

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

******* PLEASE REVIEW CAREFULLY *******

If you have any questions about this Privacy Notice, please contact our Privacy Officer, Shakira Berg at (970) 252-3200.

I. This Privacy Notice (“Notice”) became effective on April 13, 2004. The Notice describes how The Center for Mental Health (CMH) may use and disclose your Protected Health Information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding health information CMH maintains about you and a brief description of how you may exercise your rights. This notice further states the obligations CMH has to protect your health information.

II. Protected Health Information

Protected Health Information (PHI) means health information (including identifying information about you) that CMH has collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. PHI may include information about your past, present or future physical or mental health condition, the provision of your health care and payment for your health care services.

CMH is required by law to maintain the privacy of your health information and to provide you with this notice of CMH’s legal duties and privacy practices with respect to your health information. CMH is also required to comply with the terms of its current Privacy Notice.

III. How CMH Will Use and Disclose Your Health Information

CMH will use and disclose your health information as described in the categories listed below. The following information will give you a general explanation of the uses or disclosures of health information but will not describe all specific uses or disclosures of health information.

Uses and Disclosures for Treatment, Payment and Operations

A. Treatment

CMH will use and disclose your PHI without your authorization to provide your health care and any related services. CMH will also use and disclose your health information to coordinate and manage your health care and related services.

Examples

- Your health information may need to be disclosed to a case manager who is responsible for coordinating your care.

- Your health information may be disclosed to clinicians (other than your therapist) or staff at CMH to discuss your care at a case conference.
- Your health information may be disclosed (without your authorization) to another health care provider (your primary care physician) or a laboratory working outside of CMH for the purpose of your treatment care.

B. Payment

CMH may use or disclose your health information without your authorization to your health plan or other third party payer for billing and reimbursement purposes.

Examples

CMH may disclose your health information to your health care plan to:

- Determine eligibility or coverage for health insurance.
- Review your services to determine if they were medically necessary.
- Review your services to determine if they were appropriately authorized or certified in advance of your care; or
- Review your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care and/or make a determination to approve additional visits to your therapist.
- CMH may disclose your health information to another health care provider so that the provider can bill you for services provided to you.

Example

- An ambulance service that transported you to the hospital.

C. Health Care Operations

CMH may use and disclose your health information without your authorization for its health care operations. These uses and disclosures are necessary to run our organization and make sure that our clients receive quality care. These activities may include the following:

- Quality Assessment and Improvement
- Reviewing the performance and qualifications of our clinicians
- Training students in clinical activities
- Licensing and accreditation
- Business planning and development
- General administrative activities
- Combining the PHI of many of our clients to decide what additional services CMH should offer, what services are no longer needed and whether certain treatments are effective
- Providing your PHI to other health care providers or to your health plan to assist them in performing certain of their own health care operations, such as their quality assurance activities, only if you have had a relationship with the other provider or health care plan.
- To contact you to remind you of your appointment
- To inform you about possible treatment options or alternatives that may be of interest to you.

IV. Health-Related Benefits and Services

CMH may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you. If you do not wish to be provided with this information, you need to notify the **Privacy Officer, Shakira Berg in writing, at 2130 E. Main Street, Montrose, Colorado 81401**, stating clearly that you do not want to receive materials about health-related benefits or services.

A. Uses and Disclosures That May Be Made Without Your Authorization, But For Which You Will Have An Opportunity To Object

Persons Involved In Your Care

CMH may provide health information about you to someone who helps pay for your care. CMH may use or disclose your health information regarding your location, general condition or death to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care. CMH may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

In limited circumstances, CMH may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information will only be disclosed with your agreement to persons you designate to be involved in your care. However, in emergency situations, CMH may disclose your health information to a spouse, family member, or friend so that such person may assist in your care.

In this case, CMH will determine whether the disclosure is in your best interests and if so, only information that is directly relevant to participation in your care will be disclosed. If you are not in an emergency situation but are unable to make health care decisions, CMH will disclose your health information to:

- A person designated to participate in your care in accordance with an advance directive validly executed under state law.
- Your guardian or other fiduciary if one has been appointed by a court, or ☐
If applicable, the state agency responsible for consenting to your care.

B. Uses And Disclosures That May Be Made Without Your Authorization Or Opportunity To Object

Emergencies

CMH may use and disclose your health information in an emergency treatment situation. By way of example, CMH may provide your health information to a paramedic who is transporting you in an ambulance. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your authorization but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.

Research

CMH may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

Required by Law

CMH will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

CMH may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, CMH will only disclose health information to someone who is able to help prevent or lessen the threat.

Organ and Tissue Donation

If you are an organ donor, CMH may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

Public Health Activities

CMH may disclose health information about you as necessary for public health activities including disclosures to:

- Report to public health authorities for the purpose of preventing or controlling disease, injury or disability.
- Report vital events such as birth or death.
- Conduct public health surveillance or investigations.
- Report child abuse or neglect.
- Report certain events to the Food and Drug Administration (FDA) or to a person subject to the jurisdiction of the FDA including information about defective products or problems with medications.
- Notify consumers about FDA-initiated product recalls.
- Notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition.
- Notify the appropriate government agency if it believes you have been a victim of abuse, neglect or domestic violence. CMH will only notify an agency if it obtains your agreement or if we are required or authorized by law to report such abuse, neglect or domestic violence.

