

**Niagara County Department of Mental Health**  
**Notice of Privacy Practices**  
**And**  
**Confidentiality of Chemical Dependency Patient**  
**Records**  
**Client Acknowledgement Form**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting your clinician, the program manager, or the privacy officer.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

**Federal Law and Regulations (42 CFR Part 2 of the Federal Confidentiality Law) permits the Niagara County Department of Mental Health (NCDMH) to disclose information without your written permission in the following instances:**

- 1. The disclosure is allowed by a Court Order,**
- 2. Pursuant to an agreement with a qualified service organization/business associate,**
- 3. To report a crime committed on NCDMH's premises or against NCDMH personnel,**
- 4. To medical personnel in a medical emergency,**
- 5. To qualified personnel for research, audit or program evaluations,**
- 6. To appropriate authorities to report suspected child abuse or neglect,**
- 7. For internal program communication,**
- 8. For communication that does not disclose the identity of the client.**

By signing this form you acknowledge receipt of , **and consent to** the Niagara County Department of Mental Health's Notice of Privacy Practices regarding our use and disclosure of protected health information about you for treatment, payment and health care operations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NIAGARA COUNTY DEPARTMENT OF MENTAL HEALTH

**NOTICE OF PRIVACY PRACTICES**

**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.**

If you have any questions about this notice, please contact your clinician, program manager, or the Privacy Officer.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the Niagara County Department of Mental Health’s practices and that of:

- All divisions and units of the Department of Mental Health.
- All employees and staff.
- Any volunteer, contractor, student intern, or any health care professional authorized to enter information into your chart.

**WE ARE REQUIRED BY LAW  
TO PROTECT HEALTH INFORMATION (PHI) ABOUT YOU**

We are required by law to protect the privacy of health care information about you and that identifies you. This PHI may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future condition and/or treatment.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to PHI. We are legally required to follow the terms of this Notice. In other words, we are only allowed to use and disclose PHI in the manner that we have described in this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all PHI information that we maintain. If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request with your clinician and/or program manager. (You may always contact our Privacy Officer at (716) 439-7410 to obtain a copy of the current Notice)

The rest of this Notice will:

- Discuss how we may use and disclose PHI about you
- Explain your rights with respect to PHI about you
- Describe how and where you may file a privacy-related complaint

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, contact your clinician, program manager, or the Privacy Officer.

**HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU**

**The following categories describe different ways that we use and disclose PHI. We will disclose only the minimum necessary, and will do so in accordance to State and Federal licensure standards. Also where applicable a consent for release will be obtained (for example specific drug/alcohol release forms, specific HIV release forms, etc.). For each category of uses or disclosures listed below, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.**

- **For Treatment:** We may use PHI about you to provide you with treatment or services. We may disclose PHI about you to doctors, nurses, clinicians, or other personnel who are involved in taking care of you. For example, information obtained for the Niagara Falls Adult Mental Health Clinic may be shared with other divisions within the Mental Health Department, such as Niagara County Drug Abuse Program, Methadone Maintenance Treatment Program, Lockport Adult Mental Health Clinic,

Assisted Outpatient Treatment Program, Crisis Hotline Services, Rape Crisis/Adult Survivors Program, Competitive Employment Program, Single Point of Access Program, and Jail Forensic Mental Health Program. Different divisions of the Niagara County Mental Health Department may share PHI about you in order to coordinate the different services you need. We also may disclose PHI information about you to people outside the department who may be involved in your care after you leave our service, such as family members or others we use to provide services that are part of your care.

- **For Payment:** We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health care information about treatment you received so your health plan will pay us or reimburse you for the care.
- **For Health Care Operations:** We may use and disclose PHI about you for health care services. These uses and disclosures are necessary to make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine PHI about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, clinicians, and other personnel for review and learning purposes. We may also combine the PHI we have with information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of information so others may use it to study health care and health care delivery without learning who the specific clients are.
- **Appointment Reminders:** We may use and disclose PHI to contact you as a reminder that you have an appointment.
- **Health-Related Benefits and Services:** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release PHI about you to a friend or family member who is involved in your treatment. We may also give information to someone who helps pay for your treatment. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Research:** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the research needs with clients' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process, but we may, however, disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the department. We will always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **As Required By Law:** We will disclose PHI about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## SPECIAL SITUATIONS

- **Workers' Compensation:** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks:** We may disclose PHI about you for public health activities. These activities generally include the following:
  - to prevent or control disease, injury or disability
  - to report births and deaths
  - to report child abuse or neglect
  - 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
  - to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Oversight Activities:** We may disclose PHI to a department oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, reviews, inspections, and licensure. These activities are necessary for the government to monitor the mental health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may release PHI if asked to do so 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
  - About a death we believe may be the result of criminal conduct
  - About criminal conduct at the department; 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.
- **National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with treatment; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

<p><b>YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU</b></p>
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You have the following rights regarding PHI we maintain about you:

- **Right to Inspect and Copy:** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes doctor and billing records, but does not include psychotherapy notes.  
 To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the clinician and/or program manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.  
 We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed mental health care professional chosen by the department will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend:** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the department.  
 To request an amendment, your request must be made in writing and submitted to the clinician and/or program manager. In addition, you must provide a reason that supports your request.  
 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 PHI kept by or for the department
  - Is not part of the information which you would be permitted to inspect and copy 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 the disclosures we made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to the clinician and/or program manager. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about treatment you had.

**The Niagara County Department of Mental Health is 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.

To request restrictions, you must make your request in writing to the clinician and/or program manager. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential (Alternate) Communications:** You have the right to request that we communicate with you about PHI matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the clinician and/or program manager. 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.

- **Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice at our website at [www.niagaracounty.com](http://www.niagaracounty.com).

To obtain a paper copy of this notice, contact your clinician, program manager, or privacy officer.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the department. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted for treatment, we will offer you a copy of the current notice in effect.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the department or with the Secretary of the Department of Health and Human Services. To file a complaint with the Niagara County Mental Health Department, contact your clinician and or program manager as follows: Niagara Falls Adult Mental Health Clinic (716) 278-71940, Lockport Adult Mental Health Clinic (716) 439-7400, Drug Abuse Program (716) 278-8110, Methadone Maintenance Treatment Program (716) 278-8110, Rape Crisis/Adult Survivors Program (716) 278-1940, Competitive Employment Program (716) 278-1940, Crisis Hotline Services (716) 285-3519, Assisted Outpatient Treatment Program (716) 439-7412, Single Point of Access (716) 439-7410, and Jail Forensic Mental Health Program (716) 439-7410. Complaints may also be addressed with the Privacy Officer (716) 439-7410 and the Director of Community Services (716) 439-7410. All complaints must be submitted in writing. **(You will not be penalized for filing a complaint.)**

## OTHER USES OF PROTECTED HEALTH INFORMATION (PHI)

Other uses and disclosures of PHI, 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 PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI 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.

