

NOTICE OF PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL (INCLUDING MENTAL HEALTH) INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: This Notice of Privacy Rights is effective on January 1, 2015

I. Understanding Your Health Information

During the process of providing services to you, the Aurora Mental Health Center will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

II. Organized Health Care Arrangement (“OHCA”)

Metro Community Provider Network, Inc. (“MCPN”), Jefferson Center for Mental Health (“JCMH”), Aurora Comprehensive Community Mental Health Center, Inc. d/b/a Aurora Community Mental Health Center, Inc. (“AUMHC”), Arapahoe Mental Health Center, Inc. d/b/a Arapahoe/Douglas Mental Health Network (“ADMHN”), and Arapahoe House, Inc. (“Arapahoe House”) have agreed to form and to enter into an organized health care arrangement (the “Integrated Care OHCA”). Members of the Integrated Care OHCA may share your health information with other members of the Integrated Care OHCA for the purposes of treatment, payment, and health care operations in order to better address your health care needs.

III. Health Information Exchange

Aurora Mental Health Center participates in a Health Information Exchange for the purposes of providing our clients with improved health care. CORHIO (The Colorado Regional Health Information Organization) provides a confidential electronic system that allows your Aurora Mental Health Center Treatment Team to see your medical records from hospitals. If you do not want Aurora Mental Health Center to be able to access your health information in this system, please ask the front desk for an “opt out” form. This form will prevent your information from being accessible in the statewide network. If you have questions about the Health Information Exchange, please ask for more information at our front desk or visit www.CORHIO.org

IV. Uses and Disclosures of Protected Information

A. General Uses and Disclosures Not Requiring the Client’s Consent

The Center will use and disclose protected health information in following ways:

1. *Treatment.* Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, Center staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.

2. *Payment.* Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, the Center will use your information to develop accounts receivable information, bill you, and with your consent, provide information to your insurance company for services provided. The information provided to insurers and other third party payors may include information that identifies you, as well as your diagnosis, type of service, date of service, provider name/identifier, and other information about your condition and treatment. If you are covered by Medicaid, information will be provided to the State of Colorado’s Medicaid program, including but not limited to your

treatment, condition, diagnosis, and services received.

3. *Health Care Operations.* Health Care Operations refers to activities undertaken by the Center that are regular functions of management and administrative activities. For example, the Center may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.

4. *Contacting the Client.* The Center may contact you to remind you of appointments, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, and to tell you about health-related benefits or other services that might be of benefit to you.

5. *Required by Law.* The Center will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information, provided that you have been given notice and an opportunity for a hearing; (c) when there is a legal duty to warn or take action regarding imminent danger to a specific person or persons; (d) when required to report certain communicable diseases and certain injuries; and (e) when a Coroner is investigating the client's death.

6. *Health Oversight Activities.* The Center may disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs or determining compliance with program standards.

7. *Crimes on the premises or observed by Center personnel.* Crimes that are observed by Center staff, that are directed toward staff, or occur on the Center's premises will be reported to law enforcement.

8. *Business Associates.* Some of the functions of the Center are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.

9. *Research.* The Center may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation and applicable state law are followed.

10. *Involuntary Clients.* Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.

11. *Family Members.* Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.

12. *Fund Raising.* The Center, or its fund raising Foundation, may contact clients as a part of its fund raising activities. In such case the Center will disclose only limited information about clients including: demographic information (name, address, other contact information, age, gender, and date of birth); dates of health care provided; department of service; treating physician; whether there was a positive or negative outcome; and health insurance status. If a client does not want us to contact them for fundraising efforts, the client has the right to opt-out of receiving such communications.

B. Client Authorization or Release of Information.

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission, including (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of your protected health information for marketing purposes; and (iii) disclosures that constitute the sale of your protected health information. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information 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.

C. Organized Health Care Arrangement

The Integrated Care OHCA members have agreed to either participate (1) as a clinically integrated care setting where patients may receive health care services from more than one provider; or (2) in a joint arrangement and to conduct at least one of the following joint activities: (a) utilization review, in which the Integrated Care OHCA members review the other members' health care decisions (or have a third party do so); (b) quality assessment and improvement activities, in which treatment provided by the Integrated Care OHCA members is assessed by other Integrated Care OHCA members (or a third party on its behalf); or (c) payment activities, if the financial risk for delivering health care is shared, in part or in whole, by participating Integrated Care OHCA members and if PHI created or received by a covered entity is reviewed by other OHCA members or by a third party on their behalf for the purpose of administering the sharing of financial risk.

V. Your Rights as a Client

A. *Access to Protected Health Information.* You have the right to inspect and obtain a copy of the protected health information the Center has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Center staff for the appropriate request form.

B. *Amendment of Your Record.* You have the right to request that the Center amend your protected health information. The Center is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Center staff for the appropriate request form.

C. *Accounting of Disclosures.* You have the right to receive an accounting of certain disclosures the Center has made regarding your protected health information in the six (6) years immediately preceding your request. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed Authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Center staff for the appropriate request form.

D. *Additional Restrictions.* You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request, unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for the services that are the subject of the information out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To make a request, ask Center staff for the appropriate request form.

E. *Alternative Means of Receiving Confidential Communications.* You have the right to request that you receive communications of protected health information from the Center by alternative means or at alternative locations. For example, if you do not want the Center to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Center staff for the appropriate request form.

F. *Copy of this Notice.* You have a right to obtain a paper copy of this Notice upon request at any time, even if you have agreed to receive this Notice electronically.

VI. Additional Information

A. *Privacy Laws.* The Center is required by State and Federal law to maintain the privacy of protected health information. In addition, the Center is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. *Terms of the Notice and Changes to the Notice.* The Center is required to abide by the terms of this Notice, or any amended Notice that may follow. The Center reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in the Center's service delivery sites and will be available upon request.

C. *Breach Notification.* The Center is required to notify you following a breach of your protected health information that has not been secured in a certain manner.

D. *Complaints Regarding Privacy Rights.* If you believe the Center has violated your privacy rights, you have the right to complain to Center management. To file your complaint, call our client representative at 303-627-2060

You also have the right to complain to the Secretary of Health and Human Services by submitting your complaint to:

Office for Civil Rights
U.S. Department of Health & Human Services
999 18th Street, Suite 417
Denver, CO 80202

(303) 844-2024 (303) 844-3439 (TDD) (303) 844-2025 (FAX)

It is the policy of the Center that there will be no retaliation for your filing of such complaints.

E. *Additional Information.* If you desire additional information about your privacy rights at the Center, please call our Privacy Officer at 303-627-2047 who will answer client questions about HIPAA and confidentiality.