

**NOTICE OF PRIVACY PRACTICES**  
**Beaver County Outpatient Assessment Center**  
**Beaver County Behavioral Health/Direct Services**

**Notice of Information 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 health or medical record, serves as a:

- basis for planning 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

- (1) Treatment. We will use your health information for treatment without your consent. For example, information obtained by a physician or case manager will be recorded in your record and used to determine the course of treatment that should work best for you. The physician or case manager will document in your record the actions taken and their observations. In that way, we will know how you are responding to treatment. We also share your crisis plan with the county crisis services and the local emergency rooms to assure your safety and continuity of care.
- (2) Payment. We will use your health information for payment without your consent from the third party payor you designate, including Medicare and Medicaid. 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 of the 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 improvement manager, or members of the quality improvement team 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. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. 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 has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- (7) The County Administrator. Without your consent we are permitted to share certain pieces of your PHI with the County 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 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) Incarceration or Inpatient Treatment. Should you be in a correctional institution or inpatient treatment facility, we may disclose to the health care professionals at the institution, without your consent, health information necessary for your health treatment.
- (12) Reproductive Health Care. We will *not* use or disclose your information for purposes of criminal, civil, or administrative investigation or to impose criminal, civil, or administrative liability on any individual for the mere act of seeking, obtaining, providing, or facilitating lawful reproductive health care or to identify any individual for the purpose of conducting such investigation or imposing such liability.

*Attestation:* For requests for information *potentially* related to reproductive health care, we will obtain a signed attestation from the requestor that the use or disclosure of such information is not intended for a prohibited purpose, where the request is for any of the following purposes:

- Health oversight activities;
- Judicial or administrative proceedings;
- Law enforcement;
- Regarding decedents, disclosures to coroners or medical examiners

### **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 such requests be made in writing on a form provided by our facility/agency. Although we will consider your request, please be aware we are under no obligation to accept or to abide by it unless you pay for said services out of pocket. Even if you pay for services out of pocket, there may be instances where we are required by law to release information.
- 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 we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Privacy Officer.
- 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 may charge you a reasonable fee.
- If you believe any health information in your record is incorrect or important information is missing, you may request 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/agency

to make such requests. For a request form, please contact the Privacy Officer.

- You may request 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 our facility/agency. 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 national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests made 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 have a right (subject to State/Federal limitations) to inspect material to be released.
- You have the right to be notified if your record has been subpoenaed.
- You may revoke in writing, or verbally if physically unable to revoke in writing, at any time, except to the extent that action has been taken in reliance to authorization.
- You will be informed if there is a breach of your unsecured health information.
- We will *never* share your information without written signed consent, specifically for the following:
  - Marketing purposes;
  - Sale of your information;
  - Psychotherapy notes;
  - Substance use disorder (SUD) treatment records in accordance with 42 CFR Part 2

### **SUD Treatment Information**

If you are receiving substance use disorder treatment, your records are protected by federal confidentiality rules (42 CFR Part 2). We will not use or share your records in any legal proceedings against you without your written consent or a court order. With your permission, we may share your information for treatment, payment, and healthcare operations (TPO) as permitted by HIPAA.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact our facility/agency's Privacy Officer at 724-891-2827.

If you believe 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 any staff person and when completed should be returned to the Privacy Officer. Complaints are to be filed within 180 days of when you believe the act or failure to act occurred. You may also file a complaint with the secretary of the Federal Department of Health and Human Services. (Contact information is provided below.) There will be no retaliation for filing a complaint.

Mid-Atlantic Region: Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia and West Virginia):

Office for Civil Rights  
U.S. Department of Health and Human Services  
801 Market Street, Suite 9300  
Philadelphia, PA 19107-3134  
Main Line: (800) 368-1019  
Fax: (202) 619-3818  
TDD: (800) 537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)



ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-724-891-2827 / 1-800-318-8138 (PA Relay 711) or speak to your provider.”

## Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-724-891-2827 / 1-800-318-8138 (PA Relay 711) o hable con su proveedor.

## Chinese; Mandarin

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-724-891-2827（文本电话：1-800-318-8138 (PA Relay 711) 或咨询您的服务提供商。”

## Nepali

सावधान: यिद तपाईं नेपाली भाषा बोल्नुन्छ भनेतपाईंका लागि निःशुभाषिक सहायता सेवाह उपलब्ध छन्। पढ्नुं चोढ्नुं ढाँचाहमा जानकारी प्रदान गनुं उपयुक्त सहायता र सेवाह पिन निः शुभा उपलब्ध छन्। 1-724-891-2827 / 1-800-318-8138 (PA Relay 711) मा फोन गनुं होस्वा आफ्नो प्रदायकसँग कु रा गनुं होस्।”

## Russian ВНИМАНИЕ:

Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-724-891-2827 / 1-800-318-8138 (PA Relay 711) или обратитесь к своему поставщику услуг.

## Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة أو تحديث لتوفير المعلومات بتنسيقات يمكن (1-724-891-2827 / 1-800-318-8138 (PA Relay 711) اتصل على الرقم "الوصول إليها مجان إلى مقدم الخدمة".

## Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-724-891-2827 / 1-800-318-8138 (PA Relay 711) oswa pale avèk founisè w la.”





