

OUR DUTIES:

ADAMHS is committed to protecting and safeguarding your health information against unauthorized uses and disclosures. This Notice will provide you with a written copy of your Patient Rights and information regarding how and when we may use your information.

REQUIREMENTS REGARDING THIS NOTICE:

Providers are required by law to:

- 1. Maintain privacy of health information.*
- 2. Provide patients with a copy of Provider's Legal duties and privacy practices, with respect to your health information.*
- 3. Abide by the terms of the Notice that is currently in effect.*
- 4. Notify you if there is any breach of your confidential health information.*
- 5. Providers are required to comply with the provisions in this notice so long as they are in effect.*

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

AS HIPAA PRIVACY LAWS CHANGE, THIS NOTICE WILL BE UPDATED ACCORDINGLY

Purpose: Healthcare and Treatment providers maintain health information in records that are confidentially stored and maintained, as required by law. Providers must use, disclose, and/or share health information as necessary for treatment, payment, and healthcare operations to provide patients with quality healthcare.

Use and Release of Health Information for Treatment, Payment, and Health Care Operations:

At times, providers use and release some protected health information to conduct its business. Providers are permitted to use and release some health information without authorization from a patient. Treatment includes sharing information among health care providers involved in a patient's care. For example, a patient health care provider may share information about their condition with radiologists or other consultants to make a diagnosis. They may use health

information as required by an insurer to determine eligibility or to obtain payment for treatment. Additionally, a healthcare or treatment provider may use and disclose health information to improve the quality of care, and for education and training purposes for students, residents, and faculty.

Provider Uses and Disclosures of Health Information. Health information may be used for the following purposes unless a patient asks for restrictions on a specific use or disclosure:

- Family members or close friends involved in a patient's care or payment for treatment. *
- Disaster relief agency, if a patient is involved in a disaster relief effort. *
- Some Providers use a Health Information Exchange (HIE). HIE is a secure computer system for health care providers to share health information to support treatment, healthcare operations and continuity of care. Records in the HIE includes medicines (prescriptions), lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure health information is entered into the correct record, the record will include full name, birth dates and social security numbers. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations.
- To contact patients regarding treatment alternatives.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence.
- Health oversight activities, such as audits, inspections, investigations, and licensure.
- Law enforcement, as required by federal, state or local law.
- Lawsuits and disputes, in response to a court or administrative order, subpoena, discovery request or other lawful request.
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.

- Certain research projects, which requires a special approval process by the Provider.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities to authorized persons to conduct special investigations.
- Workers' Compensation. Your medical information regarding benefits for work-related injuries and illnesses may be released as appropriate.
- To carry out health care treatment, payment, and operations functions through business associates, such as to install a new computer system.

**denotes patient's right to refuse communications regarding their health information.*

Patient Authorization Is Required for Other Disclosures.

Your authorization will be required for most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information. Except as described above, patients may withdraw or revoke their permission, which will be effective only after the date of the written withdrawal.

Alcohol and drug abuse information has special privacy protections. The law prohibits providers from disclosing any information that would identify an individual as a patient or provide any health information relating to a patient's substance abuse treatment unless the patient authorizes in writing; to carry out treatment, payment, and operations; or, as otherwise required by law.

Patient Rights

Rights Regarding Your Health Information. Patients have the following rights regarding their medical information, if requested on the form(s):

- **Right to request restriction.** ** A Patient may request limitations on their health information that the provider may use or disclose for health care

treatment, payment, or operations, although providers are not required to comply with such a request. For example, patients may ask a provider not to disclose that they have had a particular procedure. A Provider will release the information if necessary for emergency treatment. The Provider will notify the patient in writing whether they honored the request or not.

- **Right to confidential communications.** Patients may request communications of their health information in a certain way or at a certain location, but must indicate how or where they wish to be contacted.
- **Right to inspect and copy.** ** Patients have the right to review and obtain a copies of *their* medical or health record. *Psychotherapy notes may not be inspected or copied.* Providers may charge a fee for copying, mailing, and supplies. Under limited circumstances, a request may be denied; in the event of a denial, a patient may request review of the denial by another licensed health care professional chosen by Provider and the Provider should comply with the outcome of the review.
- **Right to Request Amendment.** ** If a patient believes that the health information a Provider has about them is incorrect or incomplete, the patient may request an amendment. The Provider, however, is not required to accept the amendment.
- **Right to Accounting of Disclosures.** A patient has the right to request a list of the disclosures of their health information that have been made to persons or entities during the past six (6) years prior to the request, except for disclosures for health care treatment, payment and operations, and disclosures based on patient authorization, or as required by law. After the first request, there may be a charge.
- **Right to Restrict Certain Disclosures to a Health Plan.** A patient may request a restriction of certain disclosures of their protected health information to a health plan if the patient has paid out of pocket in full for the health care item or service.
- **Right to a Copy of This Notice.** Patients may request a paper copy of the Notice of Privacy Practices at any time, even if they have been provided with an electronic copy.

Exercising Your Rights: To exercise any of the rights described herein, please contact the ADAMHS Board Privacy Officer at the following address or phone number:

**** These request must be made in writing.**

ADAMHS Board for Montgomery County
ATTN: Privacy Officer
409 E. Monument Ave. Ste. 102
Dayton, Ohio 45402
(937) 443-0416

Filing a Complaint. If you believe your privacy rights have been violated, you may file a complaint with:

ADAMHS Board for Montgomery County
ATTN: Privacy Officer
409 E. Monument Ave. Ste. 102
Dayton, Ohio 45402

-and/or-

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

œ Vision œ

Promoting wellness and recovery that reinforces and sustains health individuals, families, and communities that are free from stigma related to mental illness and addiction.

Effective June 2016



NOTICE OF PRIVACY PRACTICES & PATIENT RIGHTS

œ Mission œ

To provide community leadership in planning, developing, and supporting high quality, innovative and accountable mental health and addiction services and strategies so that all Montgomery County residents achieve wellness.