

# ORANGE COUNTY DEPARTMENT OF MENTAL HEALTH

## Notice of Privacy Practices

Effective Date: April 14, 2003

**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.**

The Orange County Department of Mental Health is required by law to maintain the privacy of your medical information and to give you this notice of legal duties and privacy practices with respect to medical information about you. This notice may be revised at any time. Any revisions will be effective for past, present or future medical information we have about you. The Orange County Department of Mental Health is required to follow the terms of the most current notice and will post it in all sites where services are delivered. You will be able to request a copy at these sites. In addition, each time you begin services or are admitted to the Orange County Department of Mental Health, you will receive a copy of the notice.

### **ALL EMPLOYED AND CONTRACT STAFF WILL FOLLOW THIS NOTICE**

#### **Uses and Disclosures of Health Information:**

**For Treatment:** To your doctor and for referrals, appointment reminders and coordination with programs that may be involved in your care such as friend or family members, labs pharmacy, medical equipment provider, or meals on wheels.

**For Payment:** To the insurance company, copies of notes related to treatment and services you received may be required to accompany the bill.

**For Health Care Operations:** To run the Agency and to assess patient care, such as reviewing our treatment and services and to evaluate the performance of staff in caring for you.

**\*If Applicable** – may contact the individual for appointment reminders or to give information regarding treatment alternatives.

#### **Special Situations – Protected Health Information may be released without your consent or authorization:**

**As Required by Law and to avert serious threat to health and safety:** In response to a court order, to identify or locate a suspect, fugitive, material witness, or missing person; In emergency circumstances to report details of a crime, suspected crime, or about the victim of a crime if under certain limited circumstances, we are unable to obtain the person's agreement; National Security, intelligence activities, and protective services of the President.

**Public Health Risks – To prevent or control disease, injury or disability; To report births and deaths;** to report child abuse or neglect or domestic violence when required or authorized by law; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and in the event of a disaster.

**Health Oversight Activities** – including audits, investigations, inspections, and licensure activities as required by State or Federal Mandate.

**Coroners, Medical Examiners and Funeral Directors** – For identification purposes, to determine cause of death or as necessary to carry out their duties.

**Organ and Tissue Donation** – If a donor, to an organization that handles organ procurement.

**Research – If reviewed by an Institutional Review Board**

**Military and Veterans** – As required by military command authorities.

**Workers Compensation** – As required to comply with laws relating to workers compensation.

(Exceptions to release without consent – We will follow the provisions of 42 CFR Part 2, which severely restricts the release of protected health information if the records are from substance abuse treatment. There are also special rules about releasing **HIV/AIDS/STD** services. The Department must make special efforts to protect the names of people who receive these services.

**Other Uses of Medical Information** not covered by this notice or applicable law will be made only with your written permission. Permission may be revoked by you in writing at any time. Please understand that we are unable to take back any disclosures we have already made with your permission.

**You have the right to:**

- **Request a restriction** on the medical information we use or disclose about you. 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. A request for restrictions must be made in writing to the **Director** and must specify the information to be restricted, if restriction is for use and/or disclosure, and who the restriction applies to.
- **Request Confidential Communications** – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Written request must be submitted to the Privacy Officer/designee. 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.
- **Inspect and copy** medical information (usually medical and billing records) that may be used to make decisions about your care. Request must be in writing to the attention of the Privacy Official. A fee of 75 cents per page may be charged for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. A denial will be issued in writing with instructions on how to request a review of the denial.
- **Request an amendment** if you feel that medical information we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is kept by or for the Agency. The written request must be submitted to Privacy Officer/designee with a reason that supports your request. Your request for an amendment may be denied. You will receive the denial in writing with an explanation and instructions on how to appeal the denial decision.
- **Receive an accounting of disclosures** for reasons other than treatment, payment or health care operations. Requests must be in writing to the Privacy Officer/designee and state a time period which may not be longer than six years or include dates prior to April 14, 2003. The list will be a paper copy and the first list you request within a 12 month period will be free. Additional lists may incur a cost. You will be notified of the amount involved to give you the opportunity to withdraw or modify your request before any costs are incurred.
- **Receive a paper copy of this notice no later than the date of the first service delivery and a new copy whenever it is updated upon request.**

**Complaints:**

If you believe that your privacy rights have been violated, you have the right to complain without fear of reprisal or retaliation. Complaints can be made to the Complaints Officer/designee. (See Below) Written complaints can also be made directly to the Department of Health and Human Services Secretary. The Complaints Officer/designee will provide you with the appropriate address upon request.

**Complaint Officer - Joseph Perales – Phone (845) 568-5260 Address: 141 Broadway, Newburgh, NY 12550**



## DEPARTMENT OF MENTAL HEALTH CHILD AND FAMILY CLINIC

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Darcie M. Miller, LCSW  
*Commissioner*

**Edward A. Diana**  
*County Executive*

141 Broadway  
Newburgh, New York 12550  
*Tel (845) 568-5260 • Fax (845) 568-5213*  
[www.orangecountygov.com](http://www.orangecountygov.com)

### Acknowledgement of Receipt of Notice of Privacy Practices

I received the Notice of Privacy Practices of this Department

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness