

# Rutland Mental Health Services, Inc.

## 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.**

If you have any questions about this notice, please contact our Privacy Officer at (802) 770-5406.

### WHO WILL FOLLOW THIS NOTICE

This notice describes our practices and that of:

- Any health care professional authorized to enter information into your health record.
- All divisions and programs of the Agency.
- Any volunteer we allow to help you while you are receiving services from the Agency.
- All employees, staff and other personnel.
- All Agency entities, sites and locations follow the terms of this notice. Staff members at these entities, sites and locations may share health information with each other for treatment, payment or operations purposes as described in this notice.

### OUR PLEDGE REGARDING HEALTH INFORMATION

**We understand that health information about you and your health 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 the Agency. 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 the Agency, 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;
- Follow the terms of the notice that is currently in effect;
- Notify you following a breach of unsecured protected health information; and
- Comply with any state law that is more stringent or provides you greater rights than this Notice.

### HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

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

**Electronic Exchange of Your Health Information-**In some instances, we may transfer health information about you electronically to other health care providers who are providing you treatment or to the insurance plan providing payment for your treatment. Your health information may also be made available through the Vermont Health Information Exchange ("VHIE"). The VHIE is a health information network operated by VITL, Inc. and your treating health care providers may only access your health information through the VIBE if you have provided specific written consent for their access, unless you are in need of emergency treatment. For information about the VHIE, see [www.vitl.net](http://www.vitl.net).

**For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the Agency may be approved by, billed to, and payment collected from a third party such as an insurance company. For example, we may need to give your health plan information about counseling you received at the Agency 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 Operations.** We may use and disclose health information about you for Agency operations. These uses and disclosures are necessary to run the Agency 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 we have with 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.

Rutland Mental Health Services, Inc., is a Vermont designated Community Mental Health Agency and is obligated under our contracts with various departments within the Vermont Agency of Human Services to provide certain services. As a result, these Departments may access health information related to these contracted services for the purpose of obtaining treatment for clients, making payment or for its health care operations. Rutland Mental Health Services, Inc., contracts and participates in one or more Accountable Care Organization (ACO) which assists it in evaluating and coordinating care to patients.

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

**Alternative Treatment and Benefits and 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 the Agency's fundraising activities, the Agency would obtain your authorization. No information would be released for this purpose without your authorization.

**Research.** Under extremely limited circumstances, we may use and disclose health information for research purposes. For example, a research project may involve comparing the health and recovery of all consumers who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with consumer's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project; for example, to help them look for consumers with specific health needs, so long as the health information they review does not leave the Agency. 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 the Agency.

**As Required by Law.** We will disclose health 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; or where a child under the age of sixteen is a victim of a crime; and firearm-related injuries. Under certain circumstances, the Departments within the Vermont Agency of Human Services who we contract with are mandated to access health information in order to carry out their responsibilities. We are required to disclose your health information to you and to anyone you request by written authorization to receive it.

**To Avert a Serious and Imminent Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health and safety or a serious risk of danger to an identifiable person or group of persons. Any disclosure, however, would only be to someone reasonably believed to be able to help prevent the threat.

#### **SPECIAL SITUATIONS**

**Military and Veterans.** If you are a member of the armed forces, we may release health information about you as required by military command authorities.

**Workers' Compensation.** We may release health information about you as authorized for workers' compensation or similar programs as authorized by Vermont law. These programs provide benefits for work-related injuries or illnesses.

**Public Health Risks.** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report deaths;
- To report child abuse or neglect;
- To report abuse, neglect or exploitation of vulnerable adults; any suspicion of abuse, neglect, or exploitation of the elderly (age 60 or older), or a disabled adult with a diagnosed physical or mental impairment, must be reported;
- To report reactions to medications or problems with products;
- To notify individuals of recalls of products they may be using;
- To notify an individual who may have been exposed to a disease or may be at risk for contracting or spreading a communicable disease or condition

**Health Oversight Activities.** We may disclose health information to a health oversight agency, such as the Vermont Agency of Human Services Departments who we contract with, for activities authorized by law. These oversight activities include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose health information about you without your permission to the Secretary of the U.S. Department of Health and Human Services and/or Office of Civil Rights

when they are conducting a compliance review, investigation or enforcement action or for a mandatory report of a health information breach.

