



*LIGHTHOUSE*

Behavioral Wellness Centers

## **Lighthouse Behavioral Wellness Center**

### **ORIENTATION HANDBOOK**

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Rev. 1/20

## **NOTICE OF PRIVACY PRACTICES**

### **Lighthouse Behavioral Wellness Center**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS**

The confidentiality of alcohol and drug abuse client records maintained by *Lighthouse* is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser *Unless*:

- (1) The client consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

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. Federal law and regulations do not protect any information about a crime committed by a client 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.

*We make a record of the care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality care, to obtain payment for services provided, and for administrative and operational purposes. The clinical record is the property of Mental Health Services of Southern Oklahoma. If you have any questions about this notice, please contact: the Privacy Officer for Mental Health Services of Southern Oklahoma at (580) 223-5070.*

#### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

*For Treatment.* We use clinical information about you to provide your clinical care. We disclose clinical information to our employees and others who are involved in providing the care you need. For example, we may share your clinical information with physicians or other healthcare providers who will provide services which we do not provide. We may share your clinical information with a pharmacist who needs it to dispense a prescription to you or a laboratory that performs a test. We may also disclose clinical information to members of your family or others who can help with your care.

*For Payment.* We use and disclose clinical information about you to obtain payment for the services you receive. For example, a bill may be sent to you and/or to a third-party payer, such as an insurance company, health plan or the State.

*For Health Care Operations.* We may use and disclose clinical information about you to operate this mental health center. For example, we may use and disclose this information to review and improve the quality of care we provide, or the competence and qualifications of our professional staff. We may use and disclose clinical information about you to get the Oklahoma Department of Mental Health and Substance Abuse Services, the Oklahoma Health Care Authority (Medicaid) or your health plan to authorize services or referrals. We may also share your clinical information with our business associates, such as a billing service, that perform administrative services for us. We have a written contract with each business associate that contains terms requiring them to protect the confidentiality of your information.

*Appointment Reminders.* We may use and disclose information to contact and remind you about appointments. If you are not home, we may leave appointment information on your answering machine or in a message left with the person answering the phone.

**Sign-in Sheet.** We may use and disclose information about you by having you sign in when you arrive at our office. We may also call out your name when we are ready to see you.

**Notification and Communication with Family.** We may disclose your clinical information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable and unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Required by Law.** We may use and disclose information about you as required by law. For example, in certain circumstances, we may be required to disclose information for the following purposes:

To report information related to victims of abuse, neglect or domestic violence;

To assist law enforcement officials in their law enforcement duties;

To respond to judicial and administrative proceedings or, in the course of judicial proceedings, if you have waived your rights to confidentiality under Oklahoma law; and,

To help health oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings, subject to the limitations imposed by federal and Oklahoma law.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose clinical information about you in response to a court or administrative order. If the lawsuit is a negligence action, your information may be disclosed without a court order. We may also disclose information about you in response to a subpoena, discovery request, or other lawsuit process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Public Health and Safety.** Your clinical information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities prevent or control disease, injury, or disability, or for other health oversight activities. Your information may be disclosed to appropriate persons in order to prevent or lessen a serious and imminent threat to the health and safety of a particular person or the general public.

**Specialized Government Functions.** We may disclose your clinical information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**Coroners/Funeral Directors.** We may disclose your clinical information to coroners in connection with their investigations of death or to funeral directors to enable them to carry out their lawful duties.

**Organ or Tissue Donation.** We may disclose your clinical information to organizations involved in procuring, banking or transplanting organs and tissues.

**Workers' Compensation.** Your clinical information may be used or disclosed as necessary in order to comply with laws and regulations related to workers' compensation.

**Change of Ownership.** In the event that Lighthouse is sold or merged with another organization, your clinical information will become the property of the new owner, although you will maintain the right to request that copies of your information be transferred to another provider.

**Marketing.** We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you. We may also encourage you to purchase a product or service when we see you. We will not use or disclose your clinical information for marketing purposes without your written authorization.

Research. We may use your clinical information for research purposes when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of your clinical information and has approved the research.

Health Information Exchange. We participate in a health information exchange (HIE). Generally, an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers participating in your care. Only providers involved in your care or treatment can legally access your health information through the exchange. The information exchanged potentially will include all physical and mental health information. If you do **not** want your mental health information to be available through the HIE, you must request a restriction using the process outlined in this notice.

