

Tri-County Mental Health Services

Notice of Privacy Practices

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Approved By: _____ *(Signature on file)*

Catherine R. Ryder, LCPC ACS
Executive Director

Date: _____ May 23, 2017

Tri-County Mental Health Services

Notice of Privacy Practices

Effective Date of This Notice: 10/21/1015

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.

Tri-County Mental Health Services is committed to maintaining your privacy while providing high quality care. Tri-County Mental Health Services is required by law to protect certain aspects of your health information known as **Protected Health Information or PHI** and to provide you with notice of its legal duties and privacy practices with respect to your health information.

“Protected Health Information” is defined in the Health Insurance Portability and Accountability Act (HIPAA) of 1996 [Public Law 104-191, 110 Stat. 1396 in § 164.501] as “individually identifiable health information” as a subset of health information, including demographic information collected from an individual, and

- (1) Is created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse; and
- (2) Relates to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and
 - i. That identifies the individual; or
 - ii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

I. HOW TRI-COUNTY MENTAL HEALTH SERVICES MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI) FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

Federal law allows for the use and disclosure of PHI, for purposes of Treatment, Payment and Healthcare Operations, without your authorization. Examples are listed below:

For treatment: In order to provide the most effective treatment we may use your information with supervisors, referring and consulting physicians and other providers on your TCMHS clinical team.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies, management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For regular healthcare operations: We may use protected health information within the organization in order to coordinate continuity of care. We may also use protected health information for quality assurance review.

Information provided to you: We may use your information to contact you for appointments. However, you have a right to receive communications from us in a confidential manner.

Tri-County Mental Health Services participates in HealthInfoNet, the statewide health information exchange (HIE) designated by the State of Maine. The HIE is a secure computer system for health care providers to share your important health information to support treatment and continuity of care. For example, if you are admitted to a health care facility not affiliated with Tri-County Mental Health Services, health care providers there will be able to see important health information held in our electronic medical record systems. Your record in the HIE includes prescriptions, lab and test results, imaging reports, conditions, diagnoses or health problems. To ensure your health information is entered into the correct record, also included are your full name and birth date and social security number. All information contained in the HIE is kept private and used in accordance with applicable state and federal laws and regulations. The information is accessible to participating providers to support treatment and healthcare operations.

You do not have to participate in the HIE to receive care. For more information about HealthInfoNet and your choices regarding participation, visit www.hinfonyet.org or call toll-free 1-866-592-4352.

II. WE MAY ALSO USE OR DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES UNDER LIMITED CIRCUMSTANCES:

Notification and communication with family: In certain circumstances we may disclose PHI for the purpose of treatment. An example would be speaking to family members or others who may know you during an emergency situation.

Required by law: We may use and disclose protected health information as required by State and Federal laws.

Public health: We may disclose your health information as required by law to public authorities for purposes related to preventing or controlling disease.

Health oversight activities: Information that includes your specific protected health information may be shared with other organizations that assist Tri-County Mental Health Services in the course of the organization's daily business operations without client authorization. This may include the agency's auditors, legal representatives, and others with whom the agency has a contract or written cooperative service agreement. If the entity involved is not themselves a "covered entity," as defined in the Health Insurance Portability and Accountability Act (HIPAA), a signed "Business Associate" agreement or contract addendum is required in order to release client identifying protected health information.

Judicial and administrative proceedings: We may disclose your PHI in order to comply with subpoenas (in certain situations), court orders and other requests from legal representatives if allowed or required by law.

Law enforcement: We may disclose PHI to law enforcement in limited situations including, but not limited to: when there is a warrant, or when information is needed to locate a missing person, a suspect, or to stop or report a crime or any other reason required or allowed by law.

Deceased person information: We may disclose your PHI to Medical Examiners at the time of death.

Organ donation: We may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

Research: We may use de-identified information about you for internal purposes. We will obtain your written authorization if you are a participant in a research study conducted by or with TCMHS that discloses PHI. In any such circumstances a formal review is conducted before the start of any research activities to ensure your protection.