**Law Enforcement.** We may disclose your health information to law enforcement officials as required by law or to comply with a court order or search warrant. We may also disclose limited information to law enforcement officials to report a crime committed on our premises or for identifying a missing person or a suspect to assist in a criminal investigation.

**Legal Proceedings 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.

**Public Health Officials and Funeral Home Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors thereby permitting them to carry out their duties.

**Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official pertaining to care provided while you are in custody. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

#### **USES OF HEALTH INFORMATION REQUIRING WRITTEN AUTHORIZATION**

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 authorization. Examples of this may include disclosures to lawyers, employers, the Vermont Office of Disability Determination Services or others who you know, but who are not involved in your care. Additionally, uses and disclosures of protected health information for our fundraising activities, marketing purposes, and disclosures that constitute a sale of protected health information require authorization. Also, Psychotherapy notes maintained by your treating provider can only be disclosed with your written authorization. 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.

**Community Health Teams / Community Care Collaboratives:** These teams were created under the Vermont Blueprint for Health and are designed to create alliances between healthcare providers, local and state agencies and community support organizations who are committed to improving quality of life through coordination of services. These services may be financial, physical, emotional or educational in nature. Your treating health care providers may only share your health information with a CHT / CCC if you have provided specific written consent for sharing.

#### **YOUR RIGHTS REGARDING INFORMATION ABOUT YOU**

*Any assistance (physical, communicative, etc.) you need to exercise your rights will be provided to you by the Agency.*

You have the following rights regarding information we maintain 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. We must respond to your request within thirty days of our receipt of your request unless we notify you in writing during this period of reasons that delay our response. If so, we may take up to an additional thirty days or a total of sixty days from our receipt of your request to respond to it.

To review and copy health information that may be used to make decisions about you, you must submit your request in writing to our Records Department. If you request a copy of the information, we may charge a reasonable, cost-based fee for copy, mailing, or supplies associated with your request. If you seek an electronic copy in a specific form or format of any portion of your health record, and the Agency is unable to readily produce the copy in that form or format, we will work with you to provide an alternative form or format for the electronic copy.

We may deny or limit access to your request to inspect and copy only in certain very limited circumstances. Should you be denied or provided only limited access to your health information because it was determined that permitting you access might endanger or substantially harm you or another person, you may request that the decision to be reviewed. The Agency will choose a different health care professional to 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 the Agency.

To request an amendment, your request must be made in writing and submitted to our Records 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 the Agency;
- Is not part of the information which you would be permitted to inspect and copy; or,
- Was determined accurate or complete by the Agency.

**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 which were required by law and/or were not authorized by you. The list of disclosures will not include disclosures made for the purposes of treatment, payment for treatment services or health care operations related to the treatment services.

To request this list or accounting of disclosures, you must submit your request in writing to our Records Department. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 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. We are not required to agree to your request unless your request is to limit disclosures to a health plan for the purpose of carrying out payment or health care operations that are not otherwise required by law and you or someone on your behalf other than your health plan has paid for those services in full at the time the health services are provided. However, if we do agree with a requested restriction or limitation, we will comply with your request unless the information is needed to provide you emergency treatment.

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.

To request restrictions, you must make your request in writing to our 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 our 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 Agency Privacy Officer at (802) 770-5406.

#### **Security of Health Information.**

We have in place appropriate safeguards to protect and secure the confidentiality of your health information. Due to the nature of community based human service practices, Agency representatives may possess your health information outside of the Agency. In these cases, Agency representatives will ensure the security and confidentiality of the information in a manner that meets Agency policy, State and Federal Law.

*Specific requirements for electronic notice: A covered entity that maintains a web site that provides information about the covered entity's customer services or benefits must prominently post its notice on the web site and make the notice available electronically through the web site.*

#### **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 an effective date. 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.

#### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the Agency, call (802) 770-5406 and ask to speak with our Privacy Officer. All complaints must be submitted in writing. Complaint forms are available at each location including the reception area at the Agency's 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 phone (800) 368 1019, fax

(617) 565-3809, TDD (800) 537 7697.