



## **Our Privacy Responsibilities:**

### **PBS is required by law to:**

- Maintain the privacy of your health information;
- Provide this notice that describes the ways we may use and share your health information; and
- Follow the terms of the notice currently in effect.
  
- We reserve the right to make changes to this notice at any time and apply the new privacy practices to all information we maintain.
- Current notices will be available at PBS office. You may also request a copy of this notice, from Customer Service or registration.

## **Your Individual Rights**

### **You have the right to:**

- Request special restrictions on how we use and share your health information. We will consider all requests for special restrictions carefully and implement those required by law and carefully consider your other requests and notify you of our decision.\*
- Request that we use a specific telephone number or address to communicate with you. You may make this request in writing during registration.\*
- Inspect and receive a copy of your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial.\*
- Request an amendment to your health information.\*
- Request an accounting of certain disclosures we made of your health information. Your request must include a specific time period. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.\*
- If you received this notice electronically, you may request a paper copy.

- Requests marked with a star (\*) must be made in writing. Contact the Health Information Department at (801) 467-1200 or visit our website at <http://www.pb-solutions.net> or contact our Privacy Officer Bennett Steans to find the appropriate form for your request.

#### **Our Organization:**

- This notice describes the privacy practices of Psychiatric & Behavioral Solutions, as well as the PBS's providers, employees, students, trainees, and volunteers at the Facility.
- Contact Us If you are concerned that your privacy rights may have been violated or disagree with a decision that we made about access to your health Information, contact:

**Psychiatric & Behavioral Solutions**  
**1522 South 1100 East**  
**Salt Lake City, UT 84105**  
**(801) 467-1200**

- We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.

#### **Privacy Promise**

- Psychiatric & Behavioral Solutions understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your health information.

#### **How We Use Your Health Information**

- When you receive care from Psychiatric & Behavioral Solutions, we may use your health information for treating your billing for services, and conducting our normal business known as health care operations. Examples of how we use your information include:
- **Treatment** - We keep records of the care and services provided to you. Health care providers use these records to deliver quality care to meet your needs. For example, your doctor may share your health information with a specialist who will assist in your treatment. Some health records, including confidential communications with a mental health professional and substance abuse records, may have additional restrictions for use and disclosure under state and federal law.

- **Payment** – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or another third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose health information about the services provided to you to claim and obtain payment from your insurance company or Medicare. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment.
- **Health Care Operations** – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of treatment and services provided by our physicians, nurses, and other health care workers.

**Other uses of your Health Information:**

- Recommend treatment alternatives. Tell you about health services and products that may benefit you. Share information with family or friends directly involved in your care or in paying for your care. Share information with third parties who assist us with treatment, payment, and health care operations. These business associates must follow our privacy practices. Remind you of an appointment (Optional: notify the scheduler if you do not wish to be reminded).
- Include you in our patient directory for callers, visitors, and the clergy. (Optional: Notify the admitting clerk if you do not wish to participate in the directory or have clergy visit you). *If you opt-out of the directory, PBS will be unable to provide information to your family, friends, or others who ask for you by name.* Note that information about patients receiving psychiatry or substance abuse treatment will not be included in the directory.
- PBS is a charitable institution with a three-fold mission of patient care, research, and teaching. To further this mission, we may wish to contact you occasionally for fundraising purposes. If you do not wish to be contacted for this purpose, please notify the staff in writing, at:

**Psychiatric & Behavioral Solutions**  
**1522 South 1100 East**  
**Salt Lake City, UT 84105**

- For more information about the practices and rights described in this notice:
- Visit our website at <http://www.pb-solutions.net>
- There are limited situations when we are permitted or required to disclose health information without your signed authorization (permission). These situations are:

- For public health purposes permitted or required by law, such as: reporting communicable diseases, work-related illnesses, or other diseases; reporting births and deaths, and reporting reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, Audits, and inspections.
- For lawsuits and similar proceedings.
- When required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- For organ and tissue donation.
- For research approved by our review process under strict federal guidelines. All research projects are subject to a special approval process by an “institutional review board” with responsibility to protect the patient. Prior to participation in research your health information protections will be spelled out in a form specific to each study.
- To reduce or prevent a serious threat to public health and safety.
- For workers’ compensation or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.
  
- All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time by completing the required form available at our office and submit it to:
  
- Breaches: You will be notified immediately if we receive information that there has been a breach involving your PHI.

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