Specialized and/or essential government functions: We may disclose PHI for military, national defense and security and other specialized government functions.

Workers' compensation: We may disclose your health information as necessary to comply with worker's compensation laws.

Marketing & Fundraising: Any consumer information used for marketing or fundraising purposes will require a properly executed release of information identifying how the information will be used and for how long.

Change of ownership: In the event that TCMHS is sold or merged with another health organization, your health information will become the property of the new owner unless you request otherwise. An authorization will be obtained from you for before disclosure or release of any psychotherapy notes.

III. WHEN TRI-COUNTY MENTAL HEALTH SERVICES MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION:

Tri-County Mental Health Services will not use or disclose your health information without your written authorization, except as described in this “**Notice of Privacy Practices**”. If you authorize Tri-County Mental Health Services to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. Information released will be the minimum necessary, as designated by you, and for a specific purpose. Documents received from other locations or providers may be re-released, as authorized by you. You will be asked if you wish to review the information prior to release.

VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

Right to Request Limits on Uses and Disclosures of Your Protected Health Information

You have the right to ask that we limit or restrict how we use and disclose your protected health information for Treatment, Payment and Healthcare Operations. We will consider your written request, but are *not required* to agree to such a request. However if we do agree, we will be bound by our agreement except when otherwise required by law, in emergencies, when the information is necessary to treat you, or until the restriction is terminated. Your request must indicate (1) the specific restriction or limits requested, (2) whether you wish to limit our use, disclosure or both; and (3) to whom you want the limits or restriction to apply.

Right to Choose How We Send Information to You

You have the right to request that we communicate with you about your health information in a particular manner or at an alternate address to ensure your confidentiality. Your request must be in writing at the time of intake or with your provider. The request must

specify the alternative address or method of contact, and when appropriate, how payment, if any, will be handled.

Right to Inspect and Obtain a Copy of Your Health Information

You have the right to obtain a copy of your record, a report of your record, or to examine your record with a staff person present. Upon receipt of the written request, the Program Manager, or designee, will review the record with you within (30) working days of your request. The staff member accompanying you during the review will document the review in your record. You may not remove the original record from the office, but we will make copies of the items you request. When you request a copy of your health information we may charge for this service.

Right to Correct or Amend Your Information

You have the right to ask us to correct written health information we may have about you when it is incorrect or incomplete. If errors are found, we will amend your information within (60) days of your request, according to established procedures, and will notify you when corrections have been completed. You must submit your request in writing to:

Tri-County Mental Health Services
Attn: Privacy Officer
P.O. Box 2008
Lewiston, Maine 04241-2008

Right to Request an Accounting of Our Use and Disclosure

You have the right to request an accounting of our use and disclosure of your protected health information made in the last six years prior to your request. This accounting may exclude certain disclosures, including those for treatment, payment, and healthcare operations, or when we share information with our Business Associates. We are also not required to give you an accounting of our uses of protected health information when you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should make that request to:

Tri-County Mental Health Services
Privacy Officer
P.O. Box 2008
Lewiston, Maine 04241-2008

Right of Obtain a Copy of Notice of Privacy Practice

You are entitled to receive a paper copy of this Notice at any time by asking at the reception office. A copy of our current notice will always be posted in our reception area. You may also obtain a copy of this notice at our website, www.tcmhs.org. If you would like a more detailed explanation of these rights or if you would like to exercise one or more of these rights contact:

Tri-County Mental Health Services
Privacy Officer
P.O. Box 2008
Lewiston, Maine 04241-2008

Rights Related to Alcohol and Drug Abuse Records

Federal law protects the confidentiality of your alcohol and drug abuse records maintained by Tri-County Mental Health Services. Any disclosure of information will be on a need to know basis with your treatment team within the agency. We will not disclose or release any information identifying you as a patient or, as an alcohol and drug abuser, unless:

- The patient authorizes this in writing; or
- The release is, required by a court order; or
- In a medical emergency, or
- To qualified personnel for research, audit or program evaluation.

