

NOTICE OF PRIVACY PRACTICES

**Beaver County Outpatient Assessment Center
Beaver County Behavioral Health/Direct Services**

Notice of Information Practices

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

Understanding Your Health Record/Information

Each time you visit a provider, a record of your visit is made. Typically, this record contains your diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care in the United States
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities

Our facility/agency is required to:

- Maintain the privacy of your health information
- Provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction

- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

How We Will Use or Disclose Your Health Information

1. **Treatment.** We will use your health information for treatment without your consent. For example, information obtained by a physician or case manager will be recorded in your record and used to determine the course of treatment that should work best for you. The physician or case manager will document in your record the actions taken and their observations. In that way, we will know how you are responding to treatment. We also share your crisis plan with the county crisis services and the local emergency rooms to assure your safety and continuity of care.
2. **Payment.** We will use your health information for payment without your consent from the third-party payor you designate, including Medicare and Medicaid. The information on or accompanying the bill will be limited to that information necessary to establish the claims for which reimbursement is sought. For example, the bill may include information of the dates, types, and costs of therapies and services, and a general description of the general purpose of each treatment session or service.
3. **Health Care Operations.** We will use your health information for regular health operations without your consent. For example, members of the staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.
4. **Notification.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Using our professional judgement, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.
5. **Communication with family.** With your written permission, we may disclose to a family member, other relative, close personal friend or any other person that you identify, health information relevant to that person's involvement in your care or payment related to your care.
6. **Research.** We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

7. The County Administrator. Without your consent we are permitted to share certain pieces of your PHI with the County Administration who is responsible for overseeing this facility and must receive information regarding the operation of this facility as required in certain circumstances as permitted by law.
8. Commitment Proceedings. During the course of an involuntary commitment proceeding, the court may direct that it or a mental health review officer, as allowed under the Mental Health Procedures Act have access to your PHI for purposes of conducting the hearing without your consent. Also, information will be disclosed to attorneys assigned to represent you if you are the subject of an involuntary commitment proceeding without your consent.
9. Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
10. Public Health. As required by law, we may disclose your health information without your consent to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
11. Incarceration or Inpatient Treatment. Should you be in a correctional institution or inpatient treatment facility, we may disclose to the health care professionals at the institution, without your consent, health information necessary for your health treatment.

Your Health Information Rights

Although your health record is the physical property of the provider, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or general care operations, and/or to a personal representative or guardian. We ask such requests be made in writing on a form provided by our facility/agency. Although we will consider your request, please be aware we are under no obligation to accept or abide by it unless you pay for said services out of pocket. Even if you pay for services out of pocket, there may be instances where we are required by law to release information.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Privacy Officer.
- We will attempt to accommodate all reasonable requests.
- You may request or inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies we may charge you a reasonable fee.
- If you believe any health information in your record is incorrect or important information is missing, you may request we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment.

We ask that you use the form provided by our facility/agency to make such requests. For a request form, please contact the Privacy Officer.

- You may request we provide you with a written accounting of all disclosures made by use during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility/agency. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to your or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for nation security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests made thereafter, you will be charged a reasonable, cost-based fee.
- You have the right to obtain a paper of NOTICE OF PRIVACY PRACTICES upon request.
- You have a right (subject to State/Federal limitations) to inspect material to be released
- You have the right to be notified if your record has been subpoenaed
- You may revoke authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.
- You will be informed if there is breach of your unsecured health information.

For More Information or to Report a Problem

If you have questions and would like addition information, you may contact our facility/agency's Privacy Officer at 724-891-2827.

If you believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from any staff person and when completed should be returned to the Privacy Officer. Complaints are to be filed within 180 days of when you believe the act or failure to act occurred. You may also file a complain with the secretary of the Federal Department of Health and Human Services. (Contact Information is provided below.) There will be not retaliation for filing a complaint.

Mid-Atlantic region: Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia):

Office for Civil Rights
U.S. Department of Health and Human Services
801 Market Street, Suite 9300
Philadelphia, PA 19107-3134

Main Line: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov

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Beaver County Behavioral Health Taglines Representing the Top Fifteen (15) Non-English Languages in Pennsylvania

Source Text:

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call [\[724-891-2827\]](tel:724-891-2827) or [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

Translations:

SPANISH

ATENCIÓN: Si habla español, los servicios de interpretación están disponibles para usted sin ningún costo. Llamar al [\[724-891-2827 / 1-800-318-8138\]](tel:724-891-2827) (PA Relay 711).

