to social interactions with members of either sex.

These rights may be limited based upon an individual's specific circumstances.

INDIVIDUAL RESPONSIBILITIES

Realizing the freedom to exercise rights carries the need to accept some responsibilities, the following list of responsibilities is expected of each person who receives services from Cahaba Center:

1. To provide, to the best of your knowledge, accurate information regarding your mental health and medical history including: present and past illness, medications, hospitalizations, etc.

2. To be responsible for your actions should you refuse treatment or fail to follow instructions.

3. To be familiar with and follow rules and regulations governing your care and conduct.

4. To attend scheduled activities and keep appointments.

5. To be considerate of the rights of others.

6. To be respectful of the property of others and of the facility.

7. To take an active part in planning for your treatment/habilitation program.

8. To ask questions when you do not understand instructions, treatment, etc.

9. To help take care of and clean up your service area (as appropriate).

10. To help keep yourself clean and dressed (as appropriate).

11. To obey the laws which apply to all citizens.

12. To follow directives from staff during an emergency situation.

There may be other specific rules and responsibilities as outlined within services.

CHARGES

We do charge for services you receive. Charges are not applicable for Developmental Disabilities services. Services are charged based on current Medicaid rates. For more information or for a list of rates, please ask the Front Desk.

SLIDING FEE DISCOUNT PROGRAM POLICY

Cahaba Center for Mental Health offers a Sliding Fee Discount Program to all who are unable to pay for their services. Cahaba Center will not base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: Cahaba Center will notify individuals of the Sliding Fee Discount Program by:

• Payment Policy will be available to all uninsured individuals at the time of service.

• Notification of the Sliding Fee Discount Program will be offered to each individual upon admission.

• An explanation of our Sliding Fee Discount Program is available on Cahaba Center's website.

• Cahaba Center places notification of Sliding Fee Discount Program in the clinic waiting area.

2. All individuals seeking healthcare services at Cahaba Center are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

3. Request for discount: Requests for discounted services may be made by individuals, family members, or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information can be obtained from the Front Desk.

4. Administration: The Sliding Fee Discount Program procedure will be administered through the Billing Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered as needed. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.

5. Alternative payment sources: All alternative payment resources must be exhausted, including all third-party payment from insurance(s), federal and state programs.

6. Completion of Application: At intake and annually thereafter, the individual/responsible party provides information about income to the administrative staff at the clinic. This information is used to determine eligibility for the Sliding Fee Discount Program.

7. Eligibility: Discounts will be based on income and family size only. Cahaba Center uses the Census Bureau definitions of each. a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including

related subfamily members) are considered as members of one family. b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

8. Income verification: Individuals are encouraged to provide one of the following: prior year W2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be encouraged to submit detail of the most recent three months of income and expenses for the business. Adequate information assists us to determine eligibility for the program. Self-declaration of Income may be used if other documentation is not readily available. All individuals must provide a signed statement of income. This statement will be presented to Cahaba Center's Executive Director or his/her designee for review and final determination as to the sliding fee percentage.

9. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest Federal Poverty Guidelines.

10. Waiving of Charges: In certain situations, individuals may not be able to pay the discounted fee. Waiving of charges may only be used in special circumstances and must be approved by Cahaba Center's Executive Director or their designee. Any waiving of charges should be documented in the individual's file along with an explanation.

11. Notification: The Sliding Fee Discount Program determination will be provided to the individual(s) in writing, and will include the percentage of Sliding Fee Discount Program write off. If the individual is approved for less than a 100% discount or denied, the individual and/or responsible party must immediately establish payment arrangements with Cahaba Center. The Sliding Fee Discount Program covers outstanding balances for six months prior to the date of the financial information update and any balances incurred within 12 months after this date, unless their financial situation changes significantly. The individual has the option to provide additional information anytime there has been a significant change in family income in order for a review of his/her discount to occur.

12. Refusal to Pay: If an individual verbally expresses an unwillingness to pay or vacates the premises without paying for services, he/she will be contacted in writing regarding their payment obligations. If the individual is not on the sliding fee schedule, a copy of the sliding fee discount program information will be sent with the notice. If the individual does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, Cahaba Center can explore options not limited, but including offering a payment plan or waiving of charges.

13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in each individual's clinical record.

14. Policy and procedure review: Annually, the amount of Sliding Fee Discount Program provided will be reviewed by the Executive Director. The SFS will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided

shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible individuals from having access to our community care provisions.

