



Client Privacy Notice (HIPAA)

Privacy Statement

Northern Human Services is required by law to maintain the privacy of Protected Health Information (PHI) and to provide individuals, this NOTICE OF PRIVACY PRACTICES describes how we may use and disclose PHI to carry out treatment, payment or health care operations and for other purposes permitted by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographics that may identify you and that relates to your past, present or future physical and mental healthcare and substance abuse services.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Northern Human Services is permitted use and disclose your PHI for the purposes of treatment, payment, and healthcare operations once you have given consent by signing our Client Rights Form. When required to, we will obtain your written authorization before disclosing any of your information.

Treatment:

We will use and disclose your PHI to those treatment providers (within Northern Human Services) involved in your care. Different departments of our facility also may share your PHI in order to coordinate the different things you need, such as prescriptions or lab work. With your written permission, we may also disclose information to other healthcare providers that you see outside Northern Human Services to maintain your continuity of care.

Payment:

Your PHI will be used, as needed, to submit bills for payment and to obtain payment from you, your insurance company or third-party payer, as well as to obtain authorization for services. We will use this information to improve the quality of services we provide.

Healthcare Operations:

We may use or disclose your PHI to support the business operations of Northern Human Services, such as quality improvement, employee review and other business-related activities.

Disclosures of your PHI may occur WITHOUT your written authorization for the following reasons:

- For emergency treatment when written authorization is not feasible, but implied
- To government or law enforcement agencies in response to, for example, court orders, subpoenas, or criminal conduct involving our facility
- For public health risks, including, for example, communicable diseases, abuse or neglect
- To a correctional institution, if you are an inmate
- For health oversight activities - these include, for example, audits, investigations, inspections and licensure
- For lawsuits and disputes that you may be involved in. We will make all efforts to notify you of the request or to obtain a court order to protect the requested PHI
- To the Medical Examiner to identify a deceased person or to determine the cause of death
- To federal officials investigating intelligence, counterintelligence and other national security activities authorized by law
- To Worker's Compensation
- For contractual agreements with Business Associates that provide services to Northern Human Services such as telephone answering services, disposal services and technology services. The business associate is required to protect your health information.
- To report a serious and credible threat directed towards an identified person (duty to warn)

Your PHI may also be disclosed WITH your written authorization for other reasons, including the following examples:

- For appointment reminders once you are involved in treatment
- For marketing purposes including communications in which Northern Human Services receives financial compensation (subsidized treatment communications)
- For disclosures that constitute the "sale" of PHI
- For disclosure of genetic information
- For communication with your support network such as significant other, spouse, children, parents, friends, or your current or former treatment providers, parole, probation, employer or advocate
- All other uses and disclosures of your medical information will be made only with your written authorization. You may revoke your written authorization at any time except to the extent action has been taken in reliance on it.

Your Rights Regarding your Protected Health Information (PHI)

Right to Inspect and Copy: You have the right to inspect and copy your PHI that may be used to make decisions about your care. You can ask the staff at any reception area for a copy of the request form and the procedure for inspecting and copying your PHI. In certain situations, we may deny your request to read and copy your PHI. You have the right to have this decision reviewed and the decision to deny access may be reversed.

Right to Amend: If you feel that any PHI we have about you is incorrect or incomplete, you may request an amendment as long as the information is maintained by Northern Human Services. You can ask the staff at any reception area for a copy of the request form and the procedure for amending your record, as well as for a list of the reasons why can deny your request.

Right to an Accounting of Disclosures: You have a right to request this list of disclosures that we have made of your PHI after April 14, 2003. You can ask the staff at any reception area for a copy of the request form and the procedure to receive an accounting of disclosures. We are not required to maintain this list for disclosures made for treatment, payment or healthcare operations.

Right to request Confidential Communications: You have the right to request that we communicate with you regarding your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. You can ask the staff at any reception area for a copy of the request form and the procedure for confidential communications.

Right to Request Restrictions: Even though all disclosures we make are with the minimal amount of PHI, you have the right to request a restriction or limitation on the PHI we use or disclose about you. You can ask the staff at any reception area for a copy of the request form and the procedure. We are not required to honor this request. If we agree, we will comply with your request unless the information needed is for emergency treatment.

Right to opt out of fundraising: If Northern Human Services participates in client fundraising activities, we may use your demographic information such as your address, phone number, and email, and the address and phone number of family members you have provided to us for our fundraising purposes and to mail our newsletters. Materials and correspondence may have Northern Human Services identifiable text and logo printed on them. Our mailing list is only used for internal purposes and is not shared or sold to any other entity. You may opt out of receiving fundraising material at any time by contacting the Development Department or the Privacy Officer in writing.

Right to be notified of a security breach that compromised your PHI: You have the right (and we are required) to notify you in the event that there is a breach of your PHI by unauthorized persons/entities unless there is a demonstration, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 days after discovery of the breach. Such notification will include information about what happened and what can be done to mitigate any harm.

Right to Refuse to Disclose PHI to your Health Plan: If you have paid for your healthcare services out of your own pocket, you have the right to request that Northern Human Services not disclose your PHI related to those services. We will honor that request except where we are required by law to make such a disclosure.

Right to a copy of this Notice of Privacy Practices: You have the right to obtain a copy of this notice at any time. You may obtain a copy of this notice by accessing our website or by obtaining a copy at any reception desk.

If you have a concern or complaint about how your protected health information is being used, from this date forward, you may contact:

Suzanne Gaetjens-Oleson, LCMHC, sgaetjens@northernhs.org
Regional Mental Health Administrator

Or

Leann Despins, ldespins@northernhs.org
Coordinator of Quality Improvement and Compliance
Northern Human Services
87 Washington Street
Conway NH 03818

If you are not satisfied with this response, you may report this complaint to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. We are required to abide by the terms of this Notice of Privacy Practices. We may change this notice at any time. The new notice will be effective for all PHI we maintain at that time. Copies of the new notice will be posted and a copy will be available to you upon request.

This notice is effective December 2013

This notice will be reviewed and updated if necessary as of December 2014