

NOTICE OF INFORMATION PRACTICES

EAST ALABAMA MENTAL HEALTH CENTER

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

YOUR HEALTH INFORMATION IS PRIVATE

Similar to a visit you make to a general hospital, physician, dentist, or other health care provider, **East Alabama Mental Health CENTER** (the "CENTER") likewise obtains information about you. In addition to the typical information obtained such as your health history, current symptoms, examination and test results, diagnoses, medications, and treatment, the CENTER may also obtain psychiatric, social, and other information. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, communicating with health professionals who contribute to your care, and as a means by which you or a third-party payer can verify that you actually received the services that were billed on your behalf.

We will not use or disclose your health information without your or your authorized designee's authorization, except as described in this notice or as otherwise required by law.

The CENTER understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. The CENTER is committed to protecting your health information and following all laws regarding the use of your information. You have the right to discuss your concerns about how your health information is shared.

1. **The CENTER must keep your health care information from others who do not need to know it.**
2. **You have the right to request that the CENTER not share certain health care information. In some instances, the CENTER may not be able to agree to your request. See "Your Legal Rights" section below for additional detail.**
3. **Reminder calls will be made prior to scheduled appointments. If you do not wish to receive reminder calls, please contact the office manager at the location where you receive your services.**
4. **The CENTER is also required by law to notify you following a breach of unsecured protected health information.**

WHO SEES AND SHARES YOUR HEALTH INFORMATION

Based on regulatory consent, or in some cases with your written consent, we will use your health information for treatment. For example, physicians, nurses, therapists, case managers, or other members of your health care team will record information in your medical records that will help facilitate a diagnosis made by qualified staff or your condition and determine a plan of treatment and care for you.

The primary caregiver will give orders and document treatments he or she expects other members of the health care team to provide. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment. We may also provide other health professionals who treat you, provide second opinions, or others who may treat you with copies of your records to assist them with your treatment/care.

COULD YOUR HEALTH INFORMATION BE RELEASED, OR SEEN BY OTHERS, WITHOUT AUTHORIZATION OR PERMISSION?

Based on regulatory consent, we will use your health information for payment purposes. For example, we may send a bill to you or to a third-party payer, such as Medicare, Medicaid, an insurance company, and/or the Alabama Department of Mental Health that will include information, which identifies you and may show tests provided, opinions of such tests, your diagnosis, recommended treatment, treatment received, supplies used, and the like.

Based on regulatory consent, we will use your health information for health care operations. For example, members of the staff and other authorized agents of the CENTER will use information in your health record and other documents related to your safety and treatment to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continue to improve the quality and effectiveness of the health care and services that we provide to you, and the environment in which they are provided.

We may obtain assistance from, and through, others to provide health care and other services for your benefit. Examples include other physicians, hospitals, diagnostic tests, second opinions, a copy service to make copies of medical records, a transcription service to transcribe medical information dictated by health care professionals into your medical record, and the like. The CENTER operates video surveillance cameras and tapes activity in common areas on an ongoing basis to help ensure a safe

environment. The CENTER also contracts with others to provide housekeeping, pest control, maintenance, repairs, cost reports, legal defense, and the like who may happen see you and or information about you while performing the required services. When we obtain or request assistance from others, we require them to protect your information.

Other examples of disclosures include, but are not limited to:

1. **Emergencies, such as when you or your designee cannot assist with your treatment.**
5. **To your family and/or friends who are involved in your health care. We will share your health information as needed to enable them to help you unless you tell us in writing that we cannot.**
6. **Disclosure to health oversight agencies. We are legally required to disclose specific health information to certain Federal and State agencies, accreditation and certification entities and/or organizations.**
7. **Disclosures to child protection agencies.**
8. **Other disclosures that include, but are not limited to:**
 - a. **Pursuant to a court order;**
 - b. **To public health authorities;**
 - c. **To law enforcement officials in some circumstances;**
 - d. **To correctional institutions regarding inmates;**
 - e. **To federal officials for lawful activities;**
 - f. **To coroners, medical examiners, and funeral directors;**
 - g. **To researchers involved in approved research projects**

Authorization is Needed for Other Uses and Disclosures. The CENTER will not use or disclose your health information for any other purposes not described in this Notice unless you give us written authorization to do so. A signed authorization is necessary for most uses and disclosures related to psychotherapy notes (where appropriate). Uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information also require an authorization. If you give us written authorization to use or disclose your health information for a purposes that is not described in this Notice, then you may revoke it in writing at any time.

Confidentiality of Alcohol and Drug Abuse Client Information. If you are receiving alcohol or drug abuse services from the CENTER or its facilities, information that would identify you as a person getting help for a substance abuse problem is protected under a separate set of federal regulations known as "Confidentiality of Alcohol and Drug Abuse Patient Records", 42 C.F.R. Part 2. Under certain circumstances, these regulations provide your health information additional privacy protection beyond those that have already been described.

While there are exceptions, in general, information identifying you as a substance abuser cannot be shared without your written authorization (see second paragraph below). For example, before your substance abuse health related information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities, and/or other providers of medical services, we are required to ask for your written authorization.

The regulation, 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, does, however, allow a health care provider to report suspected child abuse or neglect. Child abuse and neglect authorities may also pursue a court order to obtain the information without your or your designee's written permission.

