VI. Your Rights.

A. You have the right to request restrictions on the uses and disclosures of your Health Information. However, we are not required to comply with your request.

B. You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location.

C. You have the right to inspect and copy your Health Information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.

D. You have a right to request that we amend your Health Information that is incorrect or incomplete. We are not required to change your Health Information and will provide you with information about our denial and how you can disagree with the denial.

E. You have a right to receive an accounting of disclosures of your Health Information made by us, except that we do not have to account for disclosures: authorized by you; made for treatment, payment, health care operations; provided to you; provided in response to an authorization made in order to notify and communicate with family; and/or for certain government oversight functions.

F. You have a right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact us using the information provided below.

VII. Our Duties.

A. We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice.

B. We are also required to abide by the terms of this Notice.

C. We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information - even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office. We will provide you with another copy, of this Notice at any time, upon request.

VIII. Complaints to the Government.

You may make complaints to the Secretary of the Department of Health and Human Services (“DHHS”) if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

IX. Contact Information.

You may contact us about our privacy practices by writing or calling the Privacy Officer at:

10 N. Church Street
West Chester, Pennsylvania 19380
Phone: 610-344-6475
Fax: 610-344-6794
You may contact the DHHS at:
150 S. Independence Mall West, Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
Phone: (215) 861-4444
Toll Free: (800) 368-1019.

X. Electronic Notice

This Notice of Privacy Practices is also available on our web page at www.drugandalcohol.org. Then follow the links to Departments, Human Services, and Drug & Alcohol.
I. We May Use or Disclose Your Health Information for Purposes of Treatment, Payment or Healthcare Operations Without Obtaining Your Prior Authorization and Here is One Example of Each:

A. We may provide your Health Information to other health care professionals - including doctors, nurses and technicians - for purposes of providing you with care.

B. Our billing department may access your information - and send relevant parts - to other insurance companies or government programs to allow us to be paid for the services we render to you.

C. We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

II. We May Also Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:

A. To Notify and/or Communicate with your Family. Unless you tell us you object, we may use or disclose your Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

B. To Include You in a Facility Directory, If You Are a Patient In One of Our Facilities. Unless you tell us you object, we may use your Health Information, such as your name, location in the facility, your general health condition; and your religious affiliation in a directory for the facility at which you may be staying.

C. As Required by Law. We may use and disclose your Health Information if we are required to do so by law. For example, we may disclose your Health Information to a law enforcement official to identify or locate a suspect, a fugitive, a material witness or a missing person, comply with a court order or with a court order or grand jury subpoena and other law enforcement purposes.

D. For Public Health Purposes. We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

E. To Aid Specialized Government Functions. If necessary, we may use or disclose your Health Information for military or national security purposes.

F. For Worker’s Compensation. We may use or disclose your Health Information as necessary to comply with worker’s compensation laws.

G. To Correctional Institutions or Law Enforcement Officials, if You Are an Inmate.

H. To Coroners or Funeral Directors. We may use or disclose your Health Information for purposes of communicating with coroners, medical examiners and funeral directors.

I. For Purposes of Organ Donation. We may use or disclose your Health Information for purposes of communicating with organizations involved in procuring, banking or transplanting organs and tissues.

J. For Public Safety. We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

K. To Specialized Government Functions. If necessary, we may use or disclose your Health Information for military or national security purposes.

L. For Worker’s Compensation. We may use or disclose your Health Information as necessary to comply with worker’s compensation laws.

M. To Correctional Institutions or Law Enforcement Officials, if you are an Inmate.

III. For All Other Circumstances, We May Only Use or Disclose Your Health Information After You Have Signed an Authorization. If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time.

IV. State Law Impact. To the extent that state law is more restrictive with respect to our ability to use or disclose your Health Information, we will follow the law which provides you with the most protection and rights.

A. You consent in writing to such disclosure;

B. The disclosure is required by a court order;

C. To Include You in A Facility Directory, If You Are A Patient In One of Our Facilities.

D. As Required by Law.

E. As Required by Law.

F. In Response to Civil Subpoenas or for Judicial and Administrative Proceedings. We may use or disclose your Health Information, as directed, in the course of any civil administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.

G. To Law Enforcement Personnel. We may use or disclose your Health Information to a law enforcement official to identify or locate a suspect, a fugitive, a material witness or missing person, comply with a court order or grand jury subpoena and other law enforcement purposes.

H. To Coroner or Funeral Directors. We may use or disclose your Health Information for purposes of communicating with coroners, medical examiners and funeral directors.

I. For Purposes of Organ Donation. We may use or disclose your Health Information for purposes of communicating with organizations involved in procuring, banking or transplanting organs and tissues.

J. For Public Safety. We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

K. To Specialized Government Functions. If necessary, we may use or disclose your Health Information for military or national security purposes.

L. For Worker’s Compensation. We may use or disclose your Health Information as necessary to comply with worker’s compensation laws.

M. To Correctional Institutions or Law Enforcement Officials, if you are an Inmate.

General Applicability Of State And Other Federal Laws

Pennsylvania and other federal laws already protect sensitive information that the County of Chester may handle about you. “Sensitive Information” includes HIV-Related Information, Mental Health Records and Alcohol and Drug Abuse Records. To the extent that such laws are more restrictive than HIPAA with respect to our ability to use or disclose your Sensitive Information, or to the extent that state or other federal laws afford you greater rights than HIPAA with respect to your control over your Sensitive Information, we will follow the law which provides you with the most protection and rights.

An example of such state law is the Pennsylvania Medical Assistance Law (75 Pa. C. S. Ch. 81) which provides Pennsylvania’s health-related providers with a legal basis for the collection, use and disclosure of health information. In general, the County of Chester will not disclose your Sensitive Information unless:

• You consent in writing to such disclosure;

• The disclosure is required by a court order;

• Federal and state laws permit the disclosure.

Any department of the County of Chester that routinely handles Sensitive Information will provide you with a department-specific notice (the “Notice of Privacy Practices Overlay” or “Notice Overlay”) that will tell you how we may use and disclose your Health Information to anyone - not even your parents - except as we have told you we would in this Notice and the Notice Overlay, or if we are otherwise forced to do so by Pennsylvania or federal law.

This does not apply to you

This does not apply to you