



## LITTLE ROCK COMMUNITY MENTAL HEALTH CENTER, INC.

Health Insurance Portability and Accountability Act (HIPAA)

### NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2016

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

*This document is available in alternative formats upon request.*

#### **Understanding the type of information we have and how we use and disclose health information that identifies you:**

Each time you visit a doctor, a hospital or another healthcare provider— including Little Rock Community Mental Health Center, Inc. (LRCMHC) and its services and programs—a record of your visit is made. When you see us, we collect information about your symptoms, diagnoses, test results and plans for further care and treatment. This information becomes a part of an overall medical record that also has other information about you, such as your name, address, sex, birth date, financial and insurance information. This type of information is called Protected Health Information (PHI) and it is protected by Federal and State laws. Understanding how we use and share your protected health information helps you to:

---make sure it is correct

---better understand who, what, when, where and why others may use your health information

---make more informed decisions when authorizing sharing of your health information with others.

#### **Examples of how we use and disclose your protected health information for treatment:**

When you receive care from LRCMHC, your private health information may be used by LRCMHC healthcare providers, such as doctors, nurses, social workers, therapists, counselors, case managers and pharmacy staff. They may need your private health information in order to determine your plan of care or treatment. This may cover healthcare services you had before now or services you may have later on. We may share health information about you in order to help you get services you may need. We may provide information about your care to the doctor or agency that referred you to us or to another healthcare professional involved in your care. We may also use your information to contact you to remind you of appointments or to tell you about other services or treatment alternatives that might be of interest to you.

#### **Examples of how we use and disclose your protected health information for payment:**

If you have insurance or are covered by a government program, such as Medicare or Medicaid, we may use your health information to get prior authorization to provide necessary services or to send a bill for services you had in order for LRCMHC to get paid for providing these services.

#### **Examples of how we use and disclose your protected health information for LRCMHC healthcare operations:**

We may also use your health information in activities necessary for the operations of LRCMHC. Such activities include assessing the quality of our services and outcomes; reviewing the competence, qualifications and performance of our healthcare providers; training healthcare providers and others; conducting licensing, accreditation, credentialing and certification activities; arranging for legal, accounting and similar services, performing business planning, development and other administrative activities.

#### **LRCMHC's privacy commitment to you:**

Your written authorization generally will be obtained before we will use or disclose psychotherapy notes about you that may be in our possession. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. Summary information about your mental health treatment does not constitute psychotherapy notes. In addition, your written authorization will be obtained for uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI, unless use and disclosure is permitted without your authorization.

We may also disclose (release) information to other providers that we pay to provide services necessary for your treatment or LRCMHC operations. Such providers may include transcription, lab, copy, interpreter and/or computer services. Through contracts with our business associates, we may disclose your health information so that they can do the job we have asked them to do and to bill you or your third-party payor for the services provided. We require each LRCMHC business associate to protect your private health information.

**Examples of how we may use and disclose your protected health information for other purposes:**

We care about your privacy and only people who have both the need and the legal right may see your protected health information. We are required by law to maintain the privacy of your PHI and to notify you if a breach of your unsecured PHI occurs. Unless you give us permission or authorization in writing, we will only use or disclose the minimum necessary health information for purposes of treatment, payment, healthcare operations, when we are required by law to do so, or for other reasons listed below.

**Confidentiality of Substance Abuse Records**

The confidentiality of alcohol and drug abuse medical records kept by LRCMHC is also protected by other federal regulations (42 C.F.R. Part 2). Under certain circumstances these regulations provide your health information with additional privacy protections beyond those listed in this **Notice**.

For example, in general, any information that would identify you as a person seeking help for a substance abuse problem cannot be shared outside of LRCMHC without your specific consent in writing to do so. Exceptions to this rule include court orders to release your health information, the provision of your health information to medical personnel in an emergency, sharing information with qualified personnel conducting research and for audits or program evaluations. As an example, before your substance abuse health information can be released to family, friends, law enforcement, judicial and corrections personnel, public health authorities or other health providers, LRCMHC is required to ask for your written authorization to do so.