Health Oversight Activities

CMH may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care and civil rights laws.

Disclosures in Legal Proceedings

CMH may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. CMH may also disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when:

- ☐ CMH receives a subpoena for your health information in response to a subpoena without your authorization if the request is for records of a federally-assisted substance abuse program.

Law Enforcement Activities

CMH may disclose health information to a law enforcement official for law enforcement purposes when:

- A court order, subpoena, warrant, summons or similar process requires us to do so; or
- The information is needed to identify or locate a suspect, fugitive, material witness or missing person; or
- CMH reports a death that it believes may be the result of criminal conduct; or
- CMH reports criminal conduct occurring on the premises of its facility; or
- CMH determines that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or ☐ The disclosure is otherwise required by law.

CMH may also disclose health information about a client who is a victim of a crime, without a court order or without being required to do so by law. However, CMH will do so only if the disclosure has been requested by a law enforcement official and the victim agrees to the disclosure, or in the case of the victim's incapacity, the following occurs:

The law enforcement official represents to us that:

- (i) The victim is not the subject of the investigation; and
- (ii) An immediate law enforcement activity to meet a serious danger to the victim or others depends upon the disclosure; and
- (iii) CMH determines that the disclosure is in the victim's best interest.

Medical Examiners or Funeral Directors

CMH may provide health information about our consumers to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. CMH may also disclose health information about our consumers to funeral directors as necessary to carry out their duties.

Military and Veterans

If you are a member of the armed forces, CMH may disclose your health information as required by military command authorities. CMH may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.

National Security and Protective Services for the President and Others

CMH may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. CMH may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, so that they may conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, CMH may disclose health information about you to the correctional institution or law enforcement official.

Workers' Compensation

CMH may disclose health information about you to comply with the state's Workers' Compensation Law.

C. Uses And Disclosures Of Your Health Information With Your Permission

Uses and disclosures not described in Section III of this Notice of Privacy Practices will generally only be made with your written authorization. You have the right to revoke an authorization at any time. If you revoke your authorization, CMH will not make any further uses or disclosures of your health information under that authorization, unless it has already taken an action relying upon the uses or disclosures you have previously authorized.

V. Your Rights Regarding Your Health Information

Right to Inspect and Copy

You have the right to request an opportunity to inspect or copy health information used to make decisions about your care, whether they are decisions about your treatment or payment of your care. Usually, this information includes clinical and billing records, but not psychotherapy notes.

If you wish to do so, you must submit your request in writing to our **Privacy Officer, Shakira Berg at 2130 E. Main Street, Montrose, CO 81401.**

If you request a copy of the information, CMH will charge:

- 1) A client; or a parent, or personal representative as defined in HIPAA CFR 164.502(g) a fee of \$14.00 for the first 10 or fewer pages and \$.50 for each additional page 11-40, and \$.33 per page exceeding 40 pages for the cost of copying, mailing and supplies associated with your request. This fee must be paid before you receive the copies.
- 2) A representative other than the above, \$16.50 for the first 10 or fewer pages; \$.75 per page for each additional page 11-40; and \$.50 for each page exceeding 40. (Ref: 6 C.C.R. 1011-1, Chapter 2, Part 5.2.3.4)

CMH may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional who was not directly involved in the original decision to deny access. CMH will inform you in writing if the denial of your request may be reviewed. Once the review is completed, CMH will honor the decision made by the licensed health care professional reviewer.

Right to Amend

For as long as CMH keeps records about you, you have the right to request CMH to amend any health information used to make decisions about your care, whether they are decisions about your treatment or payment of your care. Usually, this information includes clinical and billing records, but not psychotherapy notes.

To request an amendment, you need to submit a written document, telling CMH why you believe the information is incorrect or inaccurate. This document needs to be sent to the Privacy Officer, Shakira Berg at 2130 E. Main Street, Montrose, CO 81401. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- Was not created by CMH, unless the person or entity that created the health information is no longer available to make the amendment.
- Is not part of the health information CMH maintains to make decisions about your care. ☐ Is not part of the health information that you would be permitted to inspect or copy; or ☐ Is accurate and complete.

If CMH denies your request to amend, we will send you a written notice of the denial stating the basis for the denial and offer you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written Statement of Disagreement, you may ask that the requested amendment and CMH's denial be attached to all future disclosures of the health information that is subject of your request. If you choose to submit a written Statement of Disagreement, CMH has the right to prepare a written rebuttal to your Statement of Disagreement. In this case, CMH will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

Right to an Accounting of Disclosures

You have the right to request that CMH provide you with an accounting of disclosures CMH has made of your health information. An accounting is a list of disclosures, but the list will not include certain disclosures of your health information such as those we have made for purposes of treatment, payment and health care operations. To request an accounting of disclosures, you must submit your request in writing to the **Privacy Officer, Shakira Berg at 2130 E. Main Street, Montrose, CO 81401.**

For your convenience, you may submit your request on a "Request for Accounting" form which you may obtain from our Privacy Officer, Shakira Berg. The request should state the time period for which you wish to receive an accounting. This time period **should not be longer than seven years and not include dates before January 2007.**

The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you for the cost of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before CMH incurs any cost.

