

Privacy Notice

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

We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164.

We are required to meet all procedures and standards defined in this notice. You have a right to a copy of this notice. Original Effective Date: 4/14/03. This Notice was revised on July 9, 2013 to meet requirements of the HIPAA Omnibus Final Rule.

Your Privacy is Important to Us

The Portsmouth Department of Behavioral Healthcare Services (BHS) understands your privacy is important. Any and all information we receive about you is used only to assist you. We handle this information only as allowed by federal/state law and agency policy. We ask you to indicate your understanding and receipt of this Notice by signing the Acknowledgment of Receipt of Privacy Notice form.

Each time you receive services from us, we document those services. The medical record contains your assessment, service plan, progress notes, diagnoses, treatment, and transition or discharge plan for continuity of care.

Your Individual HIPAA Rights

There are several rights concerning your health information in the medical record that we want you to be aware of:

- You have the right to request access to your paper and/or medical record in order to inspect, amend, or correct it. This process is kept confidential. This right is not absolute. In certain situations, we can deny access to your medical record if it is determined that access would cause you harm. You may make this request to your Primary Care Coordinator or the BHS Medical Records Manager
- You have the right to ask us to communicate with you using a certain method or location. For example, you may ask us to send your mail to a different address.
- You have the right to ask and receive a paper and/or electronic copy of your medical record.
- You have the right to receive an accounting of the agency's disclosure of your medical record.
- You have the right to receive notification whenever a breach of your unsecured PHI occurs.
- You have the right to ask for a restriction of your PHI to your health plan if you pay for medical services entirely out-of-pocket.
- You have the right to ask for other restrictions with regards to the use or disclosure of your protected health information (PHI). Your request will be given serious consideration. You will be informed promptly whether we will be able to use the restriction and still offer effective services, receive payment and maintain health care operations. However, we are not required to agree to a requested restriction.

How We Are Allowed to Use and Disclose Your PHI

Upon signing the Consent to Treatment/ Service form, you are allowing us to use and disclose your PHI within the agency and with our business associates as follows:

- **Treatment** - In order to effectively provide treatment/service, DBHS staff may consult and share PHI about you with various service providers, i.e. service plans, lab results, etc. **Payment** - In order to receive payment of services provided, your health information may be sent to those companies or groups responsible for payment coverage, and a monthly bill is sent to the Responsible Party identified by you and noted on the financial form. You can request that certain PHI is not disclosed to your health plan(s), if you choose to pay the full fee out of pocket.
- **Healthcare Operations**- In day-to-day business practices, trained staff may access your paper and/or electronic medical record for service delivery, filing documentation, providing appointment reminders by call or letter, as well as conducting quality assessment and improvement activities. Certain data elements are collected for statistical reporting.
- **Marketing** – BHS will not sell or use your PHI for marketing purposes.
- **Fund Raising** – BHS will not use your personal health information for fund raising, as BHS does not conduct fundraising activities.

Uses and Disclosures without Authorization

BHS is allowed by federal and state law in certain circumstances to disclose specific health information about you without your consent, authorization, or opportunity to agree or object. There is documentation available to you upon your request listing what information was disclosed, to whom and for what reason.

These specific circumstances are:

- **Required by law** (ex: Court-ordered warrant or subpoena)
- **Public Health authorities** for authorized activities (ex: Communicable diseases)
- **Legal proceedings** (ex: Order from a court or administrative tribunal)
- **Law Enforcement purposes** (ex: reporting of gun shot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; witnesses criminal conduct on premises)
- **Avert a serious threat to Health and Safety** (ex: in response to a statement/action made by person served to harm self or another)
- Children or incapacitated adults who are **victims of Abuse, Neglect or Exploitation**
- **Specialized Government functions**
 - **Military Services** (ex: in response to appropriate military command)
 - **National Security** and Intelligence activities (ex: in relation to protective services to the President of the United States)
 - **State Department** (ex: medical suitability for the purpose of security clearance)
- **Correctional Facilities** (ex: to correctional facility about an inmate)
- **Research** (ex: for research approved by institutional review board)
- **Health Oversight Activities** (ex: DBHDS or DMAS monitoring)
- **Workers Compensation** (ex: facilitate processing, treatment and payment)
- **Coroners and Medical Examiners** (ex: for identification of a deceased person or to determine cause of death)
- **Secretary of Health and Human Services** (ex: HHS Secretary may monitor for HIPAA compliance)
- **Emergencies** (ex: serious health condition for treatment)

Upon your death, BHS may disclose your PHI to a family member or close personal friend to the extent the information is relevant to their involvement in your healthcare prior to death and consistent with your prior expressed preferences.

Uses and Disclosures by Authorization Only

We are required to obtain your authorization prior to use or disclosure of your PHI for any reason other than treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an *Authorization to Use/Disclose Protected Health Information* form that is signed by you or your legal representative and specifically states what information can be given to whom, and for what purpose. In most circumstance, only the minimum necessary information is used/disclosed. You have the right to revoke the signed authorization at any time by a written statement given to us for that purpose.

- Psychotherapy notes are only used and disclosed with your authorization.
- HIV status is only used and disclosed with your authorization.
- Medical records pertaining to drug/alcohol treatment are further protected by federal confidentiality rules (42 C.F.R., Part 2) and are only used and disclosed with your authorization.

Changes to This Notice

BHS may change the terms of this Notice and privacy policies and practices as allowed by federal and state law. If the Notice is changed, it will replace earlier versions that are posted at each BHS site, on the City of Portsmouth's website and reviewed during Intake for all new admissions.

Additional Information

If you want more information about your privacy rights, are concerned that your privacy rights have been violated, or you disagree with a decision made about access to your PHI, you can make a complaint verbally or in writing. We will not take any action against you for filing a complaint.

If you would like additional information concerning our Privacy Policy, or the federal and state laws pertaining to privacy, or to make a complaint, please contact:

- *BHS Compliance Officer, Phone # 393-8618*
- *City of Portsmouth Privacy Officer, Phone # 393-8618*
- *BHS Medical Records Manager, Phone # 391-3288*
- *Secretary of U.S. Department of Health and Human Services, Phone # (202) 619-0257*