

## NOTICE OF PRIVACY PRACTICES

Effective: July 1, 2020

**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:**

**Privacy Officer**

**Andrea Doolittle, Director Administrative Services**  
934-443-0416 or email [adoolittle@mcadamhs.org](mailto:adoolittle@mcadamhs.org)

### **OUR DUTIES**

At the Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County, we are committed to protecting your health information and safeguarding that information against unauthorized use or disclosure. This Notice will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to: 1) maintain the privacy of your health information; 2) give you notice of our legal duties and privacy practices with respect to your health information; 3) abide by the terms of the notice that is currently in effect; and 4) notify you if there is a breach of your unsecured health information.

### **HOW WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION**

When you receive services that we pay for in full or in part, we receive health information about you. We may use or share your health information for the following purposes:

**Payment**– For payment activities such as confirming your eligibility for our benefit plans, paying for your services, managing your claims, conducting utilization reviews and processing health care data. We are prohibited, however, from using or disclosing any genetic information we receive about you to make decisions about your benefit eligibility or coverage.

**Health Care Operations** – For our internal health care operations such as to train staff, manage costs, conduct quality review activities, perform required business duties and make plans to better serve you and other community residents who may need mental health or substance use disorder services. We may also disclose your health information to health care providers and other health plans for certain health care operations of those entities such as care coordination, quality assessment and improvement activities and health care fraud and abuse detection or compliance, provided that the entity has had a relationship with you and the information pertains to that relationship.

**Treatment** – We do not provide treatment but we may share your health information with your health care providers for their treatment purposes such as coordination of your care.

**Other Uses and Disclosures** - We may also use or disclose your health information, in accordance with specific requirements in the law, for the following purposes: To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes; to reduce or prevent threats to public health and safety; for health oversight activities such as evaluations, investigations, audits, and inspections; to governmental agencies that monitor your services; for lawsuits and similar proceedings; for public health purposes such as to prevent the spread of a communicable disease; for certain approved research purposes; for law enforcement reasons if required by law or in regards to a crime or suspect; to correctional institutions in regards to inmates; to coroners, medical examiners and funeral directors (for decedents); as required by law; for specialized government functions such as military and veterans activities, national security and intelligence purposes, and protection of the President; for Workers' Compensation purposes; for the management and coordination of public benefits programs; to respond to requests from the U.S. Department of Health and Human Services; and for us to receive assistance from business associates that have signed an agreement requiring them to maintain the confidentiality of your health information. If you have a guardian or a power of attorney, we are also permitted to provide information to your guardian or attorney in fact.

### **USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN PERMISSION**

We are prohibited from selling your health information, such as to a company that wants your information in order to contact you about their services, without your written permission.

We are prohibited from using or disclosing your health information for marketing purposes, such as to promote our services, without your written permission.

All other uses and disclosures of your health information not described in this Notice will be made only with your written permission. If you provide us permission to use or disclose health 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 your health information for the reasons covered by your written permission. We are unable to take back any disclosures we have already made with your permission.

### **POTENTIAL IMPACT OF OTHER LAWS**

If any state or federal privacy law requires us to provide you with more privacy protections than those described in this Notice, then we must also follow that law in addition to HIPAA. For example, substance use disorder treatment records generally receive greater protections under federal law.

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for purposes of treatment, payment, and health care operations and to inform individuals involved in your care about that care or payment for that care. We will consider all requests for restrictions carefully but are not required to agree to any requested restrictions.\*
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about 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.
- **Right to Inspect and Copy.** You have the right to request access to certain health information we have about you. Under certain circumstances we may deny access to that information such as if the information is the subject of a lawsuit or legal claim or if the release of the information may present a danger to you or someone else. We may charge a reasonable fee to copy information for you.\*
- **Right to Amend.** You have the right to request corrections or additions to certain health information we have about you. You must provide us with your reasons for requesting the change.\*
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures we made of your health information, except for those related to treatment, payment, our health care operations, and certain other purposes such as those you authorized us to make. Your request must include a timeframe for the accounting and it must be within the six years prior to your request. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.\*
- **Right to a Paper Copy of Notice.** You have the right to receive a paper copy of this Notice. This Notice is also available on our web site: [www.mcadamhs.org](http://www.mcadamhs.org), but you may contact us to obtain a paper copy.

To exercise any of your rights described in this paragraph, please contact our Privacy Officer using the information on the first page of this Notice.

\* To exercise rights marked with a star (\*), your request must be made in writing.  
Please contact us if you need assistance with your request.

### **CHANGES TO THIS NOTICE**

We can change the terms of this Notice and the changes will apply to all the information we have about you. The new notice will be available upon request and on our website at: [www.mcadamhs.org](http://www.mcadamhs.org). If there is a material change to our Notice, we will mail information about the revised Notice and how you can obtain a copy to the last known address we have for you.

### **TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with the Board by contacting the Privacy Officer using the information on the first page of this Notice. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to *200 Independence Avenue, S.W., Washington, D.C. 20201* or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). We will not retaliate against you for filing a complaint.