

***HB* Notice of Information Practices**

The Federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care. The Rule generally prohibits this program from using or disclosing your protected health information unless authorized by you, except what is outlined below.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professional who contribute to your care
- Legal document describing the care you receive
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professional
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A 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 1) ensure its accuracy, 2) better understand who, what, when, where, and why others may access your health information, and 3) make more informed decisions when authorizing disclosures 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:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to Bobbi Parks, Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Initials:

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to Bobbi Parks, Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to Bobbi Parks, Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Bobbi Parks, Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Bobbi Parks, Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.harfordbelair.org. To obtain a paper copy of this notice, please see your therapist, case manager, nurse, doctor, counselor or front office staff.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Bobbi Parks, Privacy Officer. All complaints must be made in writing. **You will not be penalized for filing a complaint.**

Initials:

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 that we collect and maintain about you
- Abide by terms of this notice
- Notify you if we are unable to agree to a requested restriction
- 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 practices change, we will distribute a revised notice to you.

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

For More Information or to Report a Problem

If you have a question and would like additional information, you may contact the Privacy Officer, Bobbi Parks at 410-426-5650.

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

Examples of Disclosures for Treatment, Payment and Health Operations

As required by law

We are required by law to disclose your protected information in certain circumstances, for example, to report abuse and neglect, and to warn about dangerous behavior.

We will use your health information for treatment

Information obtained by a nurse, physician, therapist or other treatment team member will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your treatment team. Members of your treatment team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. Members will have access to your record in order to record personal health information

We will use your health information for payment

A bill may be sent to you or a third-party-payer. The information will usually include information that identifies you, as well as the diagnosis for which you are being treated and the type of treatment.

We will use your health information for regular health operations

Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may have access to your health record in order to assess the care and outcomes in your case and others like it. This assessment will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Initials:

We will use your health information to communicate with other healthcare professionals that you see

At times it may be necessary for your therapist or physician to discuss your condition with other professional who you may see for help, but not done without a signed Release of Information. The exception may involve emergency treatment. You may go to an emergency room or a hospital inpatient unit or another clinic for help and the staff at those facilities may need to urgently obtain information about your condition or your medications from the Center.

Business associates: There are some services provided in our organization through contracts with business associated. This includes the pharmacy we work with or the labs. When these services are contracted, we may disclose your identifying information such as date of birth, telephone number or medications, and insurance to our business associate so that they can perform the job we've ask them to do and bill you or your third-party payer for services rendered. To protect you health information, however, we require the business associate to appropriately safeguard your information.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort

If at any time, you are having side-effects of the medications or if your condition worsens it may be necessary for our health professionals to speak with your family or care provider about your condition or medications. We will do this whenever we feel that this is necessary for proper treatment of your condition.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health: As required by law, we may disclose certain limited information to public health or legal authorities charged with preventing or controlling certain contagious disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Initials:

Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful 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

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose Health Information to authorize federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Chesapeake Regional Information System. We have chosen to participate in the Chesapeake Regional Information System for our HAVEN Health Care Home (only). (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org

Psychotherapy notes

Your psychotherapy notes are maintained separately from the rest of your medical record. Psychotherapy notes are the record of the statements made during a counseling session and your therapist’s analysis of those statements (this does not include documentation of medications, the treatment rendered, treatment plans, progress notes and statements about your progress). You may review and copy your psychotherapy notes only if consent is given to you by your treatment team; unlike the rest of your medical record, you may not see your psychotherapy notes without the expressed permission of your treatment team. Psychotherapy notes may be used by your therapist for your treatment without your authorization. The notes may also be used by the program without your authorization for certain other limited health care operations. Otherwise, the use and disclosure of your psychotherapy notes requires your written authorization.

Other uses and disclosures of Health Information

We will not use or disclose your health information for any purposes other than those identified in the previous sections without your specific written *Authorization*. We must obtain your Authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

Initials:

Acknowledgement

I have received a copy of the Notice of Privacy Practices of Harford-Belair Community Mental Health Center.

Signature

Date

Printed Name

Witness

**Please file in the Medical Record
under Financial/Legal**