

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) 861-4441
Toll Free: (800) 368-1019.

X. Electronic Notice

This Notice of Privacy Practices is also available on our web page at www.chesco.org. Then follow the links to Departments, Human Services, and Drug & Alcohol.

THE COUNTY OF CHESTER DEPARTMENT OF DRUG AND ALCOHOL SERVICES

NOTICE OF PRIVACY PRACTICES OVERLAY

This Notice of Privacy Practices Overlay should be read together with the County of Chester's general Notice of Privacy Practices (beginning inside the pamphlet). **Because specific federal and state laws govern how this department may handle information relating to drug and alcohol treatment, this Notice Overlay tells you what your rights are under these laws. As a result, the paragraphs I.A. thru I.C, II.A, II.B., II.D., II.F., and II.G. thru II.M. of the General Notice do not apply to you when you are receiving treatment services from this department.** The remaining rights and restrictions listed in the General Notice still apply to you.

Minors: If you are voluntarily seeking drug and alcohol abuse treatment independent from a parent or guardian, generally, the rights listed in this Notice Overlay and the General Notice apply to YOU.

Effective Date: April 16, 2003

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU PREPARED OR OBTAINED BY THIS DEPARTMENT MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information regarding you and your drug and alcohol treatment services is confidential and protected by federal and state laws, including the Health Insurance Portability and Accountability Act of 1966 ("HIPAA"), the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations (implementing 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3), the Pennsylvania Drug and Alcohol Abuse Control Act, and other state regulations. For instance, the Department of Drug and Alcohol Services of the County of Chester (the "Dept. of Drug and Alcohol Services") may not say to a person outside the program that you are receiving services from us. Nor can the Dept. of Drug and Alcohol Services disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by these laws.

Disclosures With Your Consent

Generally, we are required to request that you sign a written consent before we can share any information about you for treatment and payment purposes, health care operations, or any other reason. For example, the department's staff must obtain your written consent before he/she can talk to your therapist.

Disclosures Without Your Consent

Without your written consent, the Dept. of Drug and Alcohol may disclose your drug and alcohol treatment information: (1) pursuant to an agreement with a qualified service organization/business associate; (2) for research, audit or evaluations; (3) to report a crime committed on our premises or against our personnel; (4) to medical personnel in a medical emergency; (5) to report under State law suspected child abuse or neglect; and (6) as allowed by a court order.

THE COUNTY OF CHESTER NOTICE OF PRIVACY PRACTICES

Effective Date: April 16, 2003

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

This Notice is provided to you pursuant to the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). It is designed to tell you how we may, under HIPAA, use or disclose your Health Information.

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.

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; or
- 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 Pennsylvania or other federal laws protect such information and give you additional rights beyond what HIPAA provides. If applicable, the Notice Overlay will be attached to the front of this Notice.

If you are a minor, you should also know that Pennsylvania law does allow you - under certain circumstances - to independently seek or receive general medical health services, prenatal care services, treatment for a sexually transmitted disease, alcohol and substance abuse treatment, mental health treatment, and medical assistance in emergency situations. If you are exercising your right under Pennsylvania law to receive one of these health-related services from us independent of your parents, **YOU** can exercise your rights under this Notice and the Notice Overlay. That also means that we will not 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 by Pennsylvania or federal law.

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 respond to a court order.
- D. **For Public Health Purposes.** We may use or disclose your Health Information to provide information to state or federal public health authorities, as allowed by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.
- E. **For Health Oversight Activities.** We may use or disclose your Health Information to health oversight agencies during the course of audits, investigations, certification and other proceedings.

 This does not apply to you

- 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, fugitive, material witness or missing person, comply with a court order or grand jury subpoena and other law enforcement purposes.
- 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 to 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 Aid 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, or to the extent that it affords you greater rights with respect to the control of your Health Information, we will follow state law. This may arise if your Health Information contains information relating to HIV/AIDS, mental health, alcohol and/or substance abuse, genetic testing, among others.

V. You Should Be Advised that We May Also Use or Disclose Your Health Information for the Following Purposes:

Appointment Reminders. We may use your Health Information in order to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.

 This does not apply to you