

**Lancaster Co. MHMR**  
**Notice of Privacy Practices**

**Consumer's Name (Printed)** \_\_\_\_\_

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

**Understanding Your Health Record/Information**

Each time you visit MHMR, or an affiliated provider, a record or notation of your visit is made. There also will be times when you have a telephone conversation with us; this too may result in a notation being made into your record. Typically, your record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for your future care, or how your treatment is coordinated. This collective information, referred to as your MHMR record, serves as a:

- Basis for planning and recording your ongoing care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you receive
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials who oversee the delivery of health care in the United States
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: Ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure of documents to others.

**Our Responsibilities** Our facility/agency is required to:

- Maintain the privacy of your health information
- Provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information that we maintain. Should our information practices materially or substantially change, we will give or mail to you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

**How we will Use or Disclose Your Health Information**

1. General Statement: When services are contracted, we may disclose your health information to providers associated with your treatment, with those associated with the payment for the services you receive, and with our business associates so that they can perform the job we've asked them to do. MHMR will strive to release only the minimum information that is necessary to accomplish the desired purpose of the release.
2. Treatment, Planning for Treatment, Coordinating Treatment: At the time you are first seen by MHMR, you will be asked to sign a form entitled 'Consent for the Use/Disclosure of Protected Health Information'. We will use this form as your ongoing consent for us to provide treatment, planning for treatment, and coordinating treatment. This signed document remains in force as long as you have an open record with MHMR.

Information obtained by a psychologist, therapist, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your Health Care Professional (Case Manager/Service Coordinator/Clinician) will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the aforementioned professionals will know how you are responding to treatment.

There will be times when you may be referred for treatment to an MHMR affiliated provider of service or to another healthcare provider. In these cases, we will work with you to first obtain your permission. This may include providing a Health Care Professional or a subsequent healthcare provider(s) with copies of various reports that should assist him or her in treating you once you are discharged or transferred from our facility/agency.

3. Payment: We will use your health information without obtaining your consent from the third party payer you designate, including Medicare, Medicaid, and your Insurance Company. The reason for this is so we can obtain payment or payment information. The information on or accompanying the bill will be limited to that information necessary to establish the claims for which reimbursement is sought. For example, the bill may include information of the dates, types and costs of therapies and services, and a general description of the general purpose of each treatment session or service.
4. Health Care Operations: We will use your health information for regular health operations without your consent. For example, members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
5. County Hybrid: There are multiple county agencies that operate as a single unit regarding Lancaster County HIPAA operations. These agencies include:

MH/MR	Children & Youth	Youth Intervention Center
Drug & Alcohol	Juvenile Parole & Probation	Human Resources
Office of Aging	Adult Probation & Parole	Information & Technology
Coroner's Office	County Prison	Conestoga View

Protected Health Information (shared for the coordination of services and for the care needs of yourself and/or your family members) will be communicated between MHMR and these agencies without the need for a Consent form or an Authorization form.

6. External Business Associates: There are some services provided in and through our organization that require us to have contact with others in regards to providing support for your care needs. These contacts are referred to as external 'Business Associates'.

Examples may include: Accountants, Consultants, Attorneys, Data Processing Service Providers, and others that provide service to the MHMR operation. When services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. These examples will require a Business Associate Agreement. To protect your health information we also require the business associates to appropriately safeguard your information.

7. Notification and Communication with Family: Using our professional judgment, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them via the phone number that has been provided to us. Such notification will be in accordance with your pre-determined written authorization; except in the case where your personal safety is at risk.
8. Research: There may be times when review of MHMR statistics will aid in a research project. In these cases, information will only be released when non-identifying means have been taken to ensure the privacy of your health information.
9. The County Administrator / Management Staff / Support Staff: Without your consent we are permitted to share certain portions of your PHI with the County Administrator, Management Staff, and/or Support staff who are responsible for overseeing of the facilities / agencies where you receive your care. This information will be used only in accordance with the operational needs of the facility and as required in certain circumstances as permitted by law.
10. Commitment Proceedings: During the course of an involuntary commitment proceeding the court may direct that it or a mental health review officer, as allowed under the Mental Health Procedures Act, to have access to your PHI for purposes of conducting the hearing with or without your consent. Also, information will be disclosed to attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding; this too may be without your consent.
11. Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
12. Public health: As required by law, we may disclose your health information without your consent to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
13. Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the health care professionals at the institution, without your consent, health information necessary for your health treatment.
14. Worker's Compensation Insurance / General Insurance: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws regarding insurance based upon the confines established by law.
15. Funeral Directors: We may disclose PHI to funeral directors and coroners to carry out their duties consistent with applicable law.

16. General Contact / Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
17. Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena and/or court order.
18. Reports: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards are potentially endangering one or more consumers, workers, or the public.

For consumers with EI, HIV, or D&A involvement, we may be more restricted in our release of information.

**Your Health Information Rights** Although your health record is the physical property of the Lancaster County MHMR, the information in your health record belongs to you. You have the following rights:

In coordination with your assigned Healthcare Professional, you may request that we disclose your protected health information for a particular reason related to treatment, payment, or general health care operations, to a personal representative or guardian. In these cases, you will be required to sign the MHMR form entitled 'Authorization to Use or Disclose PHI'.

If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means/alternative locations. Such a request must be made in writing to your assigned Case Manager/Service Coordinator. We will attempt to accommodate all reasonable requests.

You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies we will charge you a reasonable fee

You are not entitled to inspect or receive copies of Psychotherapy or Psychiatric Notes.

You are not entitled to inspect or receive copies of information that we have received from a non-healthcare third-party that are marked confidential or restricted.

You are not entitled to inspect or receive copies of information compiled for civil, criminal, or administrative action.

If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility/agency to make such requests. For a request form, please contact your assigned Case Manager or Service Coordinator; they will consult with the MHMR Privacy Officer as necessary.

Effective April 14, 2003, you may request that we provide you with a written accounting of specific disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility/agency; the form is entitled "Request for an Accounting of Disclosures of Health Information". Please note that an accounting will not apply to any of the following types of disclosures: Disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

It is possible that you or your family members be receiving services from a Lancaster Co. agency other than MHMR. You have the option to request an accounting of protected health information disclosures from these agencies. If this is the case, you will be asked to directly contact that other agency.

You have the right to obtain a paper copy of any or all of our policies and procedures in regards to the Use and Disclosure of Protected Health Information.

You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

**For More Information or to Report a Problem**

If you have questions about your rights and would like additional information, you should first consult with your assigned Case Manager / Supports Coordinator. You may also contact the Supervisor of your assigned Case Manager / Supports Coordinator or you may contact the MHMR Privacy Officer.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from your assigned Case Manager / Service Coordinator or you may obtain one from a Supervisor, the Deputy MH or MR Director, or the MHMR Privacy Officer. When the form is completed it should be returned to your assigned Case Manager / Service Coordinator or to any of the aforementioned staff persons. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

By my signature below, I acknowledge receipt of the five-page MHMR 'Notice of Privacy Practices' document; this signature page will be retained by MHMR.

\_\_\_\_\_  
Printed Name of Consumer

\_\_\_\_\_  
Signature of Consumer, Legal Representative, or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signed by other than Consumer, state relationship to Consumer

Staff Person: \_\_\_\_\_

**For those individuals physically unable to sign this document:**

I, \_\_\_\_\_, am physically unable to sign this authorization. My verbal understanding of this document is hereby witnessed by the two individuals whose signature appear below.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Distribution: Original to Consumer's Record  
Upon Request, copy to Consumer

End of Document