

Seacoast Mental Health Center, Inc.  
1145 Sagamore Ave, Portsmouth, NH 03801  
**Notice of Privacy Practices**  
Effective April 1, 2003

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

If you have any questions about this notice, please contact the **Compliance Officer at 431-6703**.

We understand that information about you and your health is personal. We are committed to protecting your personal health information (PHI). We create a record of the care and services you receive at Seacoast Mental Health Center (SMHC). We do this to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by any provider employed by Seacoast Mental Health Center.

This notice will tell you about the ways in which we may use and disclose personal health information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- ◆ Make sure that personal health information that identifies you is kept private;
- ◆ Give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- ◆ Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we may use and disclose PHI. For each category, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ❖ **For Treatment** - We may use your PHI to provide you with mental health treatment or services. We may disclose your PHI to appropriate staff members or other health care providers who are now or may become involved with you to assure high quality care and well-coordinated services.
- ❖ **For Payment** - We may use and disclose your PHI so that the services you receive at the mental health center may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about your diagnosis so your health plan will pay us or reimburse you for treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- ❖ **For Health Care Operations** - We may use and disclose your PHI for our operations. These uses are necessary to run the mental health center and make sure that all of our clients receive quality care. For example, we may use PHI to review our clinical services and evaluate the performance of our staff in treating you. We may also combine PHI about many clients to decide what additional services we should offer, what services may not be needed, and whether certain new treatments are effective. We may also disclose information to staff for review and learning purposes. We may also combine the PHI we have with the PHI from other mental health centers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific clients are.
- ❖ **Appointment confirmation and reminders** - We may use your name and phone number to contact you or your household, or leave a message as a reminder that you have an appointment at SMHC.
- ❖ **Information/Development/Fundraising Activities** - We may use your name and address to provide you with information about SMHC, services that might be of interest to you, or opportunities to assist us with our effort to raise money for SMHC and its operations. We only would use contact information, such as your name and address. If you do not want SMHC to contact you for these kinds of efforts, please notify the **Security Officer** in writing. We will not provide any information about you to another company without your express written permission.

- ❖ **Research** - Under certain circumstances, we may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with patients' need for privacy of their information. Before we use or disclose PHI for research, the project will have been approved through a research approval process. We may, however, disclose your PHI to people preparing to conduct a research project; for example, to help them look for clients with specific needs, so long as the PHI they review does not leave the Center. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Center.
- ❖ **Individuals Involved in Your Care or Payment for Your Care** - Using our best clinical judgment, we may release information about you to a family member or other person you have identified as involved in your care, or payment for your care. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- ❖ **As Required by Law** - We will disclose information about you when required to do so by federal, state or local law.
- ❖ **To Avert a Serious Threat to Health or Safety** - We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, health information may be used or disclosed for an Involuntary Emergency Admission or to revoke a conditional discharge revocation, or to make a warning if you threaten others.
- ❖ **Public Health Risks** - We may be required to disclose your PHI for public health activities. These activities generally include the following:
  - ◆ to prevent or control disease, injury or disability;
  - ◆ to report births and deaths;
  - ◆ to report child abuse or neglect;
  - ◆ to report reactions to medications or problems with products;
  - ◆ to notify people of recalls of products they may be using;
  - ◆ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - ◆ to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- ❖ **Health Oversight Activities** - We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ❖ **Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ❖ **Law Enforcement** We may be required to release limited PHI if asked to do so by a law enforcement official:
  - ◆ In response to a court order, subpoena, or other legitimate legal process;
  - ◆ To identify or locate 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 Center; 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.
- ❖ **Coroners, Medical Examiners and Funeral Directors** - We may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We

may also release medical information about clients of SMHC to funeral directors as necessary to carry out their duties.

- ❖ **Military and Veterans** - If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- ❖ **Workers Compensation** - We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ❖ **National Security and Intelligence Activities** - We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ❖ **Protective Services for the President and Others** - We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ❖ **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary (1) for SMHC to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- ❖ **Right to Inspect and Copy** - You have the right to inspect and copy the health information that may be used to make decisions about your care.

To inspect and copy your PHI, you must submit your request in writing to the **Privacy Officer**. If you request a copy of the information, we will charge a fee for the costs of copying, mailing, and other cost associated with your request, as governed by state law. This fee must be paid before we will provide you with your PHI.

We may deny your request to inspect and copy your information in certain very limited circumstances. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ❖ **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for SMHC.

To request an amendment, your request must be made in writing and submitted to your treatment provider. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ◆ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - ◆ Is not part of the medical information kept by or for SMHC;
  - ◆ Is not part of the information which you would be permitted to inspect and copy; or
  - ◆ Is accurate and complete.
- ❖ **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosures."

This is a listing of the disclosures we made of your PHI for uses other than treatment, payment or Center operations. To request this list or accounting of disclosures, you must submit your request in writing to the **Privacy Officer**.

Your request must state a period of time, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- ❖ **Right to Request Restrictions**. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. In cases where a third party referred you to our agency for the sole purpose of creating PHI, your request to restrict information to that party, may mean that we will no longer be able to provide you with services.

To request restrictions, you must make your request in writing to your treatment provider. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- ❖ **Right to Request Confidential Communications**. You have the right to request that we communicate with you about personal health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the **Privacy Officer**. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ❖ **Right to a Paper Copy of This Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Center. The notice will contain, on the first page, the effective date. In addition, each time you are readmitted to the Center for a new episode of care, we will offer you a copy of the notice currently in effect.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Center or with the Secretary of the Department of Health and Human Services. To file a complaint with the Center, contact the **Compliance Officer, Seacoast Mental Health Center, 1145 Sagamore Ave., Portsmouth, NH 03801**. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

#### OTHER USES OF PERSONAL HEALTH INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.