

Chesapeake Behavioral Health Center

HIPAA Privacy Rights Form

1. 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. If you have any questions about this Notice or want additional information, please contact, Chesapeake Behavioral Health Center, LLC, (Privacy Contact - Lucy Cashdollar, R.N.) at 410-833-0581

2. Purpose. We are required by law to maintain the confidentiality and privacy of your protected health information. "Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition, and related health care services. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice, which is effective April 14, 2003. We reserve the right to change the terms of our Notice at any time as permitted by law. The new Notice will be effective for all protected health information we maintain at that time and for information we receive in the future. We will post a current copy of the policy and will have copies of our current policy available each time you are here for health care services. We will also provide you with any revised Notice of Privacy Practices upon a request made by you via phone or in person.

3. Uses and Disclosures of Protected Health Information for Treatment, Payment, and/or Operations. The following categories describe ways we may use and disclose health information for treatment, payment, and operations. At least one example is given for each category. Please be aware that not every possible use or disclosure is listed.

- A. **Treatment:** We may use and disclose your protected health information to provide you with treatment and services and to coordinate your care. For example, we may disclose your protected health information to other agency clinical staff that are involved in your care as well as different departments of the agency to coordinate the various services you might need, such as prescriptions.
- B. **Payment:** Your protected health information may be used to obtain approval for and payment for services you receive. For example, we may confirm your eligibility with insurance plans, governmental agencies, or Medicaid to obtain approval and/or payment for services.
- C. **Operations:** We may use or disclose your protected health information as necessary for our regular business activities such as health oversight, accreditation, licensing, and

quality assurance. For example, members of the quality assurance team may use information in your health record to assess the care in your case to continually improve the quality and effectiveness of the healthcare services we provide. As part of operations, we may contact you to provide appointment reminders.

We may share your protected health information with third party “business associates” that perform various activities for us involving protected health information (e.g., auditors, attorneys), but only when we have a written contract with the business associate that fully protects the privacy of your protected health information.

4. Other Permitted and/or Required Uses and Disclosures: According to Federal Privacy Regulations, we may make the following uses and disclosures without obtaining consent or written authorization from you.

- A. Unless you object, under federal law, we may disclose health information about you to a member of your family, a relative, a close friend, or any other person you identify as involved in your care.
- B. We may use or disclose your protected health information in an emergency when the use and disclosure of the protected health information are necessary to prevent serious risk of bodily harm or death.
- C. We may use or disclose your protected health information if and to the extent we are required by federal or state law. If required by law, you will be notified of any such uses or disclosures.
- D. We may disclose to a court when ordered by the court.
- E. We **must** disclose to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect, or domestic violence, we must disclose your protected health information to the governmental entity or agency authorized to receive such information. Any disclosure of suspected abuse will be made consistent with the requirements of any applicable state law.
- F. We may disclose to governmental agencies or private entities responsible for overseeing healthcare activities through audits, investigations, inspections, and licensure. Oversight agencies include government and/or private agencies that oversee the health care system, government benefit programs, government regulatory programs, and civil rights laws.
- G. Required Uses and Disclosures: Under federal law, we must make disclosures when required by the Secretary of the United States Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Part 164.308 et. seq. We may disclose for public health purposes such as notifying public health authorities regarding specific communicable diseases but only to the extent allowed by state law. We may disclose to federal, state, or local agencies engaged in disaster relief to the extent that such information is required to enable them to carry out their responsibilities in specific disaster situations.

5. Uses and Disclosures of Protected Health Information Based Upon Your Written

Authorization: Other uses and disclosures of your protected health information not covered by this Notice or by laws that apply to us will be made only with your written authorization. You may revoke this authorization, at any time, in writing. If you revoke this authorization, we will no longer use or disclose your protected health information for the reasons covered by the authorization. However, we cannot undo any disclosures we have already made with the authorization and are required to retain our records of the care that we provided to you.

6. Your Rights Regarding Your Protected Health Information. You have the following rights with respect to your protected health information:

- **You Have the Right to Request Restrictions:** You have the right to request a limitation or a restriction on the protected health information we use or disclose about you for treatment, payment, or healthcare operations. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of the restriction unless it is needed to provide emergency treatment. You must make this request in writing to our Privacy Contact at the address listed below.
- **Right to Request Confidential Communication:** You have the right to request to receive confidential communications from us in a certain way or at an alternative location. For example, you can ask that we only contact you at home or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for a specification of an alternative address or another method of contact. The request must be made in writing to our Privacy Contact at the address listed below specifying how or where you wish to be contacted.
- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of protected health information about you that we maintain. To inspect and/or obtain a copy of protected health information, you must submit your request in writing to our Privacy Contact. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other related costs. We may deny your request to inspect and copy in certain limited circumstances. Under federal law, for example, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. We are also permitted to deny your request to inspect and copy if the protected health information was obtained from someone under a promise of confidentiality. Please contact our Privacy Contact if you have questions about access to your records.
- **Right to Amend:** If you believe that the health Information, we have about you is incorrect or incomplete, you may request that we amend it. Your request must be in writing, submitted to the address listed below, and must state the reason you are seeking an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us which will be made a part of your record. We may prepare a rebuttal to your statement and will provide you with a copy of such a rebuttal. Please contact our Privacy Contact if you have questions about amending your record.

- **Right to Receive an Accounting of Disclosures:** You have the right to an accounting of disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You must submit your request in writing to the address listed at the end of this Notice. The right to receive this information is subject to certain exceptions, restrictions, and limitations. If you believe we have violated your privacy rights, you may complain to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Contact. We will not retaliate against you for filing a complaint.
- **Right to Receive a Copy:** You have a right to receive a paper copy of the Notice of Privacy Practices upon request.

7. Contacting Privacy Officer:

Lucy Cashdollar, R.N. (Privacy Contact)
Chesapeake Behavioral Health Center, LLC
217 Main Street, Suite B
Reisterstown, Maryland 21136
Phone: 410-833-0581

Copies of these pages are available upon request.