

This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

CBH is required by law to provide you with this Notice so that you will understand how we may use or share your information. Your information includes financial and health information and is referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” We are required to adhere to the terms outlined in this Notice.

WHEN IT COMES TO YOUR PHI, YOU HAVE CERTAIN RIGHTS

Although your health record is the property of CBH, the information belongs to you. You have the following rights regarding your health information:

- ➔ **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.
 - » CBH maintains the following Health Information about its Members:
 - Eligibility
 - Claims
 - Authorizations
 - Clinical information in the CBH electronic health record system and paper health records maintain onsite and offsite
 - Records that CBH relied upon or used to make an approval or denial decision for treatment services
 - » *Please note that CBH business records and Provider business records are not available to Member under the rights to inspect and copy.*
- ➔ **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the 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 health information kept by CBH; or
 - » Is accurate and complete.
- ➔ **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.
- ➔ **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 example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

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.
- ➔ **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

- ➔ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
- ➔ **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall into one of the categories.

- ➔ **For Managing Your Treatment.** We may use or disclose health information about you to doctors, nurses, therapists or other individuals who are involved in your treatment. Different departments within CBH also may share health information about you to coordinate your care. We may also disclose health information about you for treatment activities of a Health Care Provider.

Example: A doctor treating you for a condition asks another doctor about your overall health.

- ➔ **For Payment.** We may use and disclose health information about you so that we are able to pay for the treatment and services you receive.

Example: Health Care Providers may share information about you with CBH so they can be paid for your services.

- ➔ **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all Members receive quality care.

Example: CBH may use health information for quality improvement activities and for professional review, performance evaluation, and training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

OTHER ALLOWABLE USES OF YOUR PHI

- ➔ **Business Associates.** There are some services provided at CBH through contracts with business associates. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do. To protect your health information, however, we require business associates to appropriately safeguard your information.
- ➔ **Providers.** Many services provided to you, as part of your care under CBH, are offered by Providers in the CBH network. These Providers include a variety of physicians, psychologists, therapists, LCSWs, and others.
- ➔ **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- ➔ **As Required by Law.** We will disclose health information about you when required to do so by federal, state, or local law, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- ➔ **To the County Administrator.** We are permitted to share your health information with the County Administrator or their designee who is responsible for overseeing mental health services and must receive information regarding the City's mental health operations to carry out his or her responsibilities.

- ➔ **To Help with Public Health and Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may also share information about you to help prevent disease, help with product recalls, and to report adverse reactions to medication.
- ➔ **Organ and Tissue Donation, and Work with a Medical Examiner or Funeral Director.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation. We may also disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- ➔ **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes to people preparing to conduct a research project so long as the health information they review does not leave CBH.
- ➔ **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ➔ **Reporting** Federal and state laws may require or permit CBH to disclose certain health information related to the following:
 - » *Health Oversight Activities.* These oversight activities may include 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.
 - » *Judicial and Administrative Proceedings:* We may disclose health information about you in response to a court or administrative order, a subpoena, discovery request, but we will make efforts to tell you about the request.
 - » *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a Member has been the victim of abuse, neglect, or domestic violence.
- ➔ **Law Enforcement.** We may disclose health information when requested by a law enforcement official:
 - » In response to a court order, subpoena, warrant, summons or similar process;
 - » To identify or locate a suspect, fugitive, material witness, or missing person;
 - » About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - » About a death we believe may be the result of criminal conduct;
 - » About criminal conduct within CBH; and
 - » In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ➔ **Correctional Institution:** We may disclose health information necessary for your health and the health and safety of others to a correctional institution or its agents should you become incarcerated.

OTHER USES OF HEALTH INFORMATION

CBH might get and maintain information related to your race, ethnicity, language preferences, gender identity, and sexual orientation as part of your CBH enrollment or over the course of managing your care. CBH will only use this information to help you get the services you need, let your providers know about any language access needs, and help CBH create health education materials and programs to improve health outcomes.

CBH participates with one or more secure health information organization networks (each, an “HIO”), including an HIO called “HealthShare Exchange of Southeastern Pennsylvania, Inc., (“HSX”), which makes it possible for CBH to share your Health Information electronically through a securely connected network.

CBH may share or disclose your Health Information to HSX and other secure HIOs, including HIOs, contracted with the Commonwealth of Pennsylvania, and even HIOs in other states. Other healthcare providers, including physicians, hospitals, and other healthcare facilities, that are also connected to the same HIO network as CBH can access your Health Information for treatment, payment, and other authorized purposes, to the extent permitted by law.

You have the right to “opt out” or decline to participate in having CBH share your Health Information through networked HIOs. If you choose to opt out of data sharing through HIOs, CBH will no longer share your Health Information through an HIO network. However, your opt-out will only apply to data sharing through HIOs. It will not prevent how your information is otherwise typically accessed and released to authorized individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or equivalent technology).

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 care that we provided to you.

IMPERMISSIBLE USES OF HEALTH INFORMATION

CBH will never share your information for marketing purposes and will not sell your protected health information to any party. CBH does not use PHI, including your race, ethnicity, language information, gender identity, or sexual orientation for underwriting, rate setting, or benefit determinations. CBH will not use protected health information to discriminate against members for any reason.

CHANGES TO THIS NOTICE

We will post a copy of the current Notice inside CBH and on the CBH website. We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or if you have a complaint related to CBH’s compliance with the privacy rule, you may contact CBH’s Privacy Officer. You may also send a letter to the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint.

Privacy Officer
Community Behavioral Health
801 Market Street, 7th Floor
Philadelphia, PA 19107
(215) 413-8585

Office for Civil Rights, DHHS
801 Market Street, Suite 9300
Philadelphia PA 19107
(215) 861-4441
(215) 861-4440 (TDD)
(215) 861-4431 (Fax)
www.hhs.gov/ocr/privacy/hipaa/complaints

For copies of this notice or questions about CBH’s confidentiality policy as it relates to protected health information, or to exercise any of your rights as listed in this notice, please contact the CBH Privacy Officer as indicated above.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.