

CITY OF PORTSMOUTH

Behavioral Healthcare Services 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 pleased you are a current or potential customer of our agency's services and to be providing the following information to you as required by federal law. We are required to meet all procedures and standards defined in this notice. You have a right to a copy of this notice. Effective date: 4/14/03. Revised date: 5/28/08.

Your Privacy is Important

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.

You can make a complaint verbally or in writing contact any time you believe your privacy rights have been violated. Address and phone numbers to use are listed on the third page of this notice.

You will not suffer change in services or retaliation for filing a complaint.

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 future care or treatment.

Your Federally Defined Rights under HIPAA

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 medical record in order to inspect, copy, 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 such as if access would cause you harm. You may make this request to your *Primary Care Coordinator or the DBHS Medical Records Manager*

- **You have the right to receive at any time an accounting of the agency's disclosure of your medical record.**
- **You have the right to request a restriction 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. Legally we are not required to abide by any restrictions you request.

Use and Disclosure of Your PHI

Upon signing the DBHS Consent to Treatment/Service form, you are allowing us to use and disclose your PHI within the agency and with our business associates. This information will be used and disclosed as follows:

- **Provide treatment/service** - In order to effectively provide treatment/service, DBHS staff may consult and share PHI about you with various service providers.
- **Receive 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.
- **Conduct business** - In day-to-day business practices, trained staff may handle your physical medical record in order to have the record assembled, available for review by DBHS staff responsible for service documentation, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical

reporting to the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS).

- **Quality Management** - As a part of our continuous quality management efforts to provide the most effective services, professional staff may review your record to assure accuracy, quality, and organization.

Enhancing Your Healthcare

Some agency programs provide the following support to enhance your overall health care:

- Appointment reminders by call or letter
- Describing or recommending treatment/ service alternatives
- Providing information about health-related benefits and services

Specific Circumstances for Disclosure without Authorization

We are 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 or 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: DMHMRSAS 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: secretary may monitor for HIPAA compliance)
- **Emergencies** (ex: serious health condition for treatment)

Other Uses and Disclosures of Your Information by Authorization Only

When you request information to be disclosed to another party or yourself, we respond in accordance with federal and state law as follows:

- We are required to obtain your authorization prior to use or disclose 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.
- You have the right to revoke the signed authorization at any time by a written statement given to us for that purpose.
- In most circumstance, only the minimum necessary information is used/disclosed.

Changes to Privacy Practices

BHS reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law. You will receive notice of changes either by mail, posting, or discussion with an agency representative or electronically or a combination of the four.

Additional Information

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

- *City of Portsmouth Compliance Officer, Phone # 393-8618*
- *City of Portsmouth Privacy Officer, Phone # 393-8618*
- *DBHS Quality Assurance Administrator, Phone # 393-8618*
- *DBHS Medical Records Manager, Phone # 391-3288*
- *Secretary of Health and Human Services, Phone # (202) 619-0257*