By Oklahoma law we are required to notify you . . . **that your health information used or disclosed as described in this *Notice of Privacy Practices* may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).**

### **WHEN WE MAY NOT USE OR DISCLOSE YOUR PERSONAL HEALTH INFORMATION**

Except as described in this *Notice of Privacy Practices*, Lighthouse will not use or disclose clinical information which identifies you without your written authorization. If you do authorize Lighthouse to use or disclose your clinical information for another purpose, you may revoke your authorization in writing at any time.

### **YOUR PROTECTED HEALTH INFORMATION RIGHTS**

You have the right:

- To a paper copy of this *Notice of Privacy Practices*.
- To request restrictions on certain uses and disclosures of your protected health information by written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
- To request that you receive protected health information in a specific way or at a specific location. For example, you may ask that we send information to your work address. We will comply with all reasonable requests submitted.
- To obtain access to or a copy of your protected health information, with limited exceptions. A reasonable fee may be charged for making copies. Under current Oklahoma law, fees of 25¢ per page and \$5.00 per film are allowed. We may also charge for postage if the copies are to be mailed. If we deny your request for access or copies, you will be informed of your rights to appeal our decision.
- To request that we amend your protected health information that you believe is incorrect or incomplete. Your request to amend must be in writing and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your protected health information and if we do not, we will provide you with information about this Center's denial and how you can disagree with the denial. You also have the right to request that we add to your record a statement of up to two hundred and fifty (250) words concerning any statement or item you believe to be incomplete or incorrect.
- To receive an accounting of disclosures made of your protected health information by Lighthouse unless the disclosures were for purposes of treatment, payment, clinical care operations, certain government functions, or pursuant to your written authorization. You have the right to revoke your authorization to use or disclose protected health information except to the extent that this use or disclosure has already occurred.

**IF YOU WOULD LIKE TO HAVE A MORE DETAILED EXPLANATION OF THESE RIGHTS, OR IF YOU WOULD LIKE TO EXERCISE ONE OR MORE OF THESE RIGHTS, CONTACT OUR PRIVACY OFFICER AT THE NUMBER LISTED ON THE FIRST PAGE OF THIS NOTICE OF PRIVACY PRACTICES.**

### **OBLIGATIONS OF LIGHTHOUSE**

We are required to maintain the privacy of your confidential protected health information, provide you with this notice of our legal duties and privacy practices with respect to your protected health information, abide by the terms of this notice, notify you if we are unable to agree with a requested restriction on how your information is used or disclosed, accommodate reasonable requests you make to communicate protected health information by alternative means or alternative locations and obtain your written authorization to use or disclose your protected health information for reasons other than those listed above and permitted under law. We reserve the right to change or amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain. A copy of any Revised *Notice of Privacy Practices* will be made available to you at each appointment.

### **COMPLAINTS**

You will not be penalized for filing a complaint. Complaints about this Notice of Privacy Practices or how Lighthouse handles your protected health information should be directed to:

Lighthouse Behavioral Wellness Center  
ATTN: PRIVACY OFFICER  
2530 S. Commerce  
Ardmore, OK 73401  
(580) 223-5070

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

The Department of Health and Human Services  
Office of Civil Rights  
Herbert H. Humphrey Building, Room 509 F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

## **Lighthouse Behavioral Wellness Center**

### **ADMINISTRATIVE OFFICE**

1012 14<sup>th</sup> Ave. NW  
Ardmore, Oklahoma 73401  
Phone: (580)319-7305  
Fax: (580)319-7328

### **OUTPATIENT/HEALTH HOME**

Ada  
Ardmore  
Durant  
Tishomingo  
Pauls Valley  
Seminole

### **ADDRESS**

301 W. 4<sup>th</sup>  
2530 S. Commerce  
1001 W. Main  
108 W. Main  
109 South Willow  
2010 Boren Blvd.

### **TELEPHONE**

(580)436-2690  
(580)223-5636  
(580)924-7330  
(580)371-3019  
(405)238-7311  
(405)382-4507

### **Hours of Operation:**

Monday – Friday  
8:00 AM – 5:00 PM  
Tuesdays 8:00 AM- 7:00 PM

### **CRISIS STABILIZATION UNIT**

1219 K Street NW  
Ardmore, Oklahoma 73401  
Phone (580) 798-4523

### **COMPREHENSIVE CHILDREN'S SERVICES**

#### ***Carter/Love Counties***

2530 S. Commerce, Bldg C  
Ardmore, Oklahoma 73401  
Phone: (580)226-5048

#### ***Garvin/Murray County***

109 S. Willow  
Pauls Valley, Oklahoma 73075  
Phone (405) 238-7311

#### ***Bryan/Marshall/Johnston County***

1001 W. Main  
Durant, Oklahoma 74701  
Phone (580) 924-7330

**After-Hours Emergency #: 1-800-522-1090**