

## NOTICE OF PRIVACY PRACTICES

***This notice describes how medical (Behavioral Healthcare) information about you may be used and disclosed and how you can get access to this information. Behavioral Healthcare information is any information that relates to the past, present or future physical or mental health condition of the individual, provision of care and payment for these services. Please read it carefully.***

EFFECTIVE DATE: 4-14-03

Southwest Colorado Mental Health Center (SWCMHC) understands that medical information about you and your health is personal. We are committed to protecting medical information about you. SWCMHC creates a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated and/or maintained by SWCMHC including the following people and organizations.

- ◆ Any health care professional who is authorized to enter information in your medical record
- ◆ Any member of a volunteer group that we allow to help you while you are receiving services

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

SWCMHC is required by law to:

- ◆ Make sure that medical information that identifies you is kept private
- ◆ Make sure that you are given notice of our legal duties and privacy practices with respect to medical information about you
- ◆ Make certain that SWCMHC follows the terms of the notice that is currently in effect

### **HOW WE MAY USE OR DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following information describes different ways we use and disclose medical information. If you are receiving services for the evaluation or treatment of substance abuse conditions, specific rules apply to the use and disclosure of information related to those services. Please refer to the section entitled Substance Abuse Health Information for those rules.

**FOR TREATMENT:** We may use health and treatment information about you to provide you with behavioral health treatment or services. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral health professionals involved in your care. For example, a physician may need to know what psychiatric

medications you are using to coordinate care, or we may need to speak to the pharmacist about your prescriptions. Different departments or groups within our Center may also share information in order to coordinate the services you need, such as medications, individual therapy, group therapy, case management and vocational services. We may ask for you to authorize a release of information for some treatment disclosures even though it is not required as a way to inform and involve you with the course of your treatment.

**FOR PAYMENT:** We may use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from appropriate payors, such as Colorado Health Network (CHN), an insurance company or a third party. For example, we may need to give your provider agency medical information about treatment you received at the hospital so that your provider agency can make payment. We may also need to tell your provider agency about any services you are going to receive to obtain prior approval or to determine whether your insurance will cover the services.

**FOR HEALTHCARE OPERATIONS:** We may use and disclose medical information about you for the business activities of SWCMHC. These uses and disclosures are necessary for administrative functioning and to ensure our members receive quality care. For example, we may send you a member satisfaction survey to determine how we can improve services. We may disclose medical information about you to CHN, for example, to evaluate the quality of services we provide or to resolve a specific treatment issue you have raised.

**INDIVIDUALS INVOLVED IN YOUR CARE:** We may release medical information about you to a family member actively involved in your care and treatment as allowed under Colorado state law and in accordance with our policies and procedures. This information is limited and will not be disclosed without first asking your permission.

**RESEARCH:** Under certain limited circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve the care and recovery of all members who receive one medication for the same condition. All research projects are subject to a special approval process. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are.

**APPOINTMENT REMINDERS:** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or services.

**HEALTH-RELATED INFORMATION OR RESOURCES:** We may use and disclose medication information to tell you about other resources that may be of interest to you.

**FUNDRAISING:** We may use or disclose information to contact you about raising money for our programs, services and operations. If you do not want us to contact you for fundraising purposes, you must notify the Privacy Officer in writing. Please state clearly that you do not want to receive any fundraising solicitations from us.

**SUBSTANCE ABUSE HEALTH INFORMATION:** The confidentiality of records related to the diagnosis, treatment, referral for treatment or prevention of alcohol or drug abuse is protected by federal law and regulations (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3, and 42 C.F.R. part 2).

Generally, a substance abuse program may not disclose to anyone outside the program that you attend the program or disclose any information identifying you as an alcohol or drug abuser, unless:

- ◆ You consent in writing, or
- ◆ The disclosure is allowed by a court order, or
- ◆ The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research audit or program evaluation, or
- ◆ You commit or threaten to commit a crime either at the program or against any person who works for the program.

Suspected violations may be reported to the United States Attorney in the district where the violation occurs, or to the organization's Office of Family and Consumer Affairs. State law requires, and federal law permits, a substance abuse program to report suspected child abuse or neglect to appropriate authorities. Violations of the federal law and regulations by a program are a crime.

**HIV INFORMATION:** All health information regarding HIV is kept strictly confidential and released only in conformance with the requirements of Colorado state law 25-4-1404 . Disclosure of any health information referencing your HIV status may only be made with your specific written authorization. A general authorization for the release of medical or other information is not sufficient for this purpose. The same requirements apply to the discovery or disclosure of active tuberculosis in conformance with the requirements of state law C.R.S. 25-4-501 et. seq.