Federal law and regulations do not protect any information about a crime committed by a patient either at LRCMHC or against any person who works for LRCMHC or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected abuse, neglect or exploitation from being reported to appropriate authorities.

- **Research:** We may use or disclose health information about you to perform research. LRCMHC will almost always seek your permission or get permission through LRCMHC's research review process, which requires strict guidelines to protect your privacy if the researcher will have access to your name, address or other information that tells who you are, or if the researcher will be involved in your care.
- **As Required by Law and for Other Government Functions:** We will release information when we are required by law to do so or for other government functions. Examples of such releases include sharing health information for law enforcement or national security purposes, subpoenas or other court orders, disaster relief, review of our activities by government agencies or in other kinds of emergencies. We are also required to report suspected abuse, neglect or exploitation.
- **Public Health and Safety:** We may disclose health information about you as necessary to prevent or reduce a serious threat to the health or safety of a person or the public. For example, we may report reactions to medications or problems with products or to report information to prevent or control certain diseases.
- **After Death:** We may disclose your information to coroners or medical examiners after you are deceased or, if you are an organ donor, we may release health information to assist organ or tissue donation and transplantation.
- **Workers Compensation:** We may disclose health information to the degree permitted by and required to comply with workers compensation or other similar programs established by law.
- **Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. Such activities include, for example, audits, investigations, inspections and licensure.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other legal 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.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you necessary for your health and the health and safety of other persons to the correctional institution or the law enforcement official.

LRCMHC staff and business associates must protect the privacy of health information that identifies you as part of their jobs with LRCMHC. Our employees or business associates do not have access to protected health information unless they need it for a treatment, payment or operations reason. LRCMHC will punish employees who do not protect the privacy of health information that identifies you. In most situations, LRCMHC may not use or disclose your health information without your written permission or authorization. This **Notice** explains when LRCMHC may use or disclose your health information without your permission. For all other applicable uses and disclosures, we must obtain your written authorization, which you may withdraw at any time.

Although your LRCMHC medical record is the physical property of LRCMHC, you have the following rights regarding the health information that we have about you:

- **Right to Request Restriction on Certain Uses and Disclosures:** You can ask for limits on how LRCMHC uses and shares your health information. We are not required to agree to such requests. If we do agree, we will honor your request unless the information is needed to provide emergency treatment to you or we are required by law to disclose it. To request restrictions, you must make your request in writing. 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 or children. In the instances where you have paid for health care items or services out-of-pocket in full, we are required upon request to restrict disclosures of PHI to your health plan.
- **Right to Inspect and Copy Your Record:** In most cases, you have the right to look at or get copies of your medical records, including medical and billing records. (Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial by another licensed professional chosen by LRCMHC. We will comply with the outcome of the review.) You may be charged a fee for the costs of copying, mailing or supplies needed to fulfill your request. You must request to inspect and copy your health information in writing. LRCMHC must usually respond to your request within 30 days after we receive your written request.
- **Right to Amend Your Record:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for LRCMHC. To request an amendment, your request must be made in writing and 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 (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information kept by or for LRCMHC; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.
- **Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of disclosures we made of health information about you after April 14, 2003. This list will not include the times that your information was disclosed for treatment, payment or healthcare operations. The list will not include information provided directly to you or information sent with your permission. It will not include information released without your name or other data that would identify you. To request this list, you must submit a request in writing. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost and you may withdraw or modify your request at that time.
- **Right to Request Confidential Communications:** You have the right to ask that we communicate with you in certain ways or places; you may ask us to call you or send you information using a specific phone number or address. We will do our best to honor your written request if it tells us how or where you wish us to contact you.
- **Right to Revoke Your Authorization to Use or Disclose:** You have the right to take back your authorization to use or share health information except to the extent that action has already been taken. You must revoke your authorization in writing.
- **Right to Receive an Additional Copy of This Notice:** At any time, you can request additional copies of this **Notice of Privacy Practices**. You may also request a copy in an alternate media format.

