



## **POLICIES, PRIVACY & HEALTH INFORMATION PRACTICES**

### **Admissions and Inquiries**

To talk with Rosewood's intake staff please call 1-800-845-2211.

### **Email**

Rosewood has a **Contact Us** email address to message us during normal business hours or for leaving a message for response on the next business day.

#### Client/Patient Rights Policy

In accordance with prevailing state and national licensing and accreditation standards, each participant receiving services from an eating disorder treatment program shall have rights which include, but are not limited to, the following:

1. The right to confidentiality as provided for in Title 42, Code of Federal Regulations, Part 2; and Title 45, Parts 160 & 164.
2. To be accorded dignity in contact with staff.
3. To be accorded a safe, healthful group environment.
4. To be free from verbal, emotional, physical abuse, and/or inappropriate sexual behavior.
5. To be informed by the program of the procedures to file a grievance or appeal a discharge from program.
6. To be free from discrimination based on: ethnic or gender group identification, religion, age, sex, color or any type of disability.
7. To be accorded access to review of his/her health records, have an opportunity to request a correction to the record, if appropriate; and to receive a copy of the record within 30 days of a written request.
8. To express personal preference regarding case manager, counselor or any other service personnel.
9. To be free to attend religious services or activities of his or her choice and to have visits from a spiritual advisor-- provided that these services or activities do not conflict with facility program requirements. Participation in religious services will be voluntary only.

Any complaints regarding violation of client rights should be directed to Arizona state department for treatment licensure.

### **Nondiscrimination Policy**

Rosewood programs do not discriminate in the provision of services on the basis of ethnic group identification, religion, age, sex, color or disability, pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code), the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); and per relevant Arizona State Regulations.

## **Accessibility Policy**

Each Rosewood program maintains an ongoing policy and plan on accessibility, which conforms to federal and state requirements. It is Rosewood's goal to have all of its services accessible to those individuals meeting the admission criteria. Each Rosewood program's accessibility plan attempts to cover the following potential barriers:

- Attitudinal
- Architectural
- Environmental
- Financial
- Employment
- Communication
- Transportation
- Any other barriers, as these become identified.

Reasonable accommodations are provided, as needed, to enable qualified individuals to access a program's operations and services. For more information, contact Rosewood's intake department.

## **Billing & Payment Policy**

The client/patient and/or financial guarantor obligates himself/herself to pay Rosewood Center for Eating Disorders in accordance with the agreed rates and terms, notwithstanding the assignment of health coverage (call the intake department regarding treatment rates, expected deductibles and co-pays). Pharmacy/prescriptions may also need separate insurance coverage and/or payment arrangements.

## **Insurance Responsibility**

The client/patient must understand that it is the sole responsibility of the subscriber/guarantor to know what his/her insurance benefits are, and if the policy is in effect. The programs business office will make every effort to verify the insurance and to obtain the benefits from the insurance company. No employee or anyone affiliated with Rosewood will, or can be held responsible for knowing what a client's insurance will or will not cover. This includes benefits that may have been quoted by the insurance company.

The business office will bill your insurance as a courtesy to you and make every effort to obtain payment. However, all or any portion of the bill that is not paid by the insurance carrier is the sole responsibility of the client and/or the guarantor. Benefits that are quoted by the insurance company may only reflect coverage charges and not 100% of the billed charges. Benefit quotations are subject to the member's eligibility at the time benefits were requested and any quotations are not a guarantee of benefit coverage or of member eligibility until actual insurance payment for services is received. All anticipated uninsured/non-covered charges and projected co-payments are expected to be paid upon admission. No interest will accrue to current accounts. Any and all unpaid portions of an account may be referred to a collection agency at thirty (30) days past due. If referred to collections, all interest and legal fees will be the responsibility of the debtor/guarantor.

## **WEB SITE VISITOR INFORMATION PRACTICES POLICY**

When you browse through any website, certain information about your visit can be collected. We automatically collect and store the following information:

- Name of the domain you use to access the Internet. (for example, aol.com, if you are using an America Online account)
- Address of the website you came from when you came to visit.
- Date and time of your visit.
- Web site pages you visited.

