

THE MENTAL HEALTH CENTER OF GREATER MANCHESTER NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH AND SUBSTANCE USE) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is issued by the Mental Health Center of Greater Manchester (“The Center”). If you have any questions about this Notice, please contact our Privacy Officer.

Protected Health Information (“PHI”) is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how your PHI may be accessed, used and disclosed. It also describes your rights to access and control your PHI.

As a provider of health care, we are required by federal and state law (including HIPAA and 42CFR Part 2) to maintain the privacy of PHI and to provide you with this Notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. We will provide you with any revised Notice of Privacy Practices upon request; you may either call the office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. We will also promptly post the revised Notice of Privacy in our reception area.

PERMITTED USES AND DISCLOSURES

General Rules

Federal law allows a health care provider to use or disclose PHI as follows:

- You. We will disclose your PHI to you, as the covered individual, at your request.
- Authorization. We will disclose your PHI pursuant to the terms of an authorization signed by you.
- Personal representative. We will disclose your PHI to a personal representative designated by you to receive PHI, or a personal representative designated by law such as the parent or legal guardian of a child or representative of the estate of a deceased individual.
- Treatment. We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. Treatment refers to the provision and coordination or management of healthcare and related services by one or more health care providers, including consultation or referral. For example, we may disclose your PHI from time-to-time to another physician or health care provider (e.g., a specialist laboratory or pharmacy) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.
- Payment. We may use and disclose your PHI in order to bill and collect payment for the treatment and services provided to you. Payment refers to the collection of premiums,

reimbursements, coverage, determinations, billing, claims management, medical necessity determinations, utilization review, and pre-authorization services. For example, we may provide portions of your PHI to our billing company and your health plan to get paid for the health care services we provided to you. We may also disclose your PHI to another health care provider for its payment activities if it received your PHI for treatment purposes.

- Health care operations. We may disclose your PHI in order to operate this practice. Health care operations refer to specified administrative support activities by or for a health care provider, including quality assessment and improvement, peer review, training and credentialing of providers, and legal and auditing functions. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you.
- Appointment reminders and other notifications. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives.
- Qualified Service Organization Agreement (QSOA)/Business Associates. We will share your PHI with third party “business associates” or QSOA’s that perform various activities (for example, billing or transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we have a written contract that contains terms that will protect the privacy of your PHI.
- Other uses and disclosures. We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.

Uses and Disclosures Allowed Without Authorization or Opportunity to Agree or Object

Federal law also allows a health care provider to use and disclose PHI, without your consent or authorization, or opportunity to agree or object, in the following ways:

- As required by law. When a disclosure is required by Federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.
- For public health activities. For example, we report information about births, deaths, and various diseases to government officials in charge of collecting that information, and we may provide coroners, medical examiners, and funeral directors necessary information relating to an individual’s death.
- For health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

- For purposes of organ donation. We may notify organ procurement organizations to assist them in organ, eye, or tissue donation and transplants.
- For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.
- To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes.
- For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.
- To medical personnel. Disclosure is made to medical personnel in a medical emergency.
- The disclosure is made in connection with a suspected crime committed on the premises or a crime against any person who works for us or about any threat to commit such a crime.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

- Others Involved in Your Healthcare. If you agree or do not object, we may disclose to a member of your family, a relative, a close personal friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care or payment for your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We also may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

ALL OTHER USES AND DISCLOSURES REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION

In any other situation not described above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action relying on the authorization).

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

You have the following rights with respect to your PHI:

- Limit Uses. The right to request limits on uses and disclosures of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but except as specified below, we are not legally required to agree to it. If we agree to your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to use. However, In the event you pay in full for the services we have provided and request that we not disclosure PHI to your health plan, we will honor that request.
- Alternative Modes of Communication. The right to choose how we send PHI to you. You have the right to ask that we send information to you to at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means. We must agree to your request so long as we can easily provide it in the format that you requested.
- Access. The right to see and get copies of your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. You are also entitled to an electronic copy of your Electronic Health Record ("EHR"), if one exists. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed.
- Copies. If you request paper copies of your PHI, we may charge you \$0.25 (twenty-five cents) for each page. For EHR, you may be charged the cost of labor to produce the electronic copy or make the electronic transmission. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance.
- Accounting of Disclosures. The right to get a list of the disclosures we have made. You have the right to get a list of instances in which we have disclosed your PHI for a period of up to six years prior to the date of the request except for disclosures that you have authorized.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable fee for each additional request.

- Amendment of Records. The right to correct or update your PHI. If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you don't file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and notify others that need to know about the change to your PHI.
- Fundraising Communications: We may to use your PHI to communicate with you about our own fundraising initiatives or allow our business associates to communicate with you for that purpose. **YOU HAVE THE RIGHT TO INSTRUCT US NOT TO COMMUNICATE WITH YOU FOR FUNDRAISING PURPOSES. IF YOU WOULD LIKE TO OPT OUT OF RECEIVING FUNDRAISING COMMUNICATIONS FROM US, YOU MAY CONTACT OUR PRIVACY OFFICER.**
- The Center's Privacy Officer may be reached by phone or mail at:

Privacy Officer
Mental Health Center of Greater Manchester
401 Cypress Street
Manchester, NH 03103-3699
Phone: (603) 668-4111

COMPLAINTS

You may file a complaint with us by notifying The Center's Privacy Officer of your complaint. We will not retaliate against you for filing a complaint. You may contact The Center's Privacy Officer at (603) 668-4111 for further information about the complaint process. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

EFFECTIVE DATE OF NOTICE

This Notice was published and becomes effective on **July 23, 2018**.