

**Spanish Peaks Mental Health Center**

**NOTICE OF PRIVACY PRACTICES**

***This notice describes how medical, health, and behavioral health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.***

EFFECTIVE DATE: 4-14-2003

Spanish Peaks Mental Health Center is committed to protecting health and personal information about you. The Center and its providers collect information about you and create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice of Privacy Practices applies to all of the records of your care generated or maintained by the Center and its providers, including the following people and organizations:

- Any health care professional who is authorized to enter information in your record
- Any student or volunteer that we allow to help you while you are receiving services

This notice tells you about the ways in which we may use and disclose health and treatment information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health and treatment information.

Spanish Peaks Mental Health Center is required by law to:

- Make sure that health and treatment information that identifies you is kept private
- Make sure that you are given notice of our legal duties and privacy practices with respect to health and treatment information about you
- Make sure the Center, its staff, and its contracted providers follow the terms of the notice currently in effect

**HOW WE MAY USE OR DISCLOSE HEALTH AND TREATMENT INFORMATION ABOUT YOU**

The following information describes different ways we use and disclose health and treatment information

**For Treatment:** We may use health and treatment information about you to provide you with behavioral health treatment or services. We may disclose information about you to psychiatrists, therapists, case managers, your primary care physician, and other behavioral health professionals involved in your care. For example, a psychiatrist treating you may need to know if you have allergies to certain medications. Your primary care physician may need to know what psychiatric medications you are using to coordinate care, or we may need to speak to the pharmacist about your prescriptions. Different departments or groups within our Center may also share information in order to coordinate the services you need, such as medications, individual therapy, group therapy, and case management. We may ask for you to authorize a release of information for some treatment disclosures even though it is not required as a way to inform and involve you with the course of your treatment.

**For Payment:** We may use and disclose health and treatment information about you so we may bill for the services you receive and collect from appropriate payers, such as Colorado Mental Health Services (CMHS), Medicaid, an insurance company, or other third parties. For example, we may need to give the agency paying for your care information about the treatment you received in order for them to pay. We may also need to request prior approval or authorization to determine whether your insurance or the responsible payer will cover services.

**For Health Care Operations:** We may use and disclose health and treatment information about you for the business activities of the Mental Health Center and its providers. These uses and disclosures are necessary for administrative functions and to ensure our clients receive quality care. For example, we may use health and treatment information about you to review the performance of clinical staff, to complete audits by our licensing agencies, or to develop additional clinical services. We may call you or send you a survey to ask about your satisfaction with services provided by our agency.

**Individuals Involved in Your Care:** We may release health or treatment information about you to a family member, actively involved in your care or treatment, as allowed by Colorado law (CRS 27-10-120 and 27-10-120.5). This information is limited and may only be released when it is determined to be in your best interests.

**Research:** Under certain limited circumstances, we may use and disclose health or treatment information about you for research purposes. For example, a research project may involve the care and recovery of all clients who use one medication for the same condition. All research projects are subject to special approval. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are. You may participate in research or not, as you wish, without jeopardizing your care.

**Appointment Reminders:** We may use and disclose information to contact you as a reminder that you have an appointment for treatment or services.

**Health-Related Information or Resources:** We may use and disclose information in order to tell you about other resources or treatment information that may be of interest to you, such as new groups or websites.

**HIV INFORMATION:** All medical information regarding HIV is kept strictly confidential and released only in accordance with the requirements of state law (CRS 25-4-1 and CRS 25-4-14). Disclosure of any health information referring to a client's HIV status may only be made with the specific written authorization of the client. A general authorization for the release of health information is not sufficient for this purpose.

**RIGHTS OF MINORS:** A person aged 15 or older may consent to mental health treatment and authorize disclosure of information as if s/he were an adult. Parents or legal guardians, however, are legally entitled to request and receive information about a minor's mental health treatment without the minor's permission. All other provisions of the privacy notice apply equally to adults and to minors.

## **SPECIAL CIRCUMSTANCES**

Federal and state laws allow or require the Center and its providers to disclose health or treatment information about you, other than HIV information, without your written authorization in certain special circumstances, if they occur.