RUSSIAN

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам предоставляются бесплатные переводческие услуги. Позвоните по номеру [\[724-891-2827 / 1-800-318-8138\]](tel:724-891-2827) (PA Relay 711).

SIMPLIFIED (MANDARIN) CHINESE

注意: 如果您的母语不同于英语, 我们可以免费向您提供语言服务, 请致电:[724-891-2827](tel:724-891-2827) 或者 [1-800-318-8138](tel:1-800-318-8138) (宾夕法尼亚州 中转会 711)

VIETNAMESE

Chú ý: Nếu bạn sử dụng ngôn ngữ khác ngoài tiếng Anh, sẽ có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Vui lòng gọi đến số [\[724-891-2827\]](tel:724-891-2827) hoặc [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).

ARABIC

تنبيه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، تتوفر لك خدمات المساعدة اللغوية مجاناً.
[\[724-891-2827 / 1-800-3188138\]](tel:724-891-2827) (PA Relay 711).

NEPALI

सुचना : यदि तपाईं अंग्रेजी भाषा भन्दा अन्य भाषा बोल्नु हुन्छ भने, भाषा सहयोगका
सेवाहरु नि:शुल्क उपलब्ध छन् । सम्पर्क : ७२४-८९१-२८२७/१८००-३१८-८१३८

KOREAN

주의: 영어의 다른 언어나 사용하시면, 무료 언어 서비스 있습니다. [\[724-891-2827\]](tel:724-891-2827) or [\[1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711) 전화 하세요.

CAMBODIAN (KHMER)

សូមប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសាកម្ពុជា ឬភាសាខ្មែរ អ្នកអាចទទួលបាន
សេវាសម្រាប់ជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ [724-891-2827 ឬ 1-800-318-8138] (PA Relay 711) ។

FRENCH

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont
proposés gratuitement. Appelez le [724-891-2827 /1-800-318-8138] (PA Relay 711).

BURMESE

ကျွန်းုပ်နို့။ အကယ်၍ သင်သည် အင်္ဂလိပ်ဘာသာကို မပြောနိုင်ဘဲ အခြားဘာသာစကားတစ်ခုကိုသာ
ပြောနိုင်လျှင် အခမဲ့ဘာသာစကားအကူအညီ သင်ရရှိနိုင်ပါသည်။ ဖုံးနံပါတ် ၇၂၄-၈၉၁-၂၈၂၇ သို့မဟုတ်
၁-၈၀၀-၃၁၈-၈၁၃၈ သို့ဆက်သွယ်နိုင်ပါသည်။

HATIAN CREOLE

ATANSYON: Si ou pale yon lang ki diferan de Anglè, ou gen sèvis asistans lang, gratis,
ki disponib pou ou. Rele [724-891-2827 oubyen 1-800-318-8138] (PA Relay 711)

PORTUGUESE (BRAZIL)

ATENÇÃO: Caso você fale português, você tem serviços assistenciais de idioma
gratuitos à sua disposição. Ligue para [724-891-2827 /1-800-318-8138] (PA Relay 711).

BENALI

ইংরেজী ছাড়া যে কোন ভাষা বলিলে , ভাষা অনুবাদ করার সাহায্য বিনামূল্যে দেয়া হবে . কল করুন - [724-891-2827](tel:724-891-2827) অথবা [1-800-318-8138](tel:1-800-318-8138)

ALBANIAN

VËMENDJE: Në qoftë se ju flisni Shqip, shërbime perkthimi ne Shqip-Anglisht janë në
dispozicionin tuaj, pa pagesë. Telefono [724-891-2827 /1-800-318-8138] (PA Relay 711)

GUJARATI

સાવધાન: જો તમે અંગ્રેજી સિવાય અન્ય કોઈ ભાષા બોલતા હો તો, નિ:શુલ્ક, ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ
છે. કૉલ કરો [\[724-891-2827\]](tel:724-891-2827) અથવા [1-800-318-8138\]](tel:1-800-318-8138) (PA Relay 711).'