

COMMUNITY SERVICE BOARD OF MIDDLE GEORGIA

NOTICE OF PRIVACY PRACTICES

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 Privacy Notice, please contact our Privacy Officer at (478) 272-1190 Ext: 1190.

I. INTRODUCTION

This **NOTICE OF PRIVACY PRACTICES** describes how we may use and disclose your **PROTECTED HEALTH INFORMATION (PHI)** to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights. This Notice further states the obligations we have to protect your health information.

“Protected Health Information,” means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans of your employer or a health care clearinghouse. It may include information about your past, present, or future physical or mental health or condition, the provision of your health care, and payment for your services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

II. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. Uses and Disclosures for Treatment, Payment and Operations

- 1. For Treatment.** We will use and disclose your health information without your authorization to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care.

We may also disclose your health information among our clinicians and other staff (including clinicians other than your therapist or principal clinician), who work at AGENCY. For example, our staff may discuss your care at a case conference. In addition, we may disclose your health information without your authorization to another health care provider (e.g., your primary care physician or a laboratory) working outside of the Community Service Board of Middle Georgia for purposes of your treatment.

2. **For Payment.** We may use or disclose your health information without your authorization so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services.

These actions may include:

- making a determination of eligibility or coverage for health insurance;
- reviewing your services to determine if they were medically necessary;
- reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

For example, your health plan may ask us to share your health information in order to determine if the plan will approve additional visits to your therapist.

We may also disclose your health information to another health care provider so that the provider can bill you for services they provided to you, for example an ambulance service that transported you to the hospital.

3. **For Health Care Operations.** We may use and disclose health information about you without your authorization for our health care operations. These uses and disclosures are necessary to run our organization and make sure that the person served receive quality care. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of our clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of many persons served to decide what additional services we should offer what services are no longer needed, and whether certain treatments are effective.

We may also use and disclose your health information to contact you to remind you of your appointment.

Finally, we may use and disclose your health information to inform you about possible treatment options or alternatives that may be of interest to you.

4. **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Privacy Officer in writing at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998. Please state clearly that you do not want to receive materials about health-related benefits or services.

B. Uses and Disclosures That May be Made Without Your Authorization, But For Which You Will Have an Opportunity to Object.

1. **Persons Involved in Your Care.** We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your location, general condition or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individual involved in your health care.

In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclose is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. And, if you are not in an emergency situation but are unable to make health care decisions, we will disclose your health information to:

- a person designated to participate in your care in accordance with an advance directive validly executed under state law;
- your guardian or other fiduciary if one has been appointed by a court; and
- if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object.

1. **Emergency.** We may use and disclose your health information in an emergency treatment situation. By way of example, we may provide your health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.

2. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
3. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lesson the threat.
4. **Public Health Activities.** We may disclose health information about your as necessary for public health activities including, by way of example, disclosures to:
 - report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
 - report vital events such as birth or death;
 - conduct public health surveillance or investigations;
 - report child abuse or neglect;
 - report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications;
 - notify person served about FDA-initiated product recalls;
 - notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition; and
 - notify the appropriate government agency if we believe you have been a victim of abuse, neglect or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.
5. **Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.
6. **Disclosures in Legal Proceedings.** We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when:
 - We receive a subpoena for your health information; we will not provide this information in response to a subpoena without your authorization if the request is for records of a federally-assisted addictive diseases program.

7. Law Enforcement Activities. We may disclose health information to a law enforcement official for law enforcement purposes when:

- a court order, subpoena, warrant, summons or similar process requires us to do so; or
- the information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
- we report a death that we believe may be the result of criminal conduct; or
- we report criminal conduct occurring on the premises of our facility; or
- we determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
- the disclosure is otherwise required by law.

We may also disclose health information about a person served who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure or, in case of the victim's incapacity, the following occurs:

- the law enforcement official represents to us that:
 - (i) the victim is not the subject of investigation;
 - (ii) an immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
- we determine that the disclosure is in the victim's best interest.

8. Medical Examiners or Funeral Directors. We may provide health information about our persons served to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances.

