

SUMMARY OF: NOTICE OF PRIVACY

Your Health Information Rights:

Although your health record is the physical property of Coastal Behavioral Healthcare, Inc. 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
- obtain a paper copy of the notice of information practices upon request
- inspect and receive a copy your health record as provided for in 45 CFR 164.524
- amend your health records 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

Coastal Behavioral Healthcare, Inc.'s Responsibilities:

- to maintain the privacy of your health information
- to provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- to abide by the terms of this notice
- to notify you if we are unable to agree to a requested restriction
- to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

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 practice change, we will mail a revised notice to the address you've supplied us. We will not use or disclose your health information without your authorization, except as described in this notice.

Additional Information:

If you have questions and would like additional information, you may contact the Privacy Officer or Compliance Officer at, 927-8900.

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the secretary of Health & Human Services. There will be no retaliation for filing a complaint.

For complete information regarding the HIPAA Privacy Notice requirements, please refer to your copy of the Privacy Notice distributed to you and for which you signed a copy of receipt.