

**Broome County Mental Health Department
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 CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR PRIVACY OFFICER AT: 229-231 STATE STREET, BINGHAMTON, NY 13901. (607) 778-1152 or (607) 778-1992

Who will follow this notice?

The Broome County Mental Health Department (BCMHD) provides mental health services to the residents of Broome County. The information provided in this notice will be followed by:

- ◆ Any Health Care Professional, employee or volunteer who provides services to you at the clinic.
- ◆ The covered units within BCMHD.
- ◆ Any business associates with whom we share your health information

BCMHD is committed to protecting your private health information. We create a record of the services you receive to make sure you receive quality care and to meet legal requirements. This notice applies to all the records we keep regarding your care.

By Law we are required to:

- ◆ keep health information about you private, including mental health, substance abuse, and HIV information.
- ◆ give you this notice about our legal duties and privacy practices.
- ◆ follow the terms of the notice that is currently in effect.

How we may use & disclose health information about you

- ◆ We may use your health information or share it with others to receive payment for your treatment. For example, sending billing information to your insurance company or to Medicaid.
- ◆ We may use your health information or share it with others to provide treatment. For example, discussing your case in an interdisciplinary team.
- ◆ We may use your health information or share it with others to support our health care operations. For example, our quality assurance activities or training of medical students.
- ◆ If needed, we will share your health information with third party "business associates". They perform jobs such as medical transcription or interpreter services. Whenever this happens, we will have a written contract in place that has terms to protect the privacy of your health information.
- ◆ We may use or share your health information as required for national security, public health purposes, incident reporting, abuse or neglect reporting, OMH site reviews, inspections, or statistical studies.
- ◆ We also disclose your health information when required by law, such as in response to valid court orders.
- ◆ We may have to disclose your health information for law enforcement purposes. For example, in the event that a crime occurs on the premises of the clinic.
- ◆ We may use your health information or share it with others in an emergency situation. For example, if you need emergency medical attention.
- ◆ When necessary, we may use or share your health information to prevent a serious threat to your health or safety, to the health or safety of another person or to the public.
- ◆ We may get in touch with you for appointment reminders, cancellations or rescheduling. We may also get in touch with you to tell you about possible treatment options, alternatives, or other services that may help you.
- ◆ We may use or share your health information with others if we have removed any information that might show who you are.
- ◆ We may release health information to a coroner or medical examiner to carry out their duties as authorized by law. We may also release information to funeral directors, as necessary to carry out their duties.
- ◆ We may release health information for research projects, only when reviewed and approved by a special process to ensure the continued privacy of the health information.
- ◆ If you say so, we may share your health information with a family member or friend you choose who is involved in your care or payment for that care.
- ◆ We will use or share your health information for other reasons only with your written authorization, unless we are permitted to or required to by law. You can cancel any authorization by writing to us. This cancellation would not effect information already used or shared.
- ◆ We may release your health information to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits or services.

Your rights regarding your Health Information

- ◆ In most cases you have the right to look at or receive a copy of your records when you submit a written request. If we deny your request to review or obtain a copy, you may submit a written request for a review of our decision.
- ◆ If you request copies, we may charge a fee for copying, mailing, or other related supplies.
- ◆ Under Federal Law, you may not look at or copy information collected to prepare for or to use in a civil, criminal, or administrative action or proceeding.
- ◆ If you believe information in your record is incorrect, or important information is missing, you have the right to request an amendment. You must submit a request in writing that includes your reason. We could deny your request if: the information was not created by us; it is not part of the health information maintained by us; or we determine that the information is accurate. You may appeal, in writing, our decision to deny the amendment.
- ◆ You have the right to request a list of when we disclosed health information about you. This does not include disclosures for: (1) treatment, payment, health care operations (2) when you specifically authorized it in writing (3) national security (4) correctional and other law enforcement custodial situations. If you request a list, you must do so in writing, and you must state the time period desired. It must be less than a 6-year time period, and it must be after April 14, 2003. The first list of disclosures in a 12-month period is free of charge. There will be a charge for other requests, and we will inform you of this charge at that time.
- ◆ You have the right to receive a copy of this notice.
- ◆ You have the right to request that health information about you be shared with you in a confidential manner. For example, sending your mail to a different address.
- ◆ You may request in writing that we not use or share your health information for treatment, payment, or healthcare operations. Or, that we not use or share your health information with persons involved in your care, such as a family member. **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 emergency treatment.

Changes to this Notice

We may change our policies at any time. Changes will apply to health information we already hold, as well as new information after the changes occur. Before we make significant changes to our policies, we will change our notice and post the new notice in our waiting room, it will also be posted on our website, www.goBroomeCounty.com. You may request the current notice at any time. You will be offered the revised notice when you come to the clinic.

All written requests or appeals will be submitted to our Privacy Officer.

Complaints

- ◆ You may call our privacy contact person or our Clinic Director at 778-1152 or 778-1992 if you:
 - ◆ think someone has not respected your privacy rights, or
 - ◆ disagree with a decision we made about access to your records.
- ◆ You may send a written complaint to the United States Department of Health and Human Services at:

Region II, Office for Civil Rights
U.S. Department of Health & Human Services
Jacob Javitz Federal Building
26 Federal Plaza – Suite 3313
New York, NY 10278
1-866-627-7748

- ◆ We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you for exercising your rights under the Privacy Rule.

Effective date of this notice: April 14, 2003, update March 12, 2004