

FAYETTE COUNTY BEHAVIORAL HEALTH ADMINISTRATION
NOTICE OF PRIVACY PRACTICES

Revised: July 1, 2016

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Understanding The Type Of Information We Have

We get information about you when you enroll in a health plan. It includes your date of birth, sex, identification number, and other personal information. We also get bills, reports from your doctor, and other data about your medical care.

Our Privacy Commitment To You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, or when we are required by law to do so.

– **Treatment/Habilitation**

We may disclose medical information about you to coordinate your health care. For example, we may notify your doctor about care you get in an emergency room.

– **Payment**

We may use and disclose information so the care you get can be properly billed and paid for. For example, we may ask an emergency room for details before we pay the bill for your care.

– **Business Operations**

We may need to use and disclose information for our business operations. For example, we may use information to review the quality of care you get.

– **Exceptions**

For certain kinds of records, your permission may be needed even for release for treatment, payment, and business operations.

– **As Required By Law**

We will release information when we are required by law to do so. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

– **With Your Permission**

If you give us permission in writing, we may use and disclose your personal information. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to the Fayette County Behavioral Health Administration at the address below.

– **Your Right To Inspect and Copy**

In most cases, you have the right to look at or get copies of your records. You may be charged a fee for the cost of copying your records.

– **Your Right To Amend**

You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

– **Your Right To A List Of Disclosures**

You have the right to ask for a list of disclosures. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or information that was sent with your authorization.

– **Your Right To Request Restrictions On Our Use Or Disclosure Of Information**

You have the right to ask for limits on how your information is used or disclosed. We are not required to agree to such requests.

– **Your Right To Request Confidential Communications**

You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. You do not have to explain the basis for your request.

– **Notification Of Breach Of Protected Health Information**

We will notify you by telephone as soon as a breach of protected health information has been discovered. If we are unable to reach you by telephone, a letter advising you of this breach will be sent to you within five business days.

Changes To This Notice

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any material changes to our notice will be mailed to you before it takes effect.

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call us or write to us. If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to The Federal Government:

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

U. S. Department of Health and Human Services
Office of Civil Rights
Centralized Case Management Operations
200 Independence Ave., S. W.
Suite 515F, HHH Building
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
FAX: (202) 619-3818
TDD: (800) 537-7697

For all complaints filed by e-mail, send to: ocrmail@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Complaints & Communications to Us:

If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to:

Privacy Officer
Fayette County Behavioral Health Administration (FCBHA)
215 Jacob Murphy Lane
Uniontown, PA 15401
Telephone: (724) 430-1370 (Ask to speak with the Privacy Officer)
Toll-free: (877) 646-7329
FAX: (724) 430-1386
Email: PrivacyOfficer@fcbha.org

You will not be penalized for filing a complaint.

Copies of This Notice:

You have the right to receive an additional copy of this notice at any time. Please call or write to us to request a copy.