CAHABA CENTER DIRECTORY

REYNOLDS BUILDING	1017 Medical Center Parkway, Selma	875-2100
DEBRAY BUILDING	1017 ½ Medical Center Parkway, Selma	418-6533
ANNEX BUILDING	417 Medical Center Parkway, Selma	
	Executive Director	418-6500
	Business Manager	875-6068
	Personnel Director	418-6551
	MI Day Treatment/ Rehab Day	418-6552
	DD Services	418-6558
HILLTOP GROUP HOME	415 Medical Center Parkway, Selma	418-6530
MCDOWELL HOUSE	302 Franklin Street, Selma	418-6522
CAHABA CONSUMER CLUBHOUSE *(Consumer run clubhouse)*	302 Franklin Street	418-6525
CAHABA PLACE	2990 Earl Goodwin Parkway, Selma	418-6527
EARL GOODWIN GROUP HOME I	2906 Earl Goodwin Parkway, Selma	418-6536
EARL GOODWIN GROUP HOME II	2904 Earl Goodwin Parkway, Selma	418-6539
MCDONALD HOUSE	308 McDonald Avenue, Selma	418-4759
HARMONY HOUSE	908 Mangum Avenue, Selma	418-4712
HILLTOP APARTMENTS	300 Hilltop Drive, Selma	418-1417
PERRY COUNTY SATELLITE OFFICE	104 Edwards Street, Marion	683-9957
UNIONTOWN GROUP HOME	314 James Avenue, Uniontown	628-6515
WILCOX COUNTY SATELLITE OFFICE	45 Camden Bypass, Camden	682-4499

POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH

LIMITED ENGLISH PROFICIENCY

POLICY:

Cahaba Center for Mental Health will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Cahaba Center for Mental Health is to ensure meaningful communication with LEP recipients and their authorized representatives involving their treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and recipients and their families will be informed of the availability of such assistance free of charge.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

Cahaba Center for Mental Health will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards", available online at www.lep.gov) to determine the language. In addition, when records are kept of past interactions with recipients or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTEPRETER

Cahaba Center will maintain a contract/agreement for qualified interpreter services.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other recipients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

When translation of vital documents is needed, documents will be submitted for translation a qualified interpreter**.** Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information. Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES

POLICY:

Cahaba Center for Mental Health will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with recipients involving their treatment. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

PROCEDURES:

1. Identification and assessment of need:

Cahaba Center for Mental Health provides notice of the availability of and procedure for requesting auxiliary aids and services through notices posted in our waiting rooms. When an individual self-identifies as a person with a disability that affects the ability to communicate, staff will consult with the individual to determine aids or services necessary to provide effective communication in his/her particular situations.

2. Provision of Auxiliary Aids and Services:

Cahaba Center for Mental Health shall provide the following services or aids to achieve effective communication with persons with disabilities:

A. For Persons Who Are Deaf or Hard of Hearing

(i) For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the Cahaba Center employee at initial point of contact is responsible for arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the employee is responsible for contacting the Alabama Department of Mental Health to secure an interpreter.

(ii) Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

Cahaba Center utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is 711.

Other forms of communication, such as text and email, are also used if agreed to by the recipient. Additionally, video remote interpreters may be used for deaf consumers using sign language.

(iii) Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and ***after*** an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the

family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

NOTE: Children and other recipients will *not* be used to interpret, in order to ensure confidentiality of information and accurate communication.

B. For Persons Who are Blind or Who Have Low Vision

Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision. Staff will assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format as requested.

C. For Persons with Speech Impairments, Manual Impairments, or other Impairments

Staff will assist persons with disabilities or impairments to ensure effective communication. As each case will be individualized, staff will use a customized approach to ensure appropriate and effective communication tools are used.

ACCESSIBLITY TO PROGRAMS AND ACTIVITIES

The regulation implementing Section 504 requires that an agency/facility "*…adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.*" **(45 C.F.R. §84.22(f))**

Cahaba Center for Mental Health and its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level.
- Accessible offices, meeting rooms, bathrooms, and public waiting areas.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids.

If you require any assistance, please let the receptionist or your provider know.

COMPLIANCE WITH FEDERAL CIVIL RIGHTS LAWS

In accordance with all local, state and federal laws, Cahaba Center does not discriminate in the provision of services regardless of the recipient's age, race, creed, national origin, language of preference, sex, social status, disability status or length of residence in the service area except that specialized services/programs may be developed for specific target populations.