**RIGHTS OF MINORS:** A person aged 15 or older may consent to mental health treatment and authorize disclosure of information as if s/he were an adult. Parents or legal guardians, however, may request information about a minor's mental health treatment and may receive it without the minor's permission if a professional person judges it to be in the minor's best interests.

A minor of any age may consent to substance abuse treatment. Parents or legal guardians may not have access to their child's substance abuse treatment information without written authorization from the minor. All other provisions of the privacy notice apply equally to adults and to minors.

### **SPECIAL OR UNUSUAL CIRCUMSTANCES**

Federal and state laws allow or require SWCMHC to disclose medical information other than substance abuse or HIV information about you without your written authorization in certain special situations, if they occur.

**PUBLIC HEALTH RISKS (Health and Safety for you and/or others.):** We may disclose medical information about you for public health activities, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. These activities generally include the following:

- ◆ to prevent or control disease, injury or disability
- ◆ to report births or deaths
- ◆ to report child abuse or neglect
- ◆ to report reactions to medications
- ◆ to notify people of recalls of medications they may be using
- ◆ to notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition

- ◆ to avert a serious threat to the health or safety of a person or the public

- ◆ to notify the appropriate government authority if we believe a member has been the victim of abuse, neglect or domestic violence. We will make this disclosure when required or authorized by law.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government programs and compliance with civil rights laws.

**LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or legal action, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

**LAW ENFORCEMENT:** We may release medical information about you if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons, or similar lawful process
- ◆ Provide limited information to identify or locate a suspect, fugitive, material witness, or missing person
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization
- ◆ About a death we believe may have been the result of criminal conduct
- ◆ About criminal conduct at SWCMHC
- ◆ 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

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release information to a coroner, or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about you to funeral directors as necessary to carry out their duties.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state.

**AS REQUIRED BY LAW:** We will disclose medical information about you when required to do so by federal, state or local law.

**EMERGENCY SERVICES:** In the case of an emergency (where we assess there may be danger to self, others or grave disability) we may disclose your medical information to provide you the appropriate services.

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and have copies made by SWCMHC of medical information that may be used to make decisions about your care. Usually, this includes progress notes, evaluations/assessments, treatment plans, and billing information.

To inspect and copy your medical information, contact the Privacy Officer. If you request a copy of the information, you may receive one copy at no cost each year. For any additional copies during the same year, you may be charged a fee for the costs of copying, mailing, or other supplies associated with your request.

Your request to inspect and copy your information may be denied in certain very limited circumstances. In those circumstances, the agency retains the right to withhold information when it may be detrimental to your care. If you are denied access to any part of your medical information, you may request that the denial be reviewed. Information regarding how to initiate that review process will be provided in writing at the time of any denial of your access to the information.

**RIGHT TO AMEND:** If you feel that 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 your medical information is kept by SWCMHC.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. You must provide a reason that supports your request. 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 an amendment
- ◆ Is not part of the medical information kept by or for SWCMHC
- ◆ Is not part of the information which you would be permitted to inspect or 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 made of medical information about you to others. The accounting does not include information disclosed based on your written permission or as a part of treatment, payment or health care operations. To request this accounting, you must submit your request in writing to the Privacy Officer. Your request must state a period of time for the accounting that may not be longer than six years and may not include dates before April 14, 2003. For example, this would include special considerations and emergency disclosure.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. 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 restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit, and to whom you want the limit to apply.

**RIGHT TO REQUEST CONFIDENTIAL INFORMATION:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if you believe that you will be otherwise endangered. For example, you can ask that we only contact you at a certain telephone number or address. We will accommodate all reasonable requests.

Your request must specify how or where you wish to be contacted. You can request confidential communications when you initiate or update your demographic information in the electronic clinical record.

**RIGHT TO PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this privacy notice. You may ask us to give you a copy of this privacy notice at any time by requesting a copy from the Privacy Officer.

### **CHANGES TO THIS NOTICE**

SWCMHC reserves the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information SWCMHC already has about you as well as any information we will receive in the future. SWCMHC will post a copy of the current notice at all locations and on its website. The notice will contain the effective date. SWCMHC will make you aware of any revisions by posting a revised notice in all the above locations.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may contact or file a complaint in writing to the Office of Family and Consumer Affairs, 281 Sawyer Drive, Durango, CO. 81301. For further questions, you may contact the Privacy Officer at (970) 259-2162. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services. The quality of your care will not be jeopardized nor will you be penalized for filing a complaint.

### **OTHER ISSUES**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to SWCMHC will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered in your written authorization. You understand that SWCMHC is unable to take back any disclosures already made with your permission, and that we are required to retain our records of the care and services we provided to you.

(rev. 4/03)