**Public Health Risks (Health and Safety for You and/or Others).** We may disclose health information about you for public health activities, when necessary to prevent a serious threat to your health and safety or to the health and safety of another person or the general public. These activities generally include the following:

- To prevent or control disease, injury, or disability
- To report births or deaths
- To report child abuse or neglect
- To report abuse of the elderly or at-risk adults
- To report reactions to medications
- To notify people of recalls of medications they may be using
- To notify a person who may have been exposed to a disease or who may be at risk for contracting a disease
- To avert a serious threat to the health or safety of a person or the public
- When required by law, to inform the appropriate authorities if we believe a client has been the victim of abuse, neglect, or domestic violence

**Health Oversight Activities.** We may disclose health information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the behavioral health care system, government-funded programs, and compliance with civil rights and other laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or legal action, we may disclose health information about you in response to a court or administrative order from a judge. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. If you have filed a complaint or lawsuit against your therapist or the Center, health information about you may be disclosed to resolve the matter.

**Law Enforcement:** We may disclose health information about you if asked to do so by law enforcement for one of the following reasons:

- In response to a court order, subpoena, warrant, summons, or similar lawful process
- When limited information is needed to identify or locate a suspect, fugitive, material witness, or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's authorization
- About a death we believe may have been the result of criminal conduct
- About criminal conduct at any Center office, in any Center program, or against a staff member, visitor, or another client
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime

**Coroners, Health Examiners, and Funeral Directors:** We may disclose information to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors when necessary to carry out their duties.

**National Security and Intelligence Activities:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective services for the President and Others:** We may 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.

**As Required By Law:** We will disclose health information about you when required to do so by federal, state or local law.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

**Right to Inspect and Copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. This may include evaluations/assessments, treatment plans, progress notes, and billing information. To inspect or copy your health information, you must submit a request in writing to the Privacy Officer. You may be charged a reasonable fee for the costs of copying your records.

Your request to inspect and copy your information may be denied in certain very limited circumstances. In those circumstances, the Center retains the right to withhold information that may be detrimental to your health or safety or to the health or safety of others. If you are denied access to any part of your health information, you may request that the denial be reviewed. Instructions on how to initiate that review process will be provided in writing at the time on any denial of your access to information.

## SPMHC Notice of Privacy

**Right to Amend:** If you feel any health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as your health information is kept by the Center. To request an amendment, submit the request in writing to the Privacy Officer. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that

- Is accurate and correct
- Is not part of the health information kept by the Center or its providers
- Is not part of the health information which you would be permitted to inspect or copy
- Was not created by us, unless the person/entity that created the information is no longer available to make the amendment

**Right to an Accounting of Disclosures:** You have the right to request an accounting or list of disclosures of health information made about you. The list does not include information disclosed for the purposes of treatment, payment or health care operations, and it does not include information disclosed on the basis of a written authorization for release of information signed by you or someone authorized to act for you. To request this accounting, you must make your request in writing to the Privacy Officer. Your request must state a period of time for the accounting that may not be longer than six years and may not include dates before April 14, 2003.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you. The Center is not required to agree to your request. If we do agree, we will comply with the request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us what information you want to limit, and to whom you want the limit to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number or address. To request confidential communications, you must submit your request in writing to the Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice. You may ask for one at any time.

### **OTHER USES**

Other uses and disclosures of health information not covered by this notice or the laws that apply to mental health and substance abuse providers will be made only with your written authorization for release of information. If you provide us with such a written authorization, you may revoke it in writing at any time. The Center will no longer use or disclose information for the reasons covered in your authorization(s). However, the Center is unable to take back any disclosure that was already made in reliance on your authorization.

### **CHANGES TO THIS NOTICE**

Spanish Peaks Mental Health Center reserves the right to change this notice. We reserve the right to make the updated notice effective for health information we already have about you, as well as for any information we receive in the future. The Center will post a copy of the current notice in each office location and on its website. The notice will contain the effective date. The Center will make you aware of any revisions by posting a revised notice in the above locations.

**COMPLAINTS AND ASSISTANCE**

If you need any assistance to understand this notice or your rights, and if you need assistance in filing requests, you may ask your clinician, the consumer advocate, or the privacy officer. If you believe your privacy rights have been violated, you may contact the Privacy Officer for Spanish Peaks Mental Health Center. Barbara Sportsman may be reached by mail at 1304 Chinook Lane, Pueblo, CO 81001 or by calling 719-545-2746. If we cannot resolve your concern, you also have the right to file a written complaint with the United States Secretary of the Department of Health and Human Services. You may also refer to the Clients Rights form for additional sources of information or assistance. The services you receive will not be jeopardized nor will you be penalized for filing a complaint.

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Client Signature

Date

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Center Personnel Signature

Date