As stated above, there are exceptions to the use of your health information. One exception is court orders that require release of your health information. Additionally, your health information may be released to entities and individuals so you can receive appropriate services and so that the CENTER may receive payment. This includes, but is not limited to, volunteers and staff within the CENTER (e.g., data management, accounting, quality assurance, performance improvement, and contractors); qualified and approved persons conducting reviews, audits, analyses, and/or evaluations of your program to ensure that you receive necessary and appropriate services (e.g., the Alabama Department of Mental Health, Medicaid, contractors, approved researchers, and the like).

In those instances where you or your designee authorizes us to release your substance abuse related health information, the release will be accompanied with a notice prohibiting the individual or organization receiving your health information from re-releasing it unless permitted under the regulations 42 C.F.R., Confidentiality of Alcohol and Drug Abuse Patient Records.

Thus, in general, before specific information pertaining to the care you are receiving for your substance abuse problem may be released, you/your designee must authorize the release in writing.

WHAT IF MY HEALTH INFORMATION NEEDS TO BE SENT SOMEWHERE ELSE?

For certain other releases, you/your designee may request or be asked to sign a separate form, called a Release of Information authorization form, allowing your health care information to go somewhere else. The Authorization form tells us what, where and

to whom your information may be sent. You/your designee can later cancel or limit the amount of information sent at any time by letting us know in writing. A fee will be charged for the copies made to comply with your request.

MAY I SEE MY HEALTH INFORMATION?

You have the right to see your record. We will allow you to review your record unless a clinical professional determines that it could create a risk of harm to you or someone else, or negatively affect your treatment. If access is denied, you may submit a written request to have the denial reviewed by another clinician with comparable qualifications. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We may also delete any protected health information in your record about other people. You will be provided with copies as specified in your written request. You will be charged a reasonable fee for the copies.

YOUR LEGAL RIGHTS

Right to Request Alternate Communications. You/your designee may request, **in writing**, that communication to you outside the facility, such as reminders, bill, or explanations of health benefits be made in a confidential manner. We will accommodate reasonable requests, in writing, as long as you provide a means for us to process any required payment transactions.

Right to Request Restrictions on Use and Disclosure of Your Information. You/your designee have the right to request restrictions, **in writing**, on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. The CENTER is not required to agree to your request for a restriction, and in some cases, the restriction you request may not be permitted under law. If we do agree to your request to restrict the use and disclosure of your health information, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Please note that we must agree to your request to restrict disclosure of your health information to a health plan if (a) the request is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (b) the information pertains solely to a health care item or service for which you have already paid us in full.

Right to Revoke an Authorization. You/your designee may revoke a written Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information. **Your revocation must be in writing.**

Right to "Amend" your Health Information Record. If you/your designee believe your record contains an error, you may ask **in writing** that correct or new information be added. If there is a mistake, a note will be entered into your record to correct the error. If not, you will be told and allowed the opportunity to add a short **written statement** to your record explaining the reason you believe the record is not accurate. This information will be included as part of your record and shared with others if it might affect decisions they make about your treatment. You may ask, **in writing**, that the corrected or new information be sent to others who have received your health information from us. The right to "amend" is not absolute. In certain situations, such as when the information came from someone else, we cannot change their information or work.

Right to an Accounting. You/your designee have the right to an accounting (e.g., a listing) of the non-routine disclosures of your protected health information made to third parties. This does not include disclosures authorized by you, or disclosures that occur because of treatment, payment, health care operations, or as required by law. Federal Law requires us to provide an accounting (listing) of non-routine disclosures that occur after April 14, 2003. Information only about the non-routine disclosures occurring after April 14, 2003 must be maintained for six years. Thus, non-routine disclosures will not be maintained after six years. Note: Disclosures requested by law enforcement authorities that are conducting a criminal investigation will not be reported or accounted for. Your request for an accounting must be **in writing**.

MAY I HAVE A COPY OF THIS NOTICE? You may have and keep a copy of this notice.

QUESTIONS: HOW DO I REQUEST OR OBTAIN ACCESS TO MY INFORMATION OR HOW DO I REQUEST AN ACCOUNTING?

If you/your designee have questions, want to make or revoke a Release of Information authorization, request an amendment, request copies, request access to your information, or request an accounting of non-routine disclosures of your information, you or your designee should contact the CENTER's Performance Improvement Director or Executive Director (who is also the CENTER's Privacy Officer) at (334) 742-2700.

To make or revoke a Release of Information authorization, request an amendment, request copies, request access to your information, or to request an accounting, your or your designee's request(s) must submit the request **in writing**.

WHAT IF I WANT TO MAKE A COMPLAINT?

If you feel that your privacy rights have been violated or you want to make a complaint, you or your designee should contact the CENTER's Performance Improvement Director or Executive Director (who is also the CENTER's Privacy Officer) at (334) 742-2700.

You may also complain to the federal government by writing to: Secretary of the U.S. Department of Health and Human Services at Region IV, Office of Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center Suite 16T70
61 Forsyth Street S.W. Atlanta, Georgia 30303-8909. Voice Phone (800) 368-1019, Fax (404) 562-7881, TDD (800) 537-7697 or via <http://www.hhs.gov/privacy/hipaa/complaints/index.html>.

Your health care services will not be affected by any complaint made to the CENTER's Performance Improvement Director or Executive Director (who is also the CENTER's Privacy Officer); or to the Secretary of Health and Human Services; or to the U.S. Office of Civil Rights.

WHAT IF THIS NOTICE OF INFORMATION PRACTICES CHANGES?

The CENTER reserves the right to make changes to this Notice of Information Practices.