

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

Date of Issue: 4/1//03
Date Revised: 9/27/18

Section Number 508

Policy 508 – Privacy Notice

I. POLICY

It is the policy of Southern Highlands Community Mental Health Center that we will post a copy of our Privacy Notice, in English, in a prominent position at the Intake area of each service delivery site. In addition, copies of the notice, in English, will be available at the Front Desks for those who wish to have them. Any individual who is unable to read can request that the notice be read to them.

We will obtain a written or electronic acknowledgment of receipt of the Privacy Notice from each individual no later than their first service. Should we fail to obtain the written acknowledgment, we will document the good faith effort we made to obtain the acknowledgment and the reason why we were unable to obtain it.

The Privacy Notice that is in effect will be the notice that is attached to this policy. This version of the notice reflects the privacy practices in place at this time in our Agency. It is our policy to conform our Privacy Notice to the content specified in the Privacy Rule.

II. DISCUSSION

SHCMHC, in an effort to be compliant with the Privacy Rules of HIPAA's Administrative Simplification provisions, sets out, in this policy, the conditions for providing notice to consumers of our privacy practices.

We require that revision of our privacy practices may only occur after deliberation by the designated senior management staff. Any changes arising from the revision process will be incorporated into the Privacy Notice and distributed to consumers before those practices are effective.

III. PROCEDURE

- A. The Privacy Officer, in consultation with Chief Executive Officer and agency's counsel, will develop the Privacy Notice. The Privacy Officer may request that an ad hoc committee of employees be appointed to assist in this effort.
 1. The Board of Directors of the agency must approve the Privacy Notice.
 2. The Privacy Notice in effect at any time will be the notice attached to this policy.

3. The ad hoc committee will meet as needed to review the current version of the Privacy Notice and to suggest modifications to the management team.
- B. All staff members of the agency are responsible for reading and understanding the Privacy Notice and the practices and procedures the agency must follow in order to comply with the practices described in the Privacy Notice.
1. Any employee who believes that the agency is not complying with its Privacy Notice or is concerned about any behaviors or actions of any employees, independent contractors, or business associates with regard to consumer privacy and the Privacy Notice must report those concerns either to their supervisor, directly to the Privacy Officer or to the Chief Executive Officer of the organization.
 2. All employees will be trained on the privacy practices of the agency, including all practices outlined in the Privacy Notice.
 - a. New employees will have training on the privacy practices of the agency incorporated into their orientation programs.
 - b. Current employees will receive training in conjunction with the agency's training on the Privacy Regulations that is required under HIPAA during annual Confidentiality training.
 - c. If and when the Privacy Notice is modified, all employees will receive notice of any changes, a description of any operational changes that must be implemented in order to comply with the changes to the Privacy Notice and information on how their day-to-day work will change as a result.
- C. The Privacy Notice will be clearly and prominently displayed in public areas at every site in the agency including all administrative sites as well. At all service delivery sites, the notice will be displayed, at a minimum, in the consumer's waiting room.
1. Paper copies of the Privacy Notice will be kept at every site and will be available to any consumer or consumer representative who requests one. Consumer can also ask that copies of the notice be mailed or e-mailed to them.
 2. Each new consumer must receive a copy of the Privacy Notice prior to receiving any services from us.

- a. For facility based clinic consumer, the intake staff will be responsible for ensuring that all new consumers are given a copy of the notice and for requesting that they acknowledge their receipt of the notice on the Consent to Treat Form (SH-350)
 - b. Community-based consumers will be given a copy of the notice by the intake clinician who will request their written acknowledgment on the Consent to Treat Form (SH-350)
 - c. In emergency situations a copy of the notice should be given to the consumer and written acknowledgment requested as soon as it is safe to do so without interfering with treatment.
 - d. If a consumer does not sign the written acknowledgement of their receipt of the Privacy Notice, the designated staff person should discuss their reasons for not signing and should document both the effort to get the written acknowledgment and the reason for not obtaining it on the Consent to Treat Form. This note should be dated and signed.
3. The Privacy Notice is written in plain language in order to make sure that consumer's of the agency's services understand our privacy practices. It is up to the designated staff persons at each site and program to determine if the consumer can understand the English language written notice or if a different method of informing the consumer about the agency's privacy practices needs to be considered. For those reasons, the agency will offer consumers the following alternatives:
- a. Consumers who cannot read and comprehend the Privacy Notice as written should be offered the opportunity to have the notice read to them by a staff person.
 1. The intake person will be responsible for reading the Privacy Notice to consumers who need this service.
 2. Alternatively, the consumer may have a relative or friend who accompanied them to the visit who may be able to read the notice to the consumer.
 3. For consumers under the age of 18, the Privacy Notice will be offered to the parent or any other custodian who is responsible for consenting to their medical care.
 4. The Privacy Notice will be available on Southern Highlands website.