If you believe that Cahaba Center for Mental Health has failed to provide appropriate services or discriminated against you, you can file a grievance with:

Carrie Bearden, Executive Director

Cahaba Center for Mental Health

417 Medical Center Parkway, Selma, AL 36701

(334) 418-6500 phone; (334) 872-2084 fax

carrie.bearden@cahabamentalhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Carrie Bearden, Executive Director, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

INDIVIDUAL/RECIPIENT GRIEVANCE PROCEDURE

Any person or agency who applies for or receives any benefits or services from Cahaba Center may file a grievance if it is believed that their rights have been violated.

Individuals/recipients may informally bring problems to the attention of their care provider, Program Director, or Executive Director.

Executive Director – Carrie Bearden – 334-418-6500

If grievances cannot be resolved informally, a verbal grievance or a letter or presentation indicating the problem and the remedy sought may be filed at any time with the Executive Director. The grievance will be reviewed and investigated as indicted by internal staff and/or outside entities such as DHR if needed. Grievances of an emergency nature will be handled immediately. All other grievances will receive both a verbal and written response within ten (10) days of receipt of the grievance. Should the grievance not be resolved, further appeal efforts may be made to:

- The Alabama Department of Mental Health Advocacy Office at 1-800-367-0955
- The Alabama Disabilities Advocacy Program 1-800-826-1675
- The Alliance for the Mentally Ill of Alabama 1-800-626-4199

OR

- The Alabama Department of Human Resources
  - Dallas County 334-876-4100
  - Perry County 334-683-5500
  - Wilcox County 334-682-1200

This notice of privacy describes how medical information about you may be used and disclosed and how you can get access to this information.

Understanding Your Personal Health Record Information

Each time you visit Cahaba Center for Mental Health, your provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that you actually received the services that we billed for.
- Tool to assess the appropriateness and quality of care you received.
- Tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why, and how others may access your health information.
- Make informed decisions about authorizing disclosures to others.
- Better understand the health information rights detailed below.

Your Rights under the Federal Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices for Protected Health Information

Although your health records are the physical property of Cahaba Center for Mental Health, you have certain rights with regard to the information contained therein.

You Have the Right to:

- Request restriction on uses and disclosures of your health information for other than treatment, payment, and health care operations. “Health care operations” is defined as activities that are necessary to carry out the operations of the health center, an example of these would be quality assurance audits and provider peer chart reviews. The right to request restriction does not extend to uses or disclosures permitted or required under subsection §§164.502(a)(2)(i) (disclosures of your information to you) and 164.502 (a) (2) (ii) (when required by the U.S. Secretary; subsection §§164.510(a) (for facility directories, such as your provider’s schedule; but note, you have the right to object to such uses); or subsection §§164.512 (uses and disclosures required by law, such as mandatory communicable disease reporting), in these cases, you do not have the right to request restriction. The Consent you have signed allowing us to use and

disclose your individually identifiable health information provides you the ability to request a restriction. We do not, however, have to agree to the restriction. If we do grant the restriction, however, we will adhere to it unless you request otherwise or we give you advance notice. You may also ask us to communicate with you by alternate means, and, if the method of communication is reasonable, we must grant the alternate communication request (we currently do not advocate the use of unsecured email communication).

- Obtain a copy of this notice of information practices and provide us with a signed receipt of receiving this notice. Although we have posted a copy in prominent locations throughout our facilities and on our website, you have the right to a paper copy upon request.

- Inspect and copy your health information upon request. You can ask to get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. Again, your right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

  - Mental Health or Psychotherapy notes. Such notes comprise those that are recorded in any medium by a health care professional who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.

  - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

  - PHI (protected health information) that is subject to the Clinical Laboratory Improvement Amendments of 1988 (“CLIA”), 42 U.S.C § 263a, to the extent that the provision of access to the individual would be prohibited by law.

  - Information obtained from someone other than a health care professional under the promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

    In other situations, the provider may deny you access but, if the provider does, the provider must provide you with a review of the decision denying access. These “reviewable” grounds for denial include:

  - Licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.

- PHI makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause harm to such other person.

- The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that providing access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything, you have to do to get access.

- Request to amend or correct your health information. We do not have to grant the request if:

  - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases you must seek amendment or correction from the provider that created the record. If they amend or correct the record, we will put the corrected record in our records.

  - The records are not available to you as discussed above.

  - The record is accurate and complete.