We use this information for statistical purposes and to help us make our site more useful to visitors. Unless it is specifically stated otherwise, no additional information will be collected about you.

### **Personally Provided Information:**

You do not have to give us personal information to visit our web sites. If you choose to provide us with additional information about yourself through an e-mail message, form, survey, etc., this information will be held in the strictest confidence internally and will be restricted on a "need to know" basis. This information is not shared externally for any reason, unless you have given specific consent to do so.

### **Disclosure:**

This organization does not disclose, give, sell or transfer any personal information about our visitors, unless specifically required for law enforcement or statute.

## **Confidentiality & Security Policy**

Rosewood Center for Eating Disorders have a primary policy and responsibility to strictly adhere to protecting the security and confidentiality of its client's/patient's personal health information. Rosewood and its employees will not release any information without a specified written consent from the client/patient and/or only if such disclosure is permitted under legally concise elements of current federal laws including:

- 42 CFR Part 2
- 45 CFR Parts 160 and 164

Each staff member is dedicated to upholding these standards in all verbal, written or electronically transmitted communications and records. All Rosewood staff, clients (patients), family members, and visitors sign a confidentiality agreement to safeguard patient/client identity and other personal protected health information.

## **Notice of Health Information Practices**

This notice describes how information about our client/patient may be used and/or disclosed and how this information is accessed. Please review it carefully.

### **Understanding Your Health Record/Information:**

Each time you visit a health care facility, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains information about your health history, symptoms,

examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your client/patient or 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 services billed were actually provided.
- Tool in educating health professionals.
- Source of personally de-identified data for medical research.
- Basis of de-identified information for public health officials charged with improving the health of the local region or the nation.
- Resource of de-identified data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

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

- Insure its accuracy.
- Better understand who, what, when, where and why others may access your health information, especially in the event that you did not sign a specified authorization to do so.
- Make more informed decisions when authorizing disclosure to others.

#### **Your Health Information Rights:**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and 42 CFR, Chapter 1, Part 2.
- Obtain a paper copy of the notice of information practices upon request.
- Inspect and copy your health record as provided for in 45 CFR 164.524.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528.
- Request communications of your health information by alternative means or at alternative locations.
- Revoke your authorization to use or disclose health information, except to the extent that action has already been taken based on a previous authorization.

#### **Our Responsibilities:**

This organization is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate personal health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice.

## **NOTICE - Confidentiality of Eating Disorder Treatment Patient Records**

The confidentiality of eating disorder patient records maintained by this program is protected by federal law and regulations (per 42 CFR, Chapter 1, Part 2). Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to designated and qualified staff for research, audit, or program evaluation.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate state or local authorities.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

### **Individual Right to Access Protected Health Information**

The individual patient/client has a right to access, inspect and obtain a copy of his/her protected health information (pursuant to 45 CFR Part 164.524) for as long as that designated record set is maintained by the facility. Access will be accorded within 30 days of the request, except in where legally specified reasons for denial exist. If access is denied for cause, such denial may be reviewed and appealed.

For further HIPAA-relevant Privacy information see the U.S. Dept. of Health and Human Services (HHS) CMS website.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice to this website.

### **For More Knowledge About Protected Health Information or to Report a Problem**

If have questions and would like additional information, you may contact Rosewood's Compliance Officer at: 1-800-845-2211.

If you believe your privacy rights have been violated, you can file a complaint with the Department of Health and Human Services/ Office for Civil Rights (HHS/OCR) by email at [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov) or by calling the national Office at 202-205-8725 and asking for the OCR Health Information Privacy Complaint Form and/or for the appropriate Regional OCR Office.

However, communications that are sent directly to the Department of HHS/OCR are maintained by them for historical purposes, as required by law. Those communications are archived on a monthly basis, but are also protected by the Privacy Act, which restricts their use while permitting certain disclosures. There will be no retaliation for filing a complaint.