

NOTICE OF INFORMATION PRACTICES

State of Alabama, Department of Mental Health & Mental Retardation

Effective Date: April 14, 2003

For Your Protection

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your Health Information is private

Similar to a visit you make to a general hospital, physician, dentist, or other health care provider, the Alabama Department of Mental Health and Mental Retardation (also known as ADMH/MR and “the Department”) likewise obtains information about you. In addition to the typical information obtained such as your health history, current symptoms, examination and test results, diagnoses, medications, and treatment, the Department may also obtain psychiatric, social, and other information. This information, often referred to as your medical record, serves as a basis for planning your care and treatment, communicating with health professionals who contribute to your care, and as a means by which you or a third-party payer can verify that you actually received the services that were billed on your behalf.

We will not use or disclose your health information without your or your authorized designee’s authorization, except as described in this notice or as otherwise required by law.

The Department understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. The Department is committed to protecting your health information and following all laws regarding the use of your information. You have the right to discuss your concerns about how your health information is shared. Federal Law says:

1. The Department must keep your health care information from others who do not need to know it.
2. You have the right to request that the Department not share certain health care information. In some instances, the Department may not be able to agree to your request. See “Your Legal Rights” section for additional detail.

Who sees and shares your Health Information

Based on regulatory consent, or in some cases with your written consent, we will use your health information for treatment. For example, physicians, physicians’ assistants, nurses, therapists, social workers, counselors, or other members of your health care team will record information in your medical records to diagnose your condition and determine a plan of treatment and care for you.

The primary caregiver will give orders and document treatments he or she expects other members of the health care team to provide. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We may also provide other health professionals who treat you, provide second opinions, or others who may treat you with copies of your records to assist them with your treatment/care.

Could your Health Information be released, or seen by others, without Authorization or Permission?

Based on regulatory consent, we will use your health information for payment purposes. For example, we may send a bill to you or to a third-party payer, such as Medicare, Medicaid, an insurance company, and/or the State of Alabama that will include information that identifies you and may show tests provided, opinions of such tests, your diagnosis, recommended treatment, treatment received, supplies used, and the like.

Based on regulatory consent, we will use your health information for health care operations. For example, members of the staff and other authorized agents of the Department will use information in your health record and other documents related to your safety and treatment to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continue to improve the quality and effectiveness of the health care and services that we provide to you, and the environment in which they are provided.

We may obtain assistance from, and through, others to provide health care and other services for your benefit. Examples include other physicians, hospitals, diagnostic tests, second opinions, a copy service to make copies of medical records, a transcription service to transcribe medical information dictated by health care professionals into your medical record, and the like. The Department operates video surveillance cameras and tapes activity in common areas on an ongoing basis to help ensure a safe environment. The Department also contracts with others to provide food, housekeeping, pest control, maintenance, repairs, cost reports, legal defense, and the like who may happen see you and or information about you while performing the required services. When we obtain or request assistance from others, we require the m to protect your information.

Other examples of disclosures include, but are not limited to:

1. Emergencies, such as when you or your designee cannot assist with your treatment.
2. To your family and/or friends who are involved in your health care. We will share your health information as needed to enable them to help you unless you tell us in writing that we cannot.
3. Disclosure to health oversight agencies. We are legally required to disclose specific health information to certain Federal and State agencies, accreditation and certification entities and/or organizations.
4. Disclosures to child protection agencies.
5. Other disclosures that include, but are not limited to:
 - a. Pursuant to a court order;
 - b. To public health authorities;
 - c. To law enforcement officials in some circumstances;
 - d. To correctional institutions regarding inmates;
 - e. To federal officials for lawful activities;
 - f. To coroners, medical examiners, and funeral directors;
 - g. To researchers involved in approved research projects

Confidentiality of Alcohol and Drug Abuse Client Information. If you are receiving alcohol or drug abuse services from the Department or its facilities, information that would identify you as a person getting help for a substance abuse problem is protected under a separate set of federal regulations known as “Confidentiality of Alcohol and Drug Abuse Patient Records”, 42 C.F.R. Part 2. Under certain circumstances, these regulations provide your health information additional privacy protections beyond those that have already been described.

While there are exceptions, in general, information identifying you as a substance abuser cannot be shared without your written authorization (see second paragraph below). For example, before your substance abuse health related information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities, and/or other providers of medical services, we are required to ask for your written authorization.

The regulation, 42 C.F.R. Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, does, however, allow a health care provider to report suspected child abuse or neglect. Child abuse and neglect authorities may also pursue a court order to obtain the information without your or your designee’s written permission.

