

Heartview Foundation

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Bismarck, ND 58501
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NOTICE OF CONFIDENTIALITY, PRIVACY PRACTICES, and PATIENT RIGHTS

This notice describes how drug and alcohol related information about you may be used and disclosed and how you can get access to this information.

Please Review It Carefully

General Information

Information regarding your health care, including payment for health care, is protected by federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164 (as amended), and the Confidentiality of alcohol and drug abuse patient records law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Under these laws, Heartview Foundation may not say to a person outside Heartview Foundation that you attend the program, nor may Heartview Foundation disclose any information identifying you as having a substance use disorder, or disclose any other protected information except as permitted by federal law or as authorized by you in writing.

Heartview Foundation must obtain your written consent before it can disclose information about you for payment purposes. For example, Heartview must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Heartview can share information for treatment purposes or for health care operations.

However, Federal law permits Heartview to disclose *without* your written permission as follows:

1. Pursuant to an agreement with a qualified service organization/business associate
2. For research, audits or evaluations;
3. To report a crime committed on Heartview premises or against Heartview personnel
4. To medical personnel in a medical emergency
5. To appropriate authorities to report suspected child abuse or neglect
6. To appropriate authorities to report suspected vulnerable adult abuse or neglect
7. As allowed by court order.

For example, Heartview can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you as long as there is a qualified service organization/business associate agreement in place.

Before Heartview can use or disclose any information about you in a manner not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing.

Your Rights under HIPAA

1. You have the right to request restrictions on certain uses and disclosures of your treatment information. Heartview is not required to agree to any restrictions you request, but if it does agree then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.
2. If you pay for the service out-of-pocket, you may ask us not to share that information with your health insurer and Heartview must honor your request.

Notice of Patient Rights, Privacy Practices, and Confidentiality

3. You have the right to request that we communicate with you by alternative means or at an alternative location (for example, you may ask that we contact you by phone, email, mail, or with a text message). Heartview will accommodate such requests that are reasonable and will not request an explanation from you.
4. You have the right to inspect and copy your own information maintained by Heartview, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.
5. You have the right, to request to amend or correct information maintained in Heartview records.
6. You may request and receive an accounting of disclosures of your information made by Heartview during the six years prior to your request and for the three years after implementation of the electronic health record. One accounting in a twelve month period is provided free. If you want another within twelve months, you may be charged a reasonable fee.
7. You have a right to be notified if there has been a breach of your unsecured protected health information.
8. We might contact you for fundraising efforts unless you opt out by informing us not to contact you.
9. You also have the right to receive a paper copy of this notice.

General Patient Rights

1. You have the right to be treated with respect and dignity and to have your property treated with respect.
2. You have the right to be treated without discrimination based on physical or mental disability, race, creed, national origin, sex, or sexual preference.
3. You have the right to have all information handled confidentially in accordance with applicable laws, regulations, and standards. You have the right to receive notice of federal confidentiality requirements. ("Notice of Confidentiality" reviewed and signed by the patient at initial assessment).
4. You have the right to not be subject to physical, emotional, or sexual abuse or harassment by employees or another patient.
5. You have the right to services that respect the needs of each gender and (if in residential treatment) clearly defined, well-supervised sleeping quarters and bath accommodations for male and female clients.
6. You have the right to be provided a reasonable opportunity to practice the religion of your choice insofar as the practice does not interfere with the rights of other clients or the treatment program. You have the right to be excused from any religious practice.
7. You have the right to access the established grievance procedure. (Contact the Executive Director or Director of Medical Services)
8. You have the right to be informed of your rights in a language that is understandable to you.
9. You have the right to be informed and to participate in planning your care and treatment and to be informed of changes in the care furnished.
10. You have the right to be advised of the disciplines that will be providing care and the frequency of visits proposed.
11. You have the right to be advised, before care is initiated, of the extent to which payment can be expected from Medicaid or other sources, and the charges you may have to pay.