Violation of Federal law dealing with alcohol and drug abuse patient records is a crime and suspected violations may be reported to appropriate authorities in accordance with Federal regulations. (See 42 U.S.C. 290dd-3, 42 U.S.C. 290ee-3 and 42 C.F.R. part 2).

You have a right to report any violations to the Manager of Substance Abuse Programs, to our Privacy Officer, or to the Office of Substance Abuse, Executive Department, State House Station #159, Augusta, Maine, 04333.

V. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

Tri-County Mental Health Services reserves the right to amend this Notice of Privacy Practice at any time, and the changes will be effective immediately and will apply to all protected health information, past, present and future.

VI. FILING A COMPLAINT

If you believe your privacy rights have been violated, you may send your written complaint with our organization at:

Tri-County Mental Health Services
Privacy Officer
P.O. Box 2008
Lewiston, Maine 04241-2008

We will work with you to resolve your complaint. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

U.S. Department of Health and Human Services
Washington, DC
Toll Free Phone 1-877-696-6775

NO ONE WILL RETALIATE OR TAKE ACTION AGAINST YOU FOR FILING A COMPLAINT

Summary Notice

Notice of Privacy: Consent for Purposes of Treatment, Payment and HealthCare Operations

We are required by law to maintain the privacy/confidentiality of your health care information and to provide you with this Notice of our Privacy Practices. We are required to abide by the terms of the notice that is currently in effect. We reserve the right to change our privacy practices at any time. We will post changes on our web site and provide you with a paper copy of the changed notice at the earliest opportunity.

We may use your information for treatment, payment and health care operations, for example:

For treatment: In order to provide the most effective treatment we may use your information with supervisors and, when needed with the clinical team.

For payment: We may submit some of your information to your insurance carrier.

For health care operation: We may use your information for quality assurance review.

You have the right to request restrictions on the use and disclosure of your information. However, we are not required to agree to a requested restriction.

You have the right to inspect and receive a copy of your information. You have the right to ask us to correct written health information we may have about you when it is incorrect or incomplete. If errors are found, we will amend your information within (60) days of your request, according to established procedures, and will notify you when corrections have been completed. You must submit your request in writing to: TCMHS, Privacy Officer, P.O. Box 2008, Lewiston, ME 04241-2008.

No one else can see your record unless you specifically authorize them to see it with the following exceptions: when disclosure is required to prevent clear and imminent danger to yourself or others (i.e., suicidal or homicidal threat); as mandated by statute for the reporting to the Department of Human Services or the local police any disclosures or reasonable suspicion of neglect or abuse of a child, an elder or any vulnerable adult; or if required by court order. We will make every effort to discuss the matter with you prior to the release of your information.

We may use your information to contact you for appointments. However, you have a right to receive communications from us in a confidential manner and if you would like us to use another address or telephone number to contact you, please make us aware of it in writing.

In order that TCMHS provide the most effective treatment, it is necessary to review your clinical information with supervisors and, when needed, with the clinical team. As an additional protection to you, the quality management review staff of this agency review all case records. This occurs at regular intervals and is designed to ensure the highest quality of service delivery.

By signing below, I acknowledge that I have been given a copy of Tri-County Mental Health Services' Notice of Privacy Practices and my "Rights to Choose Participation in HealthInfoNet". The notices is also posted in the waiting areas of each location and on the website at www.tcmhs.org

- It is [] okay [] not okay to contact me for appointment reminders.
It is [] okay [] not okay to identify Tri-County Mental Health when contacting me by phone.
It is [] okay [] not okay to contact me for post-discharge satisfaction surveys

Signature of Client Date (If client does not sign, print their name below and file in the record)
Signature of Guardian (if Applicable) Date Print Name of Client
Signature of Witness Date Signature of Provider Date