Right to Request Restrictions

You have the right to request a restriction on the health information CMH uses or discloses about you for treatment, payment or health care operations. To request a restriction, you must request the restriction in writing and address it to the **Privacy Officer, Shakira Berg at 2130 E. Main Street, Montrose, CO 81401.** The Privacy Officer, Shakira Berg will ask you to sign a Request for Restriction form, which you should complete and return to the Privacy Officer, Shakira Berg. CMH is not required to agree to a restriction that you may request. If CMH does agree, it will honor your request unless the restricted information is needed to provide you with emergency treatment.

Right to Request Confidential Communications

You have the right to request that CMH communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must submit your request in writing to the **Privacy Officer, Shakira Berg at 2130 E. Main Street, Montrose, CO 81401.**

CMH will accommodate all reasonable requests. You do not need to give CMH a reason for the request, but your request must specify how or where you wish to be contacted.

Records Retention: CMH's policy is to retain client records for ten (10) years, or in the case of minors, for ten (10) years after the client's 18th birthdate. Under Colorado law, you must file a complaint regarding appropriate retention of records within seven (7) years of discovering that your records were not maintained according to state and federal laws. You may file a complaint with the Department of Regulatory Agencies specific to a suspected violation of records retention laws.

Right to Obtain a Paper Copy of This Notice

All Center consumers will be given a paper copy of this Notice if requested. If you have agreed to receive this Privacy Notice electronically, you have the right to request a paper copy of this Privacy Notice, at any time, by contacting our **Privacy Officer, Shakira Berg at 2130 E. Main Street, Montrose, CO 81401.**

VI. Confidentiality Of Substance Abuse Records

For individuals who have received treatment, diagnosis or referral for treatment from CMH's drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. As a general rule, CMH may not tell a person outside the program that you attend any of these programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- You authorize the disclosure in writing; or
- The disclosure is permitted by a court order; or
- The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- You threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for our drug abuse or alcohol programs.

A violation by CMH of the federal law and regulations governing drug or alcohol abuse is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit CMH to report suspected child abuse or neglect under state law to appropriate state or local authorities. Further information can be found at 42 U.S.C. Section 290dd-2 for federal law and 42 C.F.R., Part 2 for federal regulations governing confidentiality of alcohol and drug abuse patient records.

VII. Complaints

If you believe your privacy rights have been violated, you may file a complaint with CMH or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with CMH, you may do so by submitting your complaint in writing to **Shakira Berg, 2130 E. Main Street, Montrose, CO 81401.** If you need assistance in filing your complaint, you can contact **the Privacy Officer, Shakira Berg, at (970) 252-3200.**

CMH will not retaliate against you for filing a complaint.

VIII. Changes to this Notice

CMH reserves the right to change the terms of our Notice of Privacy Practices. CMH also reserves the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. CMH will post a copy of the current Notice of Privacy practices at its main office and at each site where it provides care. You will be given a copy of the current Notice and may also obtain a copy of the Current Privacy Notice by accessing our website at www.centermh.org or by calling CMH at (970) 252-3200 and requesting a copy be sent to you by mail or by asking for one any time you are at CMH's offices.

IX. Who Will Follow This Notice

Attached is a list of The Center for Mental Health Offices who will follow this Privacy Notice. The entities noted on the attached list may share health information with each other for treatment, payment or health care operation purposes.

THE CENTER FOR MENTAL HEALTH OFFICES WHO WILL FOLLOW THE PRIVACY NOTICE

Montrose
605 East Miami
Montrose, CO 81401
(970) 252-3200

Telluride
238 E. Colorado Ave, Suite 9
Telluride, CO 81435
(970) 252-3200

Ridgway
177 Sherman Street, Suite 103
Ridgway, CO 81432
(970) 252-3200

Delta
107 W 11th Street
Delta, CO 81426
(970) 252-3200

Gunnison
710 North Taylor
Gunnison, CO 81230
(970) 252-3200

Crested Butte
214 6th Street, Suite 4
Crested Butte, CO 81224
(970) 252-3200

Norwood
1175 Grand Avenue
Norwood, CO 81423
(970) 252-3200

Naturita
421 W. Adams Street
Naturita, CO 81424
(970) 252-3200

Hotchkiss
110 Hotchkiss Ave.
Hotchkiss, CO 81419
(970) 252-3200

Crisis Walk-In Center
300 N. Cascade Ave
Montrose, CO 81401
(970) 252-6220

Gunnison
Western Colorado University
Crystal Hall, Adams Street
Gunnison, CO 81424
(970) 642-4615

EMERGENCY SERVICES (970) 252-6220, Available 24 hours per day, 7 days a week.