



Upper Bay Counseling & Support Services, Inc.

**Privacy Notice**

**Updated: August 29, 2018**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED; AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Federal Privacy Laws**

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance and Portability Act (HIPAA). There are several other privacy laws that also apply to impose obligations on us, including the Health Information Technology for Economic & Clinical Health Act (HITECH), the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies, as well as this notice of how we will use and disclose your protected health information.

Upper Bay Counseling & Support Services, Inc. (UBCSS) takes your privacy very seriously. We follow very strict rules from the State and from the United States Government about when we can release your medical information - your protected health information (PHI).

Upon Intake you will be asked to sign a form acknowledging that you have received a copy of our Privacy Notice. If you choose not to sign the acknowledgment, we will continue to provide treatment, and will use and disclose your protected health information as necessary, and within the law for treatment, payment, and health care operations as necessary.

“Protected Health Information” is individually identifiable health information. This information includes demographics about you, for example, age, address, e-mail address. It relates to your past, present, or future physical and/or mental health, as well as related health care services. UBCSS is required to:

- Make sure your protected health information is kept private;
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information;
- Follow the terms of the notice currently in effect;
- Communicate any changes in this notice to you.

We reserve the right to change this notice. Its effective date is at the top of this page. You may request a copy of our Privacy Notice at any time. It is also posted on our website at <http://www.upperbay.org>

**Chesapeake Regional Information System for our Patients, Inc. (CRISP):** We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at: [www.crisphealth.org](http://www.crisphealth.org).

## **How We May Use or Disclose Your Protected Health Information**

The following are examples of some permitted uses and disclosures of your protected health information.

By law, we must disclose your health information to you unless an UBCSS staff psychiatrist feels that it would be harmful to you.

We will provide you with a copy of the electronic record in the form and format you authorize and request. If you decline an electronic format we will provide a hard copy.

### **Fees for Obtaining a Copy of Your Medical Record:**

UBCSS maintains a fee schedule for the costs associated for the disclosure of records in both paper and electronic format. These fees are in keeping with both State and Federal Law. Contact the UBCSS Health Information Manager for a fee schedule.

### **Treatment**

We will use and disclose your protected health information to provide, coordinate and/or manage your health care and any related services. We may disclose your protected health information to another doctor, or health care provider (for example, a specialist, pharmacist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

### **Payment**

Your protected health information will be used, as needed, to obtain payment for your health care services.

Effective on and after February 17, 2010, we will honor the request of an individual *not* to disclose to their health plan the protected health information related to a particular treatment *if* the individual is paying for the full cost of the treatment out-of-pocket.

### **Health Care Operations**

We may use and/or disclose, as needed, your protected health information to support the daily activities related to health care. Unless you provide us with alternative instructions, UBCSS may leave a telephone message to remind you of an appointment at UBCSS. We may also use your protected health information to assess your satisfaction with our services.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a UBCSS newsletter.

### **Health Oversight Activities:**

UBCSS may disclose your health information to the Department of Health and Mental Hygiene or any of its divisions or other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

### **To Avert Serious Threats to Health or Safety**

UBCSS may disclose protected health information to avert a serious threat to someone's health or safety. We may also disclose protected health information to federal, state or local agencies engaged in disaster relief to assist in carrying out their responsibilities in specific disaster situations.

### **Abuse or Neglect:**

Disclosure is mandated in the following:

1. **Child abuse** - If the case involves physical or sexual abuse of a child up to age 18 by a parent, guardian, other person with permanent or temporary custody, or family or household member, then health care professionals are mandated to report to Child Protective Services (CPS) or law enforcement.
2. **Vulnerable adult abuse** - If the case involves neglect, self-abuse, or exploitation of a vulnerable adult (adult aged 18 or older lacking the physical or mental capacity to provide for daily needs), then medical personnel, police, and human service workers should report to Adult Protective Services (APS) or law enforcement.

### **Coroners, Medical Examiners, and Funeral Directors:**

We may release medical information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release medical information about clients of UBCSS to funeral directors as necessary to carry out duties.

