

## **Notice of Privacy Practices**

*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.*

If you have questions about this notice, please contact Privacy Officer, Leslie Ballengee, RHIT at (304) 525-7851, ext. 2513.

### **Who Will Follow This Notice:**

This notice describes our agency's practices and that of any programs associated with Pretera Center For Mental Health Services, Inc. Any health care professional authorized to enter information into your file or record and all employees, staff and other personnel will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or facility operation purposes described in this notice.

### **Our Pledge Regarding Medical Information:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive in our facility. We need this record to provide you with quality care and to comply with certain legal regulations. This notice applies to all of the records of your care.

This notice will tell you the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosures of medical information.

### **We are required by law to:**

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your protected health information to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. It also describes your rights to access and control your protected health information. "Protected health information" (PHI), is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Changes To This Notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the following locations: All treatment programs, including the county offices. This notice will contain the effective date. You may request a copy of the revised notice from the Privacy Officer, and it will also be posted on our website.

**How We May Use And Disclose Your Medical Information:**

The following categories describe different ways that we use and disclose medical information. Each category of uses or disclosures will be explained but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Whenever an arrangement between Pretera Center and a third party ("business associate") involves the use or disclosure of your protected health information, we will have a written contract with the business associate. The contract contains terms that will protect the privacy of your protected health information.

**For Treatment:** We may use medical information about you to provide you with medical treatment or substance abuse services. We may disclose medical information about you to doctors, nurses, counselors, physician assistants, nurse practitioners, case managers, psychologists, admissions and billing office staff, Health Information Services staff, Compliance staff, Utilization Management staff, or other personnel who are involved in taking care of you. Different departments of our facility also may share medical information about you in order to coordinate the different things you need; such as prescriptions, and lab work. We also may disclose medical information about you to people outside the facility who may be involved in your medical care, such as a designated family member in case of an emergency or others we use to provide services that are part of your care, such as your insurance company and your DHHR caseworker. When required to, we will obtain your authorization before disclosing any of your information. Only the minimally necessary information will be revealed during disclosures.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or third party. For example, we may need to give your health plan information about treatment you received so your health plan will pay us or reimburse you. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For health care operations:** We may use/disclose your PHI in the course of agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff. We may also combine medical information about many agency clients to decide what additional services the agency should offer, what services are not needed, and whether certain new

treatments are effective. We may also disclose information to doctors, nurses, health professionals in training and other agency personnel for review and learning purposes. We may disclose your PHI to our accountant or attorney for audit purposes.

**Appointment Reminders:** We may also use and disclose medical information to contact you as a reminder that you have an appointment or missed an appointment for treatment in order to reschedule the appointment.

**Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

**Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**Research:** Under certain circumstances, we may use and disclose minimally necessary medical information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, you must sign a research authorization form.

**As Required By Law:** We will disclose minimally necessary medical information about you when required to do so by federal, state or local law.

**To Avert A Serious Threat To Health Or Safety:** We may use and disclose minimally necessary medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Public Health Risks:** We may disclose minimally necessary medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease;
- To report child abuse or neglect by making a telephone report to the Child or Adult Protective Services and to follow this report with a written confirmation;
- To report reaction to medication or problems with products;
- To notify a person they may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
  
- To notify the appropriate government authority if we believe a client has been the victim of domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose minimally necessary medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose minimally necessary medical information about you in response to a proper court order 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.

**Law Enforcement:** We may release minimally necessary medical information about you if asked to do so by a law enforcement official:

- In response to a proper court order or similar process;
- In response to an arrest warrant;
- About criminal conduct involving our facility; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime if the crime is on Pretera premises or against Pretera personnel

**Medical Examiners:** We may also release minimally necessary medical information about you to a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.

**National Security and Intelligence Activities:** We may release minimally necessary medical information about you to authorized federal officials for intelligence, counterintelligence, and other security activities authorized by law.

**Your Rights Regarding Medical Information About You:**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**Right to Amend:** If you feel that any of the medical information we have about you 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 our facility.

To request an amendment, your request must be made in writing and submitted to the Health Information Services Department. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by our agency;
- Is not part of the information which you would be permitted to inspect and copy;  
or
- Is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of your medical information. We are not required to account for routing disclosures, for example disclosures between Pretera Center staff regarding your care.

To request this accounting of disclosures, you must submit your request in writing, to the Health Information Services Department. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first accounting you request within a twelve-month period will not include a cost for providing the disclosure list. For additional accountings, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**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 at work or by mail.

To request confidential communications, you must make your request in writing to the Health Information Services Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Copy of This Notice:** You have the right to a copy of the notice. You may ask us to give you a copy of this notice at any time. To request a copy of this notice, you must make your request in writing to the Privacy Office.

**Right to Request Restrictions:** Even though all disclosures we already make are minimally necessary, you have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. Finally, you have the right to request a restriction on the people who are able to obtain the

information we disclose. However, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

*To request a restriction or limitation not included on the authorization, your request must be made in writing and submitted to the Privacy Officer.*

*Restrictions and limitations are indicated on the actual authorization form to release information.*

You have the right to revoke your written authorization to disclose specific protected health information. We need the revocation in writing. Pretera Center's Authorization form has a revocation statement on the back of the form should you wish to revoke a specific authorization. You may tell us verbally that you wish to revoke an authorization and we will act accordingly. However, we still need the revocation in writing to confirm your instructions to us. A revocation cannot be backdated or made retroactive. Revocation of certain authorizations might impact your financial obligation to Pretera Center. For example, if a third party pays all or part of your bill for services, they will require "minimally necessary" information to approve services and payment. If we know of any consequences of the revocation, we will advise you at the time you request revocation of the potential consequences.

**How to Complain about our Privacy Practices:** If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer. You also may file a written complaint with the:

Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Charleston, WV

We will not take retaliatory action against you if you make such complaints.

**For information or to submit a complaint with Pretera directly, contact:**

[Leslie Ballengee, RHIT](#)  
Privacy Officer  
3375 U.S. Route 60, East  
Huntington, WV 25704  
(304) 525-7851, ext. 2513