As stated above, there are exceptions to the use of your health information. One exception is court orders that require release of your health information. Additionally, your health information may be released to entities and individuals so you can receive appropriate services, so that you can be transferred to a more appropriate environment (e.g., out placed), and so that the Department may receive payment. This includes, but is not limited to, volunteers and staff within the Department (e.g., data management, accounting, quality assurance, performance improvement, and contractors), as well as to those outside the Department such as hospitals, doctors, community mental health, community mental retardation, and community substance abuse programs; qualified and approved persons conducting reviews, audits, analyses, and/or evaluations of your program to ensure that you receive necessary and appropriate services (e.g., JACHO, contractors, approved researchers, and the like).

In those instances where you or your designee authorizes us to release your substance abuse related health information, the release will be accompanied with a notice prohibiting the individual or organization receiving your health information from re-releasing it unless permitted under the regulations 42 C.F.R., Confidentiality of Alcohol and Drug Abuse Patient Records.

Thus, in general, before specific information pertaining to the care you are receiving for your substance abuse problem may be released, you/your designee must authorize the release in writing.

What if my Health Information needs to be sent somewhere else?

For certain other releases, you/your designee may request or be asked to sign a separate form, called an Authorization form, allowing your health care information to go somewhere else. The Authorization form tells us what, where and to whom your information may be sent. You/your designee can later cancel or limit the amount of information sent at any time by letting us know in writing. A fee will be charged for the copies made to comply with your request.

May I see my Health Information?

You have the right to see your record. We will allow you to review your record unless a clinical professional determines that it could create a risk of harm to you or someone else, or negatively affect your treatment. If access is denied, you may submit a written request to have the denial reviewed by another clinician with comparable qualifications. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We may also delete any protected health information in your record about other people. You will be provided with copies as specified in your written request. You will be charged a fee for the copies.

Your Legal Rights

Right to request alternate communications. You/your designee may request, **in writing**, that communication to you outside the facility, such as reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate reasonable requests, in writing, as long as you provide a means for us to process any required payment transactions.

Right to request restrictions on use and disclosure of your information. You/your designee have the right to request restrictions, **in writing**, on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. Although we are not obligated to agree to a requested restriction, we will consider your request.

Right to revoke an Authorization. You/your designee may revoke a written Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information. **Your revocation must be in writing.**

Right to "amend" your Health Information record. If you/your designee believe your record contains an error, you may ask **in writing** that correct or new information be added. If there is a mistake, a note will be entered into your record to correct the error. If not, you will be told and allowed the opportunity to add a short **written statement** to your record explaining the reason you believe the record is not accurate. This information will be included as part of your record and shared with others if it might affect decisions they make about your treatment. You may ask, **in writing**, that the corrected or new information be sent to others who have received your health information from us. The right to "amend" is not absolute. In certain situations, such as when the information came from someone else, we cannot change their information or work.

Right to an accounting. You/your designee have the right to an accounting (e.g., a listing) of the non-routine disclosures of your protected health information made to third parties. This does not include disclosures authorized by you, or disclosures that occur because of treatment, payment, health care operations, or as required by law. Federal Law requires us to provide an accounting (listing) of non-routine disclosures that occur after April 14, 2003. Information only about the non-routine disclosures occurring after April 14, 2003 must be maintained for six years. Thus, non-routine disclosures will not be maintained after six years. Note: disclosures requested by law enforcement authorities that are conducting a criminal investigation will not be reported or accounted for. Your request for an accounting must be **in writing**.

May I have a copy of this Notice?

You may have and keep a copy of this notice.

Questions: How do I request or obtain access to my information or how do I request an accounting?

If you/your designee have questions, want to make or revoke an Authorization, request an amendment, request copies, request access to your information, or request an accounting of non-routine disclosures of your information, you or your designee should contact your facility's Advocate for information and referral or contact your facility's Privacy Officer. Information to contact these individuals is readily available in the Admissions area and from the staff in your area.

To make or revoke an Authorization, request an amendment, request copies, request access to your information, or to request an accounting, your or your designee's request(s) must submit the request **in writing**.

What if I want to make a complaint?

If you feel that your privacy rights have been violated or you want to make a complaint, you or your designee should contact your facility's Advocate for information and referral, or your facility's Privacy Officer. Information to contact these individuals are readily available in the Admissions Area and from the staff in your area.

You may also complain to the federal government by writing to:
Secretary of Health and Human Services at
200 Independence Ave., SW
Washington, DC 20201

or by calling the United States Office of Civil Rights at 866-627-7748.

What If this Notice of Information Practice changes?

The Department reserves the right to make changes to this Notice of Information Practices. If there are important changes made and you are still in one of the Department's facilities, you or your designee will get a new notice within sixty (60) calendar days of the change.

Your health care services will not be affected by any complaint made to your facility's Privacy Officer or Advocate; to the Department's Privacy Officer; to the Secretary of Health and Human Services; or to the U.S. Office of Civil Rights.