

NOTICE OF PRIVACY PRACTICES

Of

CAPITAL AREA BEHAVIORAL HEALTH

COLLABORATIVE, INC. – CABHC

NOTICE OF PRIVACY PRACTICES
OF
CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE,
INC.

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH
INFORMATION MAY BE USED AND DISCLOSED, AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE
REVIEW IT CAREFULLY.**

Effective: April 14, 2003

Revised On: February 4, 2015

**For more information or questions regarding this document, please
contact Judy Goodman at (717) 671-7190 or jgoodman@cabhc.org.**

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WE HAVE A LEGAL DUTY TO PROTECT INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

We are required to protect the privacy of health information that can be identified, called “protected health information” or PHI. We must give notice of our legal duties and privacy practices concerning PHI.

- We must protect PHI that we have received or processed about past, present, or future health condition, health care provided, or payment for health care.
- We must notify how we protect PHI.
- We must explain how, when and why we use and/or disclose PHI.
- We may only use and/or disclose PHI as we have described in this Notice, unless we receive written authorization from you otherwise.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

- Making copies of the revised notice available upon request (either at our offices or through the Privacy Officer listed in the Notice); and
- Posting the revised notice on our website.

WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) IN THE FOLLOWING CIRCUMSTANCES.

a. We may use and disclose PHI for the expressed purpose of accounting for treatment, payment and services rendered to the following authorized governmental entities:

- Commonwealth of Pennsylvania
- Cumberland County
- Dauphin County
- Lancaster County
- Lebanon County
- Perry County

We may use, give and receive medical information, and information regarding the delivery of a coordinated array of mental health and substance abuse services to the above listed counties and state. They will use this information to account for the payment, collection, treatment and services rendered by PerformCare, a managed care organization (MCO) subject to our oversight.

EXAMPLE: We may provide PHI to a county about health plan(s) information, services received and supplies utilized in the performance of services.

b. We may use and disclose PHI for business operations.

We may use and disclose PHI in performing business activities. There are some services provided by our organization via business associates. All of our business associates are required through a contractual basis meet the same HIPAA Privacy standards as CABHC, and to appropriately safeguard PHI.

EXAMPLE: We may disclose PHI to engage in business operations such as:

- For Clinical Purposes
- Supporting Member Relations
- Supporting coordinated services for Children
- Coordinating information between PerformCare and its Provider Network
- For treatment of Behavioral Health Services
- To ensure a high quality of health care delivery by PerformCare and its Providers

c. We may use and disclose PHI to the individual the PHI refers to for ensuring both the quality of health care service and for treatment, payment or operations (TPO).

In our oversight capacity to ensure the effectively managed delivery and quality of medical service, we may disclose PHI to the individual receiving treatment. This disclosure and use may be for the purposes of treatment, payment, operations (TPO) or for other purposes necessary for the arrangement of services.

EXAMPLE: We may disclose PHI to perform HealthChoices oversight activities such as monitoring PerformCare compliance with program standards.

d. We may disclose PHI to assist in issues related to Public Health.

We can share health information about you for certain situations such as preventing disease, reporting adverse reactions to medications, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone's health or safety

EXAMPLE: We may disclose PHI in response to an inquiry pertaining to a suspected incidence of child abuse.

e. We may disclose PHI as authorized and required by law.

We may disclose PHI for law enforcement purposes when all applicable legal requirements have been met. This includes, but is not limited to, law enforcement due to identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or warrant, and grand jury subpoena.

EXAMPLE: We may disclose PHI in response to a court order.

ANY OTHER USE OR DISCLOSURE OF PHI REQUIRES PRIOR WRITTEN AUTHORIZATION.

Under any circumstances other than those listed, we will ask for written authorization before we use or disclose PHI. If you tell us we can disclose PHI in a manner not described in this document, you may change your mind at any time by notifying us in writing. We will never sell PHI or use it for marketing purposes.

YOU HAVE A RIGHT TO BE NOTIFIED IN THE EVENT OF A BREACH OF UNSECURED PHI.

You have the right to be notified in the event of a breach PHI that may have compromised the privacy or security of PHI.

YOU HAVE A RIGHT TO RECEIVE AN ACCOUNTING OF CERTAIN DISCLOSURES OF YOUR PHI.

You have the right to receive an accounting of disclosures of your PHI; an “accounting” being a list of the disclosures that we have made of your information. The request can be made for disclosures other than disclosures made for the purposes of: treatment; payment; health care operations; and those required by law. Requests must be submitted in writing to the CABHC contact person listed in this document.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

The Capital Area Behavioral Health Collaborative, Inc. has an established protocol of filing a complaint regarding issues around a patient’s receipt of medical services that has been expanded to include complaints regarding the disclosure of PHI.

If you believe that:

**YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED BY CABHC, or
YOU HAVE A COMPLAINT ABOUT CABHC’S PRIVACY PRACTICES**

you may file a complaint with the CABHC contact person listed:

Ms. Judy Goodman
Capital Area Behavioral Health Collaborative, Inc.
2300 Vartan Way, Suite 206
Harrisburg, PA 17110
(717) 671-7190
jgoodman@cabhc.org

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You may also send a written complaint to the United States Secretary of the Department of Health and Human Services at the following address:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Washington DC 20201
OCRComplaint@hhs.gov

If a complaint is filed, we will fully investigate, document and notify you of our findings per policy # 01 01 03.

In addition, no punitive action towards the complaint filer will be taken.