Heartview's Duties

Heartview is required to maintain the confidentiality of your information and to provide you with notice of its legal duties and confidentiality practices with respect to your information. Heartview is required by law to abide by the terms of this notice. Heartview reserves the right to change the terms of this notice and to make new notice provisions effective for all protected information it maintains. Active patients will be given written notice of any changes and they will also be posted on the Heartview premises.

Notice of Patient Rights, Privacy Practices, and Confidentiality

Purpose of Services and Informed Treatment Decisions

Purpose of services - Heartview offers a continuum of care, treatment, and services including residential, partial hospitalization/day treatment, intensive outpatient, continuing care (Aftercare), individual/group/family counseling, and special services. Medication-assisted treatment (MAT) is available for all levels of care. Heartview Foundation is committed to assisting patients in working an individualized recovery program. Recovery is a life-long process that often involves changes in treatment programming and therapeutic interventions aimed at providing you with tools to successfully manage your recovery. You will work with your counselor to make informed decisions and choices about your care, treatment, and services.

The initial assessment will be completed with a licensed addiction counselor and in some situations, a nurse. Upon entering treatment, you will develop goals with a counselor for your treatment plan. Those goals are based on your personal strengths and preferences and they are worded in your language. You will review the treatment plan with your counselor and be provided the opportunity to sign it. The treatment plan will be updated with you on a regular basis.

You have the right to ask questions, request additional information, and ask for clarification at any time throughout your treatment process.

Risks related to treatment

Involvement in treatment may include certain risks to all patients. Group therapy sessions are an integral part of treatment. Your identity will become known to the other patients in the group. During the course of treatment, you will learn about very personal things from the other patients and will disclose some very personal things. Confidentiality is expected and required of all staff and other patients. Heartview cannot guarantee that other patients will respect this expectation.

While involved in treatment, you may see other individuals who provide a service at Heartview such as utility repair, delivery of supplies, etc.

Heartview provides a location for open AA meetings. You may attend those meetings.

While in treatment, you may be involved in activities in the community. It's possible that other community members may be able to figure out that you and the other patients are from Heartview. Every effort will be made on the part of Heartview staff to not identify the group as being from Heartview.

Limits of service(s) due to third party payer/relevant costs

Reception staff will discuss with you the extent of which payment can be expected from insurance, Medicaid, or other sources, and the charges you may have to pay before any service(s) are provided.

Reasonable alternatives

If after contacting Heartview to request an assessment, you decide you do not want to pursue services, reception staff will be able to provide you with information about other community providers. Once you become involved in service(s) at Heartview, if at any time you decide that you no longer want to continue, you and your counselor will discuss reasonable alternatives.

Urine Drug/Alcohol Testing

According to North Dakota Law (N.D.C.C. § 12.1-11-07) a person is guilty of a class A misdemeanor if that person willfully defrauds a urine test (yours or someone else's) and the test is designed to detect the presence of a chemical substance or a controlled substance.

Notice of Patient Rights, Privacy Practices, and Confidentiality

Complaints and Reporting Violations

You may complain to Heartview and the Secretary of the US Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. The complaint should be made in writing to the Heartview Privacy Officer. No action will be taken against you for filing such a complaint.

Violation of the Confidentiality of substance use disorder patient records law by a program is a crime. Suspected violations or complaints of any nature may be reported to the U.S. Attorney's Office or the Department of Human Services:

U.S. Attorney's Office
William L. Guy Federal Building
220 East Rosser Ave, Room 372
Bismarck, ND 58502-0699
(701) 530-2420 or toll free at 1-888-828-8050
TTY Phone: (701) 530-2441

ND Dept. of Human Services, Behavioral Health Division
1237 West Divide Ave, Suite 1C
Bismarck, ND 58501-1208
(701) 328-8920
Toll Free (800) 755-2719 (ND only)

You may contact The Joint Commission about any concerns you have in regards to the care, treatment, or services you have received at the Heartview Foundation. The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of healthcare and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through the Joint Commission web site at www.jointcommission.org.

Contact

For further information, contact:
Heartview Privacy Officer
101 East Broadway Avenue
Bismarck, North Dakota 58501
(701)-222-0386

Acknowledgement

I hereby acknowledge that I received a copy of this notice.

(Signature of Patient)

(Print Name)

Date