

**TIOGA COUNTY DEPARTMENT OF HUMAN SERVICES
(TCDHS)
NOTICE OF PRIVACY PRACTICES**

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 a provider a record of your visit is made. Typically, this record contains your diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your record, serves as a:

- basis for planning and providing your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a 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 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 we maintain. Should our information practices change, we will mail 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

Except as prohibited by federal and state regulations (Drug & Alcohol-42 CFR Part 2 or Mental Health/Mental Retardation-MH/MR Act of 1966) we will adhere to the following stipulations:

- (1) Treatment. We will use your health information for treatment without your consent. For example, 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/casemanager/clinical director/etc. 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 health care professional/casemanager/clinical director/etc. will know how you are responding to treatment. We will also provide your health care professional/casemanager/clinical director/etc. or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from our facility/agency.
- (2) Payment. We will use your health information for payment without your consent from the third party payer you designate, including Medicare and Medicaid. A bill may be sent to you or any private or public source of health coverage you have identified. 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 that identifies you such as diagnosis, procedures, and supplies used, dates, types and costs of therapies and services, and a general description of the general purpose of each treatment session or service.
- (3) 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 assurance manager 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.
- (4) Notification. 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.
- (5) Communication with family. With your written permission, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- (6) Research. We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- (7) The TCDHS Administrator. Without your consent we are permitted to share certain portions of your Protected Health Information with the TCDHS Administrator who is responsible for overseeing this facility and must receive information regarding the operation of this facility as required in certain circumstances as permitted by law.
- (8) 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 without

your consent. Also, information will be disclosed to attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding without your consent.

- (9) 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.
- (10) 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.
- (11) 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.
- (12) Business Associates. There are some services provided for our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we've asked them to do. However, we require the business associate to appropriately safeguard your information.
- (13) Coroners, Medical Examiners, and Funeral Directors. We may disclose health information to funeral directors to carry out their duties, as required by law.
- (14) Law Enforcement. We may disclose health information for law enforcement purposes.
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or located a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the agency; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- (15) Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Your Health Information Rights

Although your health record is the physical property of the provider, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or general health care operations, and/or to a personal representative or guardian. We ask that such requests be made in writing on a form provided by TCDHS and submitted to the Privacy Officer, Tioga County Department of Human Services, P.O. Box 766, Wellsboro, PA 16901. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.

- 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 or at alternative locations. Such a request must be made in writing on a form provided by TCDHS, and submitted to the Privacy Officer, Tioga County Department of Human Services, P.O. Box 766, Wellsboro, PA 16901. 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.
- 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 to make such requests. For a request form, please contact your casemanager/therapist/ program worker or the Privacy Officer at Tioga County Department of Human Services, P.O. Box 766, Wellsboro, PA 16901.
- You may request that we provide you with a written accounting of all 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 TCDHS, and submitted to the Privacy Officer, Tioga County Department of Human Services, P.O. Box 766, Wellsboro, PA 16901. 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 which a valid authorization is on file. 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.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- 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 and would like additional information, you may contact our Privacy Officer at the Tioga County Department of Human Services, P.O. Box 766, Wellsboro, PA 16901

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 casemanager/therapist/program worker or the Privacy Officer at the above address and when completed should be returned to your casemanager/therapist/program worker or the Privacy Officer. You may also file a complaint with the secretary of the federal

Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201. There will be no retaliation for filing a complaint.

**TIOGA COUNTY DEPARTMENT OF HUMAN SERVICES
(TCDHS)**

Receipt of TCDHS Notice of Privacy Practices

I, _____, have received and reviewed a copy
(Consumer or Authorized Representative)

the TCDHS Notice of Privacy Practices. I acknowledge that I have read and understand the Notice and my rights as outlined therein. Questions that I have had regarding the Notice have been answered by TCDHS staff.

(Signature of Consumer or Authorized Representative)

(Date)