- D. Consumer questions about the Privacy Notice should be answered promptly and completely. If a staff person is unable to answer a question, the consumer should be directed to the Privacy Officer for additional information. If the consumer wishes to contact the Privacy Officer they should be given a copy of the Privacy Notice which has the Privacy Officer's contact information on it.
- E. The Privacy Notice allows the agency to modify or change its Privacy Practices, but we must give consumer the appropriate notice of the changes we plan to make.
 - 1. Each version of the Privacy Notice will have an effective date printed on each page.
 - 2. Copies of the revised notices will be sent to the Management Staff at each site at least 15 days prior to the effective date of the new notice.
 - 3. The staff person receiving the notice is responsible for ensuring that all old copies of the notice are destroyed and that the new notice is in place within 48 hours of receipt of the notice. In order to make sure that community-based clinicians, satellite clinics, and other outreach sites have the appropriate copies of the notice, each Management Staff member must have a program-based procedure in place to ensure that the appropriate distribution of the new notice and destruction of the old notice takes place.
 - 4. Copies of the new version of the Privacy Notice will be made available to consumers upon request at least 10 days before the effective date.
 - 5. All Business Associates must receive a copy of the revised notice at least 10 days before the effective date.

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

200 12TH Street Extension
Princeton, WV 24740
Phone: 304-425-9541

19805 Coal Heritage Road
Welch, WV 24801
Phone: 304-436-2106

102 Howard Avenue
Mullens, WV 25882
Phone: 304-294-5353

153 Springhaven Drive
Princeton, WV 24740
Phone: 304-818-2225

Notice of Privacy Practices

This describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered *Protected Health Information* (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of its use or disclosure.

We are required to follow the privacy practices described in this Notice though **we reserve the right to change our privacy practices and the terms of this Notice at any time.**

How We May Use and Disclose Your Protected Health Information

We use and disclose Personal Health Information for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment, and for our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following describes and offers examples of our potential uses/disclosures of your PHI.

Uses and Disclosures relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

For treatment: We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with the pharmacy. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work or x-rays, or for consultation purposes, and/or community mental health agencies involved in provision or coordination of your care.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may contact your employer to verify employment status, and/or release portions of your PHI to the Medicaid program, the Department of Health and Human Resources (DHHR) central office, the Bureau for Behavioral Health and Health Facilities (BBHFF), and/or a private insurer to get paid for services that we delivered to you. We may release information to the Office of the Attorney General for collection purposes.

For health care operations: We may use/disclose your PHI in the course of operating our mental health programs. For example, we may take your photograph for medication identification purposes, use your PHI in evaluating the quality of services provided or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our other facilities. Release of your PHI to DHHR and BBHFF and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

Appointment reminders: Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked

at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization.

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For public health activities: We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

For health oversight activities: We may disclose PHI to our main office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid Program.

Relating to decedents: We may disclose PHI related to a death to coroner's, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations of transplants.

To avert threat to health or safety: In or to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

For specific government functions: We may disclose PHI of military personnel and veterans, in certain situations, to correctional facilities. In certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Uses and Disclosures of PHI from Alcohol and Other Drug Records Not requiring Consent or Authorization.

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

Relating to decedents: We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

For audit or evaluation purposes: In certain circumstances, we may disclose PHI for audit or evaluation purposes.

To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

Uses and Disclosures Requiring You to Have an Opportunity to Object

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

To families, friends or others involved in your care: We may share with these people information directly related to their involvement in your care, or payment of your care. We may also share PHI with these people to notify them about your location, general condition, or death.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any

restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and request a copy of your PHI: Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (1) correct and complete; (2) not created by us and/or not part of our records, or; (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations: to you, your family; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years beginning April 14, 2003, when the law becomes effective. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

You Have the Right to Receive This Notice

You have a right to receive a paper copy of this notice and/or an electronic copy by email upon request.

How to Complain About Our Privacy Practices

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201, or call 1-877-696-8775. We will take no retaliatory action against you if you make such complaints.

Contact Person for Information or to Submit a Complaint

If you have questions about this Notice or any complaints about our privacy practices, please contact your Privacy Officer at:

Southern Highlands Community Health Center
200 12th Street Extension
Princeton, WV 24740
Telephone: 304-425-9541

Effective Date:

This notice is effective on April 14, 2003. Revised 9/27/2018