We may also disclose health information about our persons served to funeral directors as necessary to carry out their duties.

9. Military and Veterans. If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

10. National Security and Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state so they may conduct special investigations.

11. Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.

12. Workers' Compensation. We may disclose health information about you to comply with the state's Workers' Compensation Law.

III. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WITH YOUR PERMISSION

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization" (**CSBMG FORM #127 – AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION**). You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

A. Right to Inspect and Copy.

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes. You must submit your request in writing to our Privacy Officer at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998. If you request a copy of information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. **A fee may not be charged if you need information for a claim to be submitted for benefits under the Social Security Act or any other state of federal needs-based benefit program.

We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have a denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer.

B. Right to Receive Notice of Breach:

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

C. Right to Amend.

For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care – whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records, but not psychotherapy notes.

To request an amendment, you must submit a written document to our Privacy Officer at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998, and tell us why you believe the information is incorrect or inaccurate.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- was not created by us, unless the person or entity that created the health information is not longer available to make the amendment;
- is not part of the health information we maintain to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written **STATEMENT OF DISAGREEMENT/REQUEST TO INCLUDE AMENDMENT REQUEST AND DENIAL WITH FUTURE DISCLOSURES (CSBMG FORM #571)**, we have the right to prepare a written rebuttal to your statement of disagreement. In this case we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

D. Right to an Accounting of Disclosures.

You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of your health information, by way of example, those we have made for purposes of treatment and health care operations.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998. For your convenience, you may submit your request on a form called a **“REQUEST FOR ACCOUNTING,” (CSBMG FORM #586)** which you may obtain from our Privacy Officer. The request should state the time period for which you wish to receive an accounting. This time period should not be longer than six (6) years and not include dates before April 14, 2003.

The first accounting you request within that twelve (12) month period will be free. For additional requests during the same twelve (12) month period, we will charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

E. Right to Request Restrictions.

You have the right to request a restriction on the health information we use or disclose about you for treatment, payment of health care operations. To request a restriction, you must request the restriction in writing (**CSBMG FORM #573 – REQUEST FOR SPECIAL RESTRICTION ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**) addressed to the Privacy Officer at the Community Mental Health Center of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998. The Privacy Officer will ask you to sign a request for restriction form, which you should complete and return to the Privacy Officer.

We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.

F. Right to Request Conditional Communications.

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication (**CSBMG FORM #572 – REQUEST FOR RESTRICTION ON THE MANNER/METHOD OF CONFIDENTIAL COMMUNICATIONS**), you must make your request in writing to the Privacy Officer at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998. We will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted.

V. CONFIDENTIALITY OF ADDICTIVE DISEASES RECORDS

For individuals who have received treatment, diagnosis or referral for treatment from our addictive diseases abuse programs, the confidentiality of addictive diseases abuse records is protected by federal law and regulations. As a general rule, we may not tell a person outside the programs that you attend any of these programs, or disclose any information identifying you as an addictive diseases' abuser, unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel on a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the addictive diseases program or against any person who works for our addictive diseases programs.

A violation by us of the federal law and regulations governing addictive diseases abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations governing confidentiality of addictive diseases abuse permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of addictive diseases' records for persons served.

VI. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our office responsible for receiving complaints at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998 or (478) 272-1190. All complaints must be submitted in writing. Our Privacy Officer, who can be contacted at the Community Service Board of Middle Georgia, 2121A Bellevue Road, Dublin, Georgia 31021-2998, will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint.

VII. CHANGES TO THIS NOTICE

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of current Notice of Privacy Practices by calling us at (478) 272-1190 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

I have been presented with a copy of the Community Service Board of Middle Georgia's Notice of Privacy Policies Practices, detailing how my information may be used and disclosed as permitted under federal and state law.

Signed: _____ **Date:** _____

If not signed by person served, please indicate relationship to person served (e.g., spouse)

Relationship: _____ **Witnessed by:** _____

INTERNAL USE ONLY:

If the person served or representative of person served refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to person served and sign below.

PRESENTED ON:

Date: _____ **Time:** _____

BY:

Name: _____ **Title:** _____