

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.

Protecting your Confidentiality is Important to WCSI

WCSI is required by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to give you this Notice describing our privacy practices, our legal duties, and your rights. This Notice describes how we use, disclose, collect, handle and safeguard your "protected health information". We are required by applicable federal and state laws to maintain your privacy, and to abide by the terms of this Notice.

WCSI has always understood and respected the importance of your Privacy. We view the new HIPAA Privacy Rule as an opportunity for WCSI to enhance our existing high standards in protecting your confidential information.

You have several rights concerning your WCSI record and protected health information. We want you to be aware of your individual privacy rights.

Our WCSI programs make a written record of all of your services. Typically, this record contains your assessment, eligibility information, service plan, diagnosis, service documentation, and plans for future services and/or treatment recommendations.

I. Your Individual Privacy Rights

- **You have the right to ask to see and /or receive a copy your medical records in hard copy or electronic format.** We may tell you that you cannot see or copy some of your medical records. We will give you a written explanation of our decision, and this will become part of your medical record.
- **You have the right to ask for an amendment to your medical record if you believe information in the record is inaccurate or incomplete.** We will give you a written explanation of our decision, and this will become part of your medical record.
- **You have the right to ask for an accounting of disclosures made by WCSI of your protected health information for reasons listed in Section III (1-10) or any reason other than the reasons listed in Sections II, III (11-12) and IV of this Notice.** WCSI will maintain a six year history of such disclosures.
- **You have the right to ask WCSI to limit the use or disclosure of your protected health information.** The WCSI Privacy Officer will carefully review your request and promptly inform you of the decision. Any limit on the use or disclosure of your information must not prevent WCSI from providing effective services, receiving payment, and monitoring our health care operations. We are not required by law to agree to your request. If we do agree, we are bound by the agreement except under certain emergency circumstances.
- **You have the right to ask that we communicate with you about services in a certain way or at a certain location such as calling alternate phone numbers or sending mail to an alternate address.** We will agree to all reasonable requests.

- **All of your requests must be made in writing, signed and dated, to the WCSI Privacy Officer.**
- **You may be charged a fee for the costs of copying and mailing records, and the use of other supplies associated with your requests.**
- **You have the right to receive notification when your PHI has been impermissibly used or disclosed unless a risk assessment determines a low probability that your information has been compromised.**

II. Permitted Uses and Disclosures of Your Information

The law permits WCSI to use and disclose your protected health information that is minimally necessary for the purposes of services, payment and health care operations.

Examples of services, payment and health care operations

- **Services:** Casemanagement/Supports Coordination/Service Coordination

For example, in order to provide effective service delivery, WCSI uses your medical record and protected health information as (i) a basis for your individual plan; and (ii) as a means of communication among various health professions, MH/MR service providers, community resources and natural, informal or unpaid supports who contribute to your care; and (iii) to assess, coordinate, identify, locate, refer to, advocate for and monitor treatment, services and supports.

- **Payment:** To bill or obtain funding for service delivery

For example, in order to receive payment or funding for services provided to you, WCSI uses your medical record and protected health information as a means by which you or third party payors, such as the Medical Assistance Program, Value Behavioral Health of Pa., Community Care Behavioral Health, Westmoreland County MH/MR Program, etc. can verify that the services billed were actually provided.

- **Operations:** Quality Assurance/Business/Data Management/Licensing/Credentialing

For example, WCSI uses your medical record and protected health information for internal/external program audits, credentialing reviews, licensing visits, continuous quality improvement, county and state statistical reporting, budget development, independent fiscal audits and planning.

- **Business Associates**

We may share your information with others called “business associates,” who provide services on our behalf. Our business associates must agree in writing to protect the confidentiality of any information shared. For example, we may share your information with our computer software consultant who develops our consumer database.

- **Individuals Involved in Your Care**

With your verbal or written consent, WCSI may release health information about you to a close friend, family member or other person who you have identified as being involved in your services. You may object to this sharing of your information at any time. In an emergency situation, and when our professional judgment believes it to be in your best interest, we will share your protected health information with individuals involved in your care.

III. Uses and Disclosures of your Information that do NOT require Consent, Authorization or an Opportunity to Agree or Object

Under **specific** circumstances, federal and state laws require the non-consensual use or disclosure of your protected health information. In accordance with the HIPAA Privacy Rule, WCSI will document all such uses and disclosures in your medical record.

These specific circumstances are:

1. Disclosures about victims of abuse, neglect and exploitation, for example, mandated reporting of child abuse.
2. Disclosures for judicial and administrative proceedings.
3. Uses or disclosures to avoid a serious threat to health or safety, for example, specific threat to hurt you, another person or the public.
4. Uses and disclosures required by law.
5. Uses and disclosures for public health activities, for example, certain contagious diseases are reportable.
6. Disclosures for law enforcement purposes, for example, emergency, missing person.
7. Disclosures for workers’ compensation.
8. Uses and disclosures for specialized government functions including military, veteran and presidential activities.

9. Uses and disclosures about decedents to coroners, medical examiners and funeral directors.
10. To the Department of Health and Human Services in connection with any investigation regarding WCSI’s compliance with federal regulations.
11. Uses and disclosures to correctional facilities about inmates.
12. National Security and Intelligence.

IV. Uses and Disclosures of Your Information by Your Authorization Only

We are required to get your *authorization* to use or disclose your protected health information for any reason other than for those reasons listed in Sections II. and III. of this Notice. We use an *Authorization for Consent to Release Health Information* form that specifically states what information will be given, and to whom, and for what purpose. The form must be signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement submitted to the WCSI Privacy Officer, except to the extent that we have acted on your Authorization.

V. Changes to Privacy Practices

WCSI reserves the right to change any of our privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all protected health information that we maintain.

Any revised Privacy Notices will be posted at all service sites, and will be available upon request.

VI. Filing a Complaint

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with WCSI or the U.S. Department of Health and Human Services. For additional information regarding our Privacy Policy and practices, or the federal and state laws regarding privacy, please contact:

Privacy Officer

Westmoreland Casemanagement and Supports, Inc.
770 East Pittsburgh Street
Greensburg, PA 15601
(724) 837-1808

Secretary of Health and Human Services
Immediate Office of the Secretary
Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 690-7000

****WCSI has initiated a Breach Notification standard for compliance under the Health Information Technology for Economic and Clinical Health Act (HITECH Act) of February 17, 2009; 74 Fed. Reg. 42740 (August 24, 2009) and Subpart D to 45 C.F.R. Part 164 as part of the American Recovery and Reinvestment Act of 2009.**