If we deny your request for amending or correcting your record, we will notify you as to why. We will explain how you can attach a statement of disagreement to your record (which we may rebut), and how you can complain.

If Cahaba Center for Mental Health grants your request to amend or correct your record, the amendment or correction will become part of your permanent record and we will identify within our system those who will need the amendment or correct and distribute it accordingly. If there are others you feel need a copy of the amendment or correction that are outside our system, with your written authorization, we will provide it to them.

- Obtain an accounting of "non-routine" uses and disclosures (those other than for Treatment, Payment, and Healthcare Operations [TPO]) to individuals of protected health information. We do not need to provide an accounting for:

  - The facility directory or to persons involved in the individual's care or other notification purposes as provided in § 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's location, general condition, or death).

- For national security or intelligence purposes under § 164.512(k) (2) (disclosures not requiring consent, authorization, or opportunity to object, see chapter 16)

- To correctional institutions or law enforcement officials under § 164.512(k)(5) (disclosures not requiring consent, authorization, or an opportunity to object).

- Disclosures that happened prior to April 14, 2003 Cahaba Center for Mental Health must provide the accounting within 60 days.

The accounting will include:

- Date of the disclosure.

- Name and address of the organization or person who received the protected health information (PHI).

- Brief description of the information disclosed.

- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of your written authorization, or a copy of the written request for disclosure.

The first accounting in any 12 month period is free. Thereafter, we reserve the right to charge a reasonable, cost based fee.

- Revoke your consent or authorization to use or disclose protected health information (PHI) except to the extent that we have already taken action in reliance on the consent or authorization.

Cahaba Center for Mental Health's Responsibilities Under the Federal HIPAA Privacy Standard

In addition to providing you your rights, as detailed above, the federal HIPAA privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to legal duties and privacy practices with respect to individually identifiable health information collected by Cahaba Center for Mental Health and maintained about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

- Cahaba Center for Mental Health will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law.

Examples of Disclosures for Treatment, Payment, and Healthcare Operations

Cahaba Center for Mental Health will share your health information for treatment.

Example: A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary care giver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We may also provide another healthcare provider with copies of your records to assist them in treating you.

Cahaba Center for Mental Health will use your health information for seeking payment for services rendered.

Example: We may send a bill to you, or to a third–party payer, such as your health insurance company. The information on or accompanying the bill may include information that identifies you, your diagnosis, and treatment received.

Cahaba Center for Mental Health will use your health information for healthcare operations.

Example: Members of the Cahaba Center staff may use information in your health record to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

Business Associates: We provide some services through contracts with business associates. Examples include but are not limited to diagnostic tests, paper shredding service, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) we have contracted with them to do. To protect your health information however, we require our business associates to appropriately safeguard your information.

Notification: With a properly signed authorization, Cahaba Center for Mental Health may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family: With a properly signed authorization, Cahaba Center for Mental Health employees, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Food and Drug Administration (FDA): Cahaba Center for Mental Health may disclose to the FDA health information relative to adverse effects /events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Worker's Compensation: Cahaba Center for Mental Health may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public Health: As required by law, Cahaba Center for Mental Health may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, disability, or death.

Correctional Institutions: Should you be an inmate of a correctional institution, Cahaba Center for Mental Health may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.

Law Enforcement: Cahaba Center for Mental Health may disclose health information for purposes as required by law or in response to a valid subpoena.

Health Oversight Agencies and Public Health Authorities: If a member of Cahaba Center for Mental Health's workforce or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of public health. As part of our federal and state funding requirements, we may disclose your health information to authorized members of their staff or organizations that may be acting as their agent as part of oversight audits.

Department of Health and Human Services (DHHS): Under the HIPAA privacy standards, Cahaba Center for Mental Health must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.

Cahaba Center for Mental Health reserves the right to change our practices and to make the new provisions effective for all individually identifiable health information maintained by Cahaba Center for Mental Health. Cahaba Center for Mental Health will post such changes in a public location within our buildings and offer a new copy to you upon your next visit.

How to Get More Information or to Report a Problem

If you have questions, would like additional information, or you believe your privacy rights have been violated, please contact Cahaba Center for Mental Health at 1017 Medical Center Parkway, Selma, AL 36701 or (334)875-2100 and ask for the Compliance Officer or Privacy Officer. If you feel that Cahaba Center for Mental Health has not adequately addressed your concerns, you may contact the U.S. Department of Health and Human Services Office for Civil Rights.