

# Broome County Mental Health Department

## Notice of Privacy Practices

*This notice describes how individually identifiable health 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: 36-42 Main Street, Binghamton, NY 13905. Phone: 607.778.2351.*

### **Who will follow this notice?**

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

- All employees, staff and other personnel at BCMHD.
- Any business associates with whom we shared your health information.

**BCMHD is committed to protecting your private health information. We created a record of the services you received to make sure you received quality care and to meet legal requirements. This notice applies to all the records of Protected Health Information (PHI) we maintain regarding your care.**

### **Our Responsibilities:**

- ◆ We are required by law to ensure the privacy and security of your PHI.
- ◆ We will let you know promptly, within the scope of our capability, if a breach occurs that may have compromised the privacy or security of your PHI.
- ◆ We must follow the duties and privacy practices described in this notice and provide you a copy upon request.
- ◆ We will not share information other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing.

### **Your Rights: when it comes to your health information, you have certain rights:**

- ◆ In most cases you have the right to review your PHI within 10 business days when you submit a written request to the Commissioner of the BCMHD. This does not include information that is needed for civil, criminal or administrative actions. We may deny your request in very limited circumstances. If we deny your request to review your records, you may submit a written request for a review of our decision.
- ◆ If you request copies of your records, they will be provided either in paper or electronic format within 30 days of your request, and we may charge a reasonable, cost-based fee.
- ◆ You can ask us to correct PHI about you that you think is incorrect or incomplete. 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 inaccurate. If your request is denied, we'll tell you why in writing within 60 days.
- ◆ You can ask for a list (an accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, payment and health care operations, for national security purposes, to correctional and other law enforcement custodial situations, and disclosures based on your written authorization. We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- ◆ You can ask for a paper copy of this notice at any time, or access it electronically on our website.
- ◆ You can ask us to contact you in a specific way, for example home or office phone, or to send mail to a different address. We will say "yes" to all reasonable requests.
- ◆ You can ask us not to use or share certain PHI for treatment, payment or health care operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- ◆ If you paid for a service 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.
- ◆ 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 PHI. We will however, make sure the person has this authority before we take any action.
- ◆ You have the right to be notified of any breach of unsecured PHI.

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### **How we may use & disclose health information about you:**

- ◆ *For Payment:* We can use and share your PHI with your health plan or health insurance carrier to receive payment for services. For example, we may need to give your health plan information about a clinical appointment or medications you received so they will pay us for the services we provided. We may also share your PHI, when appropriate, with government programs such as Worker's Compensation, Medicaid or Medicare to determine if you are eligible for, or to coordinate your benefits, entitlements and payments.
- ◆ *For Health Care Operations:* We can use your PHI or share it with others to run our operations and improve your care. For example, we may use your information to evaluate our treatment and service programs.
- ◆ *Business Associates:* 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.
- ◆ *To keep you informed:* Unless you provide us with other instructions, we may contact you to clarify your consent for any release of PHI that you have authorized to verify your intent.
- ◆ *National Security and Protection of the President:* We may release your PHI to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations as required by law.
- ◆ *As Required by Law:* We will share your PHI when required to do so by Federal, State or local law, including the Department of Health and Human Services if it wants to see if we're complying the federal privacy law.
- ◆ *Law Enforcement:* We may have to disclose your health information for law enforcement purposes. For example, in the event that a crime occurs on the premises, or in response to a court order, warrant or summons.
- ◆ *Lawsuits and Disputes:* We may release your PHI in response to a court order or administrative order.
- ◆ *Emergency:* We may use your health information or share it with others in an emergency situation. For example, if you need urgent medical attention.
- ◆ *Public Health and Safety Issues:* We may share information about you for certain situations to prevent disease, product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect when required by law, or preventing or reducing a serious threat to anyone's health or safety.
- ◆ *We may use or share your health information with others if we have removed any information that might show who you are.*
- ◆ *Correctional Institutions:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official if necessary to provide you with health care; to protect your health and safety or the health safety of others; or the safety and security of the correctional institution.
- ◆ *Coroners/Medical Examiners:* We may release PHI 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.
- ◆ *Organ Donation:* If you are an organ donor, we may share your PHI with organ procurement organizations.
- ◆ *Research:* 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.
- ◆ *Family:* We will share your health information with a family member or friend you choose who is involved in your care or payment for that care, only with your permission.
- ◆ *Other Government Agencies Providing Benefits or Services:* We may release your PHI 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, for example, for Worker's Compensation claims or Veteran's Administration authorities.
- ◆ *Disaster Relief:* if you do not object, we may release your PHI to an agency authorized by law to assist in disaster relief efforts.
- ◆ *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 affect information already used or shared.*

### **What is NOT covered in this Notice?**

- ◆ Under NYS law, any HIV-related or AIDS-related confidential information will not be released unless a specific release is signed.
- ◆ If you received alcohol or substance abuse treatment, federal regulations may protect your treatment records from disclosure without your written permission.

### **Changes to this Notice:**

- ◆ We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and on our website: [www.gobroomecounty.com](http://www.gobroomecounty.com)

## Broome County Mental Health Department Notice of Privacy Practices

### **Complaints:**

- ◆ You can complain if you feel we have violated your rights by contacting our Privacy Officer at 607.778.2351.
- ◆ You can file a complaint with the US Dept of Health and Human Services for Civil Rights by:
  - Sending a letter to: 200 Independence Avenue, S.W., Washington, DC 20201;
  - Calling 1-877-696-6775; or
  - Visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
  
- ◆ We will not retaliate against you for filing a complaint.

*Originally Published Effective Date of this Notice:*      *September 23, 2013*  
*Revised Published Effective Date of this Notice:*      *September 1, 2016*