

Notice of Privacy Practices

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.

Protecting your privacy is important to Platte County Board of Services and to our employees. We want you to understand what information we collect and how we use it. In order to provide our consumers with a broad range of services as effectively and efficiently as possible, we use technology to manage and maintain consumer information. This policy serves as standard for all PCBS employees for collection, use, retention, sharing, and security of your protected health information and electronic protected health information.

HOW WE PROTECT YOUR INFORMATION

We restrict access to your protected health information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and/or procedural safeguards that comply with federal standards to guard your protected health information.

HOW WE USE AND SHARE YOUR INFORMATION

Except as explained in this notice, we will only use and share your personal health information with your written authorization. There are situations when we are required to get your written permission before we can share your information. These involve uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures for the sale of your information. If you authorize us to share your personal health information with anyone, you may revoke your authorization at any time and we will no longer share information with that person or entity unless already permitted or required to do so under the privacy laws. Please note that if you choose to revoke an authorization, we may have already relied on your consent to share information and your revocation of consent will only apply once it is received by us.

We may use your personal health information for treatment, payment, and health care operations without your written authorization. We may perform other treatment, payment, or healthcare operations not specifically listed below in which we may use your health information. The following are intended to serve as examples of the types of activities in which your health information may be used. "Treatment" refers to the care we provide to you, including coordinating and managing your care with other providers. Uses for "payment" include our activities to collect amounts owed for the services provided to you. These activities may include, for example, sending a bill to your insurance company for services covered under your insurance plan, managing your account internally or with associated businesses we may contract with for the collection of payment, and/or sending statements to collect remaining amounts owed by you. "Health care operations" means activities related to assessing the quality of care we provide, developing care guidelines, coordinating care, contacting other providers or you to discuss care options, training our workforce, business management and administrative activities, customer service, and investigation and resolution of complaints.

We may also use or disclose your personal health information to:

- Keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- Notify another person responsible for your care if necessary;
- Communicate with any person you identify about that person's involvement in your care or payment for your care;
- Business associates that perform functions on our behalf;
- Other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or Accreditation;
- Law enforcement personnel for specific purposes, including reporting any suspected child abuse or neglect;
- Staff or research projects that ensure the continued privacy and protection of protected health information;
- Public health agencies to prevent or control disease and for statistical reporting, to the Food and Drug Administration for reporting reactions to medications, to Workplace Safety and Insurance (formerly known as Workers Compensation) for benefit coordination, to government agencies in cases of national security or for military purposes, or to correctional institutions;

- Comply with any law, regulation, or code that requires us to report certain information;
- Respond to a court order, or subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested; and
- Share with our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements.

Because this list only contains examples, there may be other reasons we may use or share your information but we will only do so without your authorization if we are permitted or required to do so by law.

CONSUMER RIGHTS

You have certain rights under the federal privacy standards. These include the right to:

- Request restrictions on the use and sharing of your protected health information. You may request we avoid using or sharing your health information. We may not always agree to your request, but we must agree to avoid using or sharing your health information if you ask we not share your information with a health plan for payment or operations purposes and you pay for your services in full.
- Receive confidential communications concerning your condition and treatment through alternative means or locations.
- Inspect and copy your protected health information. We require any requests to view or copy your health information be provided to us in writing so we may ensure the privacy and security of your information. We may charge a fee to copy your records.
- Amend or submit corrections to your protected health information. We require any requests to amend your health information be provided to us in writing.
- Receive an accounting of how, when and to whom your protected health information has been shared. We provide this accounting of information free the first time you request it in a one-year period. We may charge a reasonable fee for our cost to produce additional accountings in a 12-month period.
- Be notified of any breach of your unsecured protected health information;
- Receive a printed or electronic copy of this Notice.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your information or in response to a request you made to access or amend your information or to have us communicate with you by alternative means or at alternative locations, you may make a complaint to the Secretary of Health and Human Services or to us by using the contact information listed below to the attention of the Privacy Officer.

We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint.

OUR DUTIES

We are required by law to maintain the privacy of protected health information and electronic protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of the notice of privacy practices which is currently in effect. We are required to promptly revise this notice whenever there is a material change to our policies on Uses or Disclosures, our legal duties, or other privacy practices stated in this notice. Except when required by law, any material revision to any term of the notice may not be implemented. We have the right to change our Notice of Privacy Practices periodically. We have copies of our policies available in our office and this notice is posted on our website at <http://www.pcbsdd.org/>.

To obtain a copy of our Privacy Notice or to ask questions about our privacy policies, contact the PCBS Privacy Officer at 891-0990.