

# SAFE HARBOR BEHAVIORAL HEALTH OF UPMC HAMOT

Partner with Western Psychiatric Institute and Clinic of UPMC

## NOTICE OF PRIVACY PRACTICES

(REVISED 9-23-2013)

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

### **WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.**

We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We must provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect. We will not sell or profit from the use or disclosure of your health information.

We reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in our waiting room area and on our website. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from our Privacy Officer, 814-451-2303, for the agency. You may view and obtain an electronic copy of this Notice on our web site at [www.shbh.org](http://www.shbh.org).

We would like to take this opportunity to answer some common questions concerning our privacy practices:

### **QUESTION: HOW WILL THIS ORGANIZATION USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?**

**Answer:** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

**A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.** We may, by federal law, use and disclose your health information for the following reasons:

- 1. For Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose your general health information to other health care providers who are involved in your care. For example, we may disclose your medical history to a hospital if you need medical attention while at our facility or to a residential care program we are referring you to. Reasons for such a disclosure may be: to get them the medical history information they need to appropriately treat your condition, to coordinate your care or to schedule necessary testing.
- 2. To Obtain Payment for Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to get paid for taking care of you.
- 3. For Out of Pocket Payment in Full:** You have a right to restrict certain disclosures of your protected health information to a health plan in the event you choose to pay out of pocket *in full* for the health care item or service. If you choose to pay for a particular service, out-of-pocket in full, and you request that we do not disclose your PHI to a health plan, we will accommodate your request to the extent we are required by law to make a disclosure. (45 CFR 164.520 (b) (1) (iv) (A).
- 4. Health Care Operations:** We may, at times, need to use and disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your health information to our accountants, attorneys and consultants in order to make sure that we're complying with law; if this information concerns mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and/or HIV status, we may be further limited in what we provide and may be required to first obtain from you specific authorization.

**B. Certain Other Uses and Disclosures are Permitted by Federal Law.** We may use and disclose your health information without your authorization for the following reasons:

- 1. When a Disclosure is Required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement.** For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of a dog bite, suspected child abuse or a gunshot wound.

2. **For Public Health Activities.** Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we are also permitted to provide some health information to the coroner or a funeral director, if necessary, after a client's death.
3. **For Health Oversight Activities.** For example, we will need to provide your health information if requested to do so by the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
4. **For Organ Donation.** If one of our clients wished to make an eye, organ or tissue donation after their death, we may disclose certain necessary health information to assist the appropriate organ procurement organization.
5. **For Research Purposes.** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study.
6. **To Avoid Harm.** If one of our counselors, physicians or nurses believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm. [If you are treating with our organization for the propensity to commit a particular type of action, we may not report your statements or provide protected health information about that particular propensity for purposes of avoiding harm.]
7. **For Specific Government Functions.** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the health information of military personnel or veterans where required by U.S. military authorities. Similarly, we may also disclose a client's health information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
8. **For Workers' Compensation.** We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
9. **Appointment Reminders and Health-Related Benefits or Services.** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders or to [give you information about/send to you newsletters about] alternative programs and treatments that may help you.
10. **Fundraising/Marketing Activities.** For example, if our Organization chose to raise funds to support one or more of our programs or facilities, or some other charitable cause or community health education program, we may use the information that we have about you to contact you. If you do not wish to be contacted as part of any fundraising/marketing activities, please contact the Director of Development 814-459-9300.

**C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.**

1. **Disclosures to Family, Friends or Others Involved in Your Care.** We may provide a limited amount of your health information to a family member, friend or other person known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes with you to your appointment and you allow them to come into the treatment room with you, we may disclose otherwise protected health information to them during the appointment, unless you tell us not to. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)
2. **Disclosures to Notify a Family Member, Friend or Other Selected Person.** When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status. Another example of when we would ask for your written authorization is for marketing; in certain instances photographing and/or videotaping.

If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

**QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?**

**Answer:** You have the following rights with respect to your protected health information:

1. **The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
2. **The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address) or by alternate means (for example, by [e-mail/mail] instead of telephone). We must agree to your request so long as we can easily do so.
3. **The Right to See or to Get a Copy of Your Protected Health Information.** In most cases, you have the right to look at or get a copy of your health information (paper or electronic) that we have, but you must make the request in writing. A request form is available at [the reception desk/from your counselor/therapist/Clinical Records Department]. We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision.

If you request a copy of your electronic medical record in an electronic form, we will charge you fees not exceeding labor costs.

If you request a copy of any portion of your protected health information, we may charge you for the copy on a per page basis only as allowed under Pennsylvania state law. We may require that payment be made in full before we will provide the copy to you. If you agree in advance, we may be able to provide you with a summary or an explanation of your records instead. There may be a charge for the preparation of the summary or explanation.

4. **The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period.

To make such a request, we require that you do so in writing; a request form is available upon asking at [our reception desk/from your counselor/therapist/Clinical Record Department]. We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged a nominal amount as allowed by Pennsylvania law for each additional request that year.

5. **The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. You must make the request in writing, with the reason for your request, on a request form that is available at [the reception desk/from your counselor/therapist/Clinical Records Department]. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

6. **The Right to Get A Paper Copy of This Notice.** If you have agreed to receive this Notice electronically, you will always have the right to request a paper copy of this Notice.
7. **The Right to be Notified of a Breach of Your Protected Health Information.** In the event of a breach of your protected health information, you will be notified pursuant to Section 13402 of the HITECH Act.

**QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THIS ORGANIZATION’S PRIVACY PRACTICES?**

**Answer:** If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact the Privacy Officer for Safe Harbor Behavioral Health of UPMC Hamot, 814-451-2303.

You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

**QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?**

**Answer:** This revision of the Safe Harbor’s original (April 14, 2003) Notice of Privacy Practices is effective September 23, 2013.

**QUESTION: DO I HAVE OTHER RIGHTS?**

**Answer:** In addition to the above rights about getting a copy of or looking at your protected health information, Safe Harbor Behavioral Health of UPMC Hamot wants to assure that the care provided to you is of the highest quality and focused on your needs. The following bill of rights is available to support you.

**CLIENT BILL OF RIGHTS**

You have the right to:

1. Receive respectful treatment that will be helpful to you.
2. Participate in the development and review of your treatment plan.
3. Request and receive all information about the clinician’s professional capabilities, including licensure, education, training and experience.
4. Have information about fees, methods of payment, insurance reimbursement, predicted length of treatment, no show and cancellation policy.
5. Refuse to answer any questions or disclose any information you choose not to reveal.
6. Know the limits of confidentiality and the circumstances in which a clinician is legally required to disclose information to others.
7. Request access to your file including diagnosis, your progress and type of treatment.
8. Receive a second opinion at any time about your treatment.
9. Request that clinicians inform you of your progress.
10. To make complaints and to have those complaints addressed.