## Your Rights

**Your right to request restrictions on our use or disclosure of your protected health information**

**Your right to inspect and copy your protected health information**

**Your right to request a change to your protected health information**

**Your right to request a list of disclosures of your protected health information**

**Your right to request confidential communications**

**Your right to revoke your authorization**

**Your right to additional copies of this Notice of Privacy Practices**

### Changes to this Notice

We reserve the right to change our practices or this Notice. A revised Notice will be effective for health information we already have about you, as well as for information we may receive in the future. We are legally required to follow whatever Notice is currently in effect. If we make material changes to this Notice, a new Notice will be posted in each of our program locations before it takes effect. You can get additional copies of this Notice by calling LRCMHC at 501-686-9300 or by writing to:

Little Rock Community Mental Health Center, Inc.  
Attention: Privacy Officer  
1100 North University, Suite 201  
Little Rock, AR 72207

### Complaints

If you think that we have not protected your private health information and you believe any of your rights listed in this Notice have been violated and you wish to file a complaint about it, please contact us (within 180 days of the alleged violation):

by calling LRCMHC at: 501-686-9300, Ext. 202  
and asking to speak to the Privacy Officer

**OR**

by writing to LRCMHC at:  
Little Rock Community Mental Health Center, Inc.  
Attention: Privacy Officer  
1100 North University, Suite 201  
Little Rock, AR 72207

We will investigate all complaints. We also will not retaliate or take any other negative action against you for filing a complaint. All complaints must be in writing. You also have the right to complain to the Federal Government if you believe your privacy rights have been violated by contacting the:

Office for Civil Rights

U.S. Department of Health and Human Services  
1301 Young Street – Suite 1169  
Dallas, Texas 75202  
(214) 767-4056

Under this Notice, the complaint process covers alleged violations that occur on or after September 13, 2013. The Privacy Officer can give you other ways to file a complaint with the Office for Civil Rights (Federal Government), as well as the form to use for filing such a complaint.

### To request a copy of this Notice of Privacy Practices

in an alternate format that meets the guidelines of the Americans with Disabilities Act (ADA), please call the LRCMHC Privacy Officer at 501-686-9300.

### For More Information or To Use Your Rights Under this Notice

Federal law requires that we have a "Privacy Officer" who is responsible for developing and implementing the policies and procedures required to protect your health information. This individual is also responsible for receiving complaints and providing additional information about our privacy practices.

LRCMHC is also required by law to keep records to show how it follows the many parts of the federal privacy rules. In order to do this, LRCMHC has forms that we will ask you to use when you are making any written requests that are listed in this Notice within the section about your Rights. By using these forms, we will be better able to respond to your requests, as well as to show that we comply with Federal law.

Please call the LRCMHC Privacy Officer at 501-686-9300 if you have any questions about this Notice or if you want to ask for a form to make a request related to your privacy rights. The Privacy Officer, or another LRCMHC staff member who can answer your question, will return your call. Or, you may also write to the Privacy Officer with your question or request for a form at the following address:

Little Rock Community Mental Health Center, Inc.  
Attention: Privacy Officer  
1100 North University, Suite 201  
Little Rock, AR 72207

The following list shows the various privacy rights you have (as explained on Page 3 of this Notice) and the form you will need to fill out and return to LRCMHC for us to respond to your request:

- **Right to Inspect and Copy Your Record**  
Form: *Request for Access To, Amendment or Accounting of Health Information*
- **Right to Amend Your Record**  
Form: *Request for Access To, Amendment or Accounting of Health Information*
- **Right to an Accounting of Disclosures**  
Form: *Request for Access To, Amendment or Accounting of Health Information*
- **Right to Request Confidential Communications**  
Form: *Request for Communications by Specific Means or at an Alternative Location*
- **Right to Revoke Authorization to Use or Disclose**  
Form: *Request for Revocation of Authorization*
- **Right to File a Complaint with LRCMHC**  
Form: *Health Information Privacy Complaint Form*
- **Right to Request Restriction on Certain Uses and Disclosures**  
Form: *Request for Restrictions on the Use and Disclosure of Protected Health Information*

To make an authorization for a specific use or disclosure of your protected health information, please request the form called *Authorization for the Use and Disclosure of PHI*.