

Beacon Behavioral Hospital

Notice of Privacy Practices

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.

If you have any questions about this notice, please call the compliance hotline at 844-857-8813.

Who Presents this Notice: This Notice describes the privacy practices of Beacon Behavioral Hospital (“Beacon”) and members of its workforce. This Notice applies to services furnished to you at all Beacon facilities which involve the use or disclosure of your health information.

Protected health information (“PHI”) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Privacy Obligation: Beacon is required by law to maintain the privacy of your health information (PHI) and to provide you with this Notice of legal duties and privacy practices with respect to your PHI. Beacon uses computerized systems that may electronically disclose your PHI for purposes of treatment, payment, and/or health care operations as described below. When Beacon uses or discloses your PHI, Beacon is required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Notifications: Beacon is required by law to protect the privacy of your health information, distribute this Notice of Privacy Practices to you, and follow the terms of this Notice. Beacon is also required to notify you if there is a breach of your PHI.

Permissible Uses and Disclosures Without Your Written Authorization

In certain situations, your written authorization must be obtained in order to use and/or disclosure your PHI. However, an authorization is not required for the following uses and disclosures:

Uses and Disclosures for Treatment, Payment, and Health Care Operations

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third part that has already provided you with their Notice of Privacy Practices. For example, we may disclose your PHI to other physicians who may be treating you or consulting with us regarding your care. We may disclose your PHI to those who may be involved in your care after you leave here such as family members or your personal representative.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, Beacon may verify coverage prior to providing services and may report on those services to your payer, upon request.

Health care operation: We may use or disclose, as needed, your PHI to support the business activities of Beacon. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical staff, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose PHI to doctors, nurses, technicians, and other personnel for reviewing and learning purposes. We may also use or disclose your PHI in the course of maintenance and management of our electronic health information systems.

We will use and disclose your health information as otherwise permitted or required by law. Examples of those uses and disclosures follow:

- **Business Associates.** There are some services provided in our organization through agreements with business associates. Examples include transcription services and storage services. To protect your health information, we require business associates to appropriately safeguard your information.
- **Relatives, Close Friends, and Other Caregivers.** Your PHI may be disclosed to a family member, other relative, a close personal friend or any other person identified by you who is involved in your health care or helps pay for your care. If you are present, or the opportunity to agree or object to a use or disclosure cannot practically be provided because of your incapacity or an emergency circumstance, Beacon may exercise professional judgment to determine whether a disclosure is in your best interests. If information is disclosed to a family member, other relative or a close personal friend, Beacon would disclose only information believed to be directly relevant to the person's involvement with your health care or payment related to your health care. Your PHI may also be disclosed in order to notify (or assist in notifying) such persons of your location or general condition.
- **Public Health.** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases.** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease.
- **Health Oversight.** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- **Abuse or Neglect.** Beacon may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. Also, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration.** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.
- **Legal Proceedings.** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement.** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs at our workplace, and (6) medical emergency and it is likely that a crime has occurred.
- **Coroners, Funeral Directors, and Organ Donation.** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may

disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

- **Research.** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure privacy.
- **Criminal Activity.** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.
- **Military Activity and National Security.** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Force personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protected services for the President or others legally authorized.
- **Workers' Compensation.** Beacon Behavioral Hospital-Central may disclose your protected health information to comply with workers' compensation laws and other legally established programs.
- **Inmates.** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.
- **Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If Beacon is required to treat you before receiving an acknowledgment of our Notice of Privacy Practices, Beacon shall try to obtain your acknowledgment as soon as reasonably practicable after the delivery of treatment.
- **Fundraising:** We may use or disclose your demographic information and the dates that you received treatment in order to contact you about fundraising activities supported by our office. If you do not want to receive these materials, contact our Privacy Office and request that these materials not be sent to you.
- **Required uses and Disclosures.** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 *et seq.*
- **Required by law.** Your PHI may be used and disclosed when required to do so by any other law not already referred to in the preceding categories.

Uses and Disclosures Requiring Your Written Authorization

For any purpose other than the ones described above, your PHI may be used or disclosed only when you provide your written authorization on an authorization form. For instance, you will need to execute an authorization form before your PHI can be sent to your life insurance company or to the attorney representing the other party in litigation in which you are involved.

Except to the extent that Beacon has taken action in reliance upon it, you may revoke any written authorization obtained in connection with your PHI by delivering a written revocation statement to Beacon.

Your Health Information Rights

Although your health record is the physical property of Beacon, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your PHI for treatment, payment, health care operations as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request relates to a restriction on disclosures to your health insurer regarding health care items or services for which you have paid out-of-pocket and in-full;
- Obtain a paper copy of this notice of privacy practices;

- Inspect and/or receive a copy of your health record, as provided by law;
- Request that we amend your health record, as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information, as provided by law;
- Request communication of your health information by alternative means or at alternate locations. We will accommodate reasonable requests.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of this Notice, to the Privacy Officer at the contact listed below.

Effective Date. This Notice is effective 11/1/2023.

Right to Change Terms of this Notice. The terms of this Notice may be changed at any time. If this Notice is changed, the new notice terms may be made effective for all PHI that Beacon maintains, including any information created or received prior to issuing the new notice. If this Notice is changed, the new notice will be posted in waiting areas at all Beacon facilities on our internet site at www.beaconbh.com. You may also obtain any new notice by contacting the Privacy Officer.

For Additional Information or to File a Complaint: If you have any questions regarding this Notice or have a concern that your privacy rights may have been violated, you may contact using the information below.

BEACON CONTACT INFORMATION: Privacy Office, 323 Evergreen Street, Bunkie, LA 71322. 844-857-8813 or online at beaconbh.ethicspoint.com.

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, DC 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint>. We will not retaliate against you for filing a complaint.