

Our Pledge Regarding Health Information

We understand that health information about you is personal. We are committed to protecting your privacy and health information about you. We create a record of the care and services you receive at Rutland Mental Health Services. We need this record 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 Rutland Mental Health Services, whether made by Agency personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

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

We are required by Law to:

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

HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION:

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed.

For Treatment

We may use health information about you to provide you with treatment or services. We may disclose information about you to doctors, nurses, clinicians, case managers, interns, or other Agency personnel who are involved in providing services to you. For example, a clinician might be treating you for a mental health problem and need to talk with one of our psychiatrists or another clinician who has specialized training in a particular area of care. We may also disclose information about you to people outside Rutland Mental Health Services who are involved in your health care.

For Payment

We may use and disclose health information about you so that the treatment and services you receive at Rutland Mental Health Services may be approved by, billed to, and payment collected from a third party such as an insurance company or developmental services funding committee.

For example, we may need to give your health plan information about counseling you received at Rutland Mental Health Services so your health plan will pay us or reimburse you for a counseling session. 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 service/treatment.

For Health Care

We may use and disclose health information about you for Agency operations. These uses and disclosures are necessary to run Rutland Mental Health Services and make sure that all individuals receiving services from us receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in serving you. We may also combine health information about many consumers to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, clinicians, case managers, interns and other Agency personnel for review and learning purposes. We may also combine the health information from other mental health agencies to compare how we are doing and see where we can make improvements in the services we offer. We will 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 consumers are.

Appointment Reminders

We may use and disclose information to contact you as a reminder that you have an appointment.

Alternative Treatment, Benefits & Services

We may use and disclose information about you in order to obtain and recommend to you other treatment options and available services as well as other health-related benefits or services.

Fundraising Activities

Should the need arise where information about you or where your participation is desired for fundraising activities, Rutland Mental Health Services would obtain your authorization. No information would be released for this purpose without your authorization. For example, if Rutland Mental Health Services was creating a fundraising brochure, and a picture of or comments from persons served were desired, Rutland Mental Health Services would inquire whether or not you would be willing to participate. Participation would be voluntary, and if you agreed, you would be asked to give us written authorization for this specific purpose.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. We will always 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 Rutland Mental Health Services.

As Required by Law

We will disclose medical information about you when required to do so by federal, state or local law. In Vermont, this would include: victims of child abuse; the abuse, neglect or exploitation of vulnerable adults; where a child under the age of sixteen is a victim of a crime; and firearm-related injuries.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Other Uses of Health Information

Other uses and disclosures of health 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 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 health 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 services that we provided to you.

Your Rights Regarding Information About You

Right to Review and Copy

You have the right to review and copy health information that may be used to make decisions about your care. This may include both health and billing records.

To review and copy health information that may be used to make decisions about you, you must submit your request in writing to our Clinical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny or limit access to your request to inspect and copy in certain very limited circumstances. If you are denied or limited access to health information, you may request that the decision be reviewed. Another health care professional chosen by Rutland Mental Health Services 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 health 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 Rutland Mental Health Services.

To request an amendment, your request must be made in writing and submitted to the author or health information department. 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 that 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 designated record set kept by or for Rutland Mental Health Services;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Was determined accurate or complete by Rutland Mental Health Services.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to our Clinical Records Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or verbally). 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 for the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

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 treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member. For example, you could ask that we not use or disclose information about a counseling session you received.

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.

To request restrictions, you must make your request in writing to the Clinical Records Department. 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 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 Clinical Records Department. 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 the current notice at any time. To obtain a paper copy of this notice, contact the Clinical Records Department at 802-775-2381.

Security of Health Information

Due to the nature of community-based human service practices, Rutland Mental Health Services' representatives may possess individually identifiable information beyond the physical security of our offices. In these cases, Rutland Mental Health representatives will ensure the security and confidentiality of the information in a manner that meets our policy and State and Federal Law.

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 health 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 all Agency facilities. The notice will contain on each page, in the top right-hand corner, the effective date. In addition, should we make a material change to this notice, we will, prior to the change taking effect, publish an announcement of the change at every Agency facility, on its website and in the local paper.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Rutland Mental Health Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Rutland Mental Health Services, contact: The Privacy Officer at (877) 430-2273.

All complaints must be submitted in writing. Complaint forms are available at each location including the reception area at Rutland Mental Health Services' main office. You will not be penalized for filing a complaint.

The Secretary of the Department of Health and Human Services can be contacted through their regional office at:

Office of Civil Rights
U.S. Department of Health and Human Services
Government Center – J.F. Kennedy Federal Building
Room 1875
Boston, Massachusetts 02203
Voice: (617) 565-1340
Fax: (617) 565-3809
TDD: (617) 565-1343