### **Research Purposes:**

We are permitted to use and disclose protected health information for research with individual authorization, or without individual authorization under limited circumstances set forth in the Privacy Rule

**Specific Government Functions:**

If you are involved with the military, national security or intelligence activities, or are a public official, we may release your medical information, in certain situations, to the appropriate authorities so they may carry out their duties under the law.

**Worker's Compensation:**

We may disclose health information to worker's compensation programs that provide benefits for work-related injuries or illnesses without regard to fault.

**Lawsuits, Disputes and Claims:**

If you are involved in a lawsuit, a dispute, or a claim, UBCSS may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

**Inmate**

UBCSS may use or disclose your protected health information if you are an inmate of a correctional facility, and UBCSS created or received your protected health information while providing care to you. A disclosure may be necessary (1) for the facility to provide you with health care, (2) for your health and safety or the health and safety of others, or (3) for the safety and security of the correctional facility.

**The Sale of Protected Health Information:**

UBCSS will never sell your protected health information.

**Disclosures about a Decedent to Family Members and Others Involved in Care:**

HIPAA section 164.510(b) permits UBCSS to disclose a decedent's PHI to family members and others who were involved in the care or payment for care of a decedent prior to death and can provide evidence of this. However, UBCSS will not disclose a decedent's PHI if doing so is inconsistent with any prior expressed preference of the individual that is known to UBCSS.

**Fundraising/Marketing:**

UBCSS will not use your PHI for fundraising or marketing.

**Genetic Information:**

UBCSS prohibits the use or disclosure of protected health information that is genetic information for underwriting purposes to all health plans except for issuers of long-term care policies.

## **UBCSS BREACH OF PHI RISK ASSESSMENT:**

UBCSS maintains policies and procedures, and on-going risk assessment to ensure that your PHI is not compromised in any way.

**Other Uses and Disclosures not described in this Privacy Notice will be made only with an authorization from the individual (or their parent/guardian). An authorization may be revoked at any time, to the extent UBCSS has not already relied on the authorization.**

## **You Have A Right To:**

### **Request Confidential Communications:**

You have the right to ask that UBCSS send you information at an alternative address or by alternative means. UBCSS must agree to your request as long as it is reasonable.

### **Right to Inspect and Copy**

You may inspect and/or obtain a copy of your protected health information upon written request, which request UBCSS must respond to within a reasonable time.

This right does not include inspection and copying of the following records: psychotherapy notes; information gathered in anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

### **Right to Have a List of Disclosures**

You have a right to request a list of disclosures we have made of protected health information about you after April 14, 2003. Effective February 10, 2010, this includes all disclosures including those made for treatment, payment, or healthcare operations.

### **Right to Be Notified in the Event of a Breach:**

UBCSS will notify any individual whose protected health information has been breached within 60 days of discovery to allow for individuals to take steps to protect them from potential harm. Written notification by mail and if urgent, by telephone, will be provided.

### **Right to Amend**

If you believe that part of your protected health care information is incorrect or that an important part is missing, you have the right to ask us to amend your protected health information while it is kept by or for us. There are some limits to our ability to amend. We will not amend information that is complete and accurate, that is not created by us, is not part of your protected health information kept by us, and is not part of the protected health information that you would be permitted to inspect and copy. All requests to amend must be made in writing.

### **Right to Request Restrictions**

You may ask us not to use or disclose any part of your protected health information for treatment, payment or health care operations. Your request must be made in writing to

UBCSS Privacy Officer. In the request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosures to your spouse; and (4) an expiration date.

**Right to Request Confidential Communications**

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

**Right to Obtain a Copy of this Notice**

You may obtain a copy of this notice in its most up-to-date form by requesting it from the receptionist at any UBCSS office. You may also access a copy of this Notice at [www.upperbay.org\\_](http://www.upperbay.org_)

**Complaints**

If you believe these privacy rights have been violated, you may file a written complaint with UBCSS Privacy Officer and or the Secretary of the Department of Health and Human Services. Filing a complaint will not affect the services you receive.

**Contact Information**

Privacy Officer  
Upper Bay Counseling & Support Services, Inc.  
200 Booth Street  
Elkton, MD 21921  
(410) 996-5104

Secretary U. S. Department of  
Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775