

Cumberland Mountain Community Services Board

Notice of Privacy Practices

September 23, 2013

Your Information. Your Rights. Our Responsibilities.

This Notice of Privacy Practices describes how YOUR information may be used and disclosed and how you can get access to this information. **Please review this information carefully.**

Cumberland Mountain Community Services Board (CMCSB) understands your privacy is important. All information that CMCSB receives about you may only be used to assist you. CMCSB handles this information only as allowed by federal and state law and agency policy.

If you believe that CMCSB has violated your privacy rights, you should contact CMCSB or the other agencies listed below to report your concerns. You may contact any of these individuals in writing or by phone:

- CMCSB's Privacy Officer, Bryan Edwards, 276-964-6702 or email bedwards@cmcsb.com
- State Advocate 276-783-1219
- Secretary of Health and Human Services 202-690-7000

If you file a complaint, you will not experience a change in services or retaliation from CMCSB or any of its staff.

Each time you receive services, CMCSB staff makes a record of the visit. Typically, this record contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment.

Your Rights

There are several rights concerning your health information in your record that we want you to be aware of. You have the right to:

- Get a copy of your paper or electronic health record
- Correct your paper or electronic health record
- Request confidential communication
- Ask CMCSB to limit the information we share
- Get a list of those with whom CMCSB has shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

You have the right to obtain a copy of your record, but this right is not absolute. In certain situations, such as if access may cause harm, CMCSB can deny access. You may make a request to obtain a copy of your record through your Case Manager or Therapist. Legally, CMCSB is not required to abide by any restrictions you request.

Your Choices

You have some choices in the way CMCSB uses and shares information. CMCSB may:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health, substance use disorder, and intellectual disabilities services

Enhancing your Healthcare

CMCSB may provide the following supports 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 that may be of interest to you

Our Uses and Disclosures

By signing CMCSB's Consent to Services, you are allowing CMCSB to use and disclose necessary information about you within the agency and with business associates in order to provide services, receive payment of provided services, and conduct day to day business practices.

In order to effectively provide services, your Case Manager or Therapist may consult with other service providers within the agency. During those consultations, health information about you may be shared.

In order to receive payment for services provided, your health information may be sent to those companies or groups responsible for payment coverage. A monthly bill is sent to the Responsible Party identified by you and noted on the financial forms.

In day-to-day business practices, trained staff may handle your physical health record in order to have the record assembled, available for review by the Case Manager or Therapist, or for filing documentation. Certain data elements are entered into CMCSB's computer system to process billing and provide statistical reporting to the Virginia Department of Behavioral Health and Developmental Services. As a part of CMCSB's Quality Improvement efforts to provide the most effective services, your record may be reviewed by professional staff to ensure accuracy, completeness, and organization and to assist with staff supervision and service planning.

CMCSB may use and share your information in order to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information that CMCSB has about you. Ask us how to do this.
- CMCSB will provide a copy or a summary of your health information, usually within 30 days of your request. CMCSB may charge a reasonable, cost-based fee.

Ask CMCSB to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- If CMCSB denies your request, CMCSB will explain why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in specific ways (for example, only at home or office phone) or to send correspondence to a different address.
- CMCSB will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask CMCSB not to use or share certain health information for treatment, payment, or our operations. CMCSB is not required to agree to your request and may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times CMCSB has shared your health information for the six years prior to the date of your request, including who CMCSB shared the information with and why.
- CMCSB will include all the disclosures, except disclosures about treatment, payment, and health care operation and certain other disclosures (such as any you asked us to make).

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the following situations, CMCSB will never share your information unless you provide written permission:

- Marketing purposes
- Sale of your information
- Sharing of psychotherapy notes

In the case of fundraising, CMCSB never participates in Fundraising practices.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

CMCSB can share your health information with other professionals who are treating you.

Run our organization

CMCSB can use and share your health information to run its practice, improve your care, and contact you when necessary.

Bill for your services

CMCSB can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

CMCSB is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as for public health and research. CMCSB has to meet many legal conditions before sharing your information for these purposes. For more information, visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

CMCSB can share health information about you in the following situations:

- As Required by Law (Example: Court-Ordered Warrant)
- Preventing diseases (Example: Communicable diseases)
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence; this includes children or incapacitated adults who are victims of Abuse, Neglect or Exploitation
- Preventing or reducing a serious threat to anyone's health or safety (Example: In response to a statement made by a person served to harm self or another individual)
- Release a child's immunization record to a school with parent's/legal guardian's authorization

Do research

We can use or share your information for health research.

Comply with the law

CMCSB will share information about you if state or federal laws require it, including the Department of Health and Human Services if it wants to see that CMCSB is complying with federal privacy law.

Respond to organ and tissue donation requests

CMCSB can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

CMCSB can share health information with a coroner, medical examiner, or funeral director upon request.

Address workers' compensation, law enforcement, and other government requests

CMCSB can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

CMCSB can share health information about you in response to a court or administrative order or in response to a subpoena. The confidentiality of alcohol and drug abuse records of individuals receiving services maintained by a program are protected by Federal Regulation 42 CFR Part 2. 42 CFR Part 2 protects these individuals who have requested services, individuals who have been referred for services, or individuals who have been assessed/diagnosed/treated in a federally assisted alcohol and drug abuse program, this to include individuals with co-occurring issues.

CMCSB is required to get your authorization to use or disclose your protected health information for any reason other than treatment/services, payment, or health care operations, and those specific circumstances outlined previously. We use an *Authorization for Use/Disclosure/Exchange of Protected Health Information from a Third Party* form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement given to us to that effect, with the exception of actions already implemented as a result of your earlier consent.

Our Responsibilities

- CMCSB is required by law to maintain the privacy and security of your protected health information.
- CMCSB will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- CMCSB must follow the duties and privacy practices described in this notice and give you a copy of it.
- CMCSB will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

CMCSB may change the terms of this notice and the changes will apply to all information we have about you. The Notice of Privacy Policy is available upon request in our office and on CMCSB's website.

Effective Date: September 23, 2013