

MESA DEVELOPMENTAL SERVICES

NOTICE OF PRIVACY PRACTICES

EFFECTIVE: APRIL 14, 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 CAREFULLY

This Notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In the header above, that information is referred to as “medical information.” In this Notice, we simply call all of that protected health, “health information.

This Notice also will tell you about your rights and our duties with respect to health information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION TO YOU

We use and disclose health information about you for a number of different purposes. Each of those purposes is described below.

➤ **FOR TREATMENT**

We may use health information about to provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may disclose health information about to doctors, nurses, direct support staff and other agency staff, volunteers and other persons or agencies who are involved in supporting you or providing care. We may consult with other health care providers concerning you and, as part of the consultation, share your health information with them. For example, staff may discuss your information to develop and carry your individual service plan. Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor’s visit, physical therapy, etc. Staff may need to disclose health information to entities outside of our organization (for example, another provider or a state/local agency) to obtain new services for you.

➤ **FOR PAYMENT**

We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payor, such as Medicaid or other state agency (for example, State Department of Human Services), or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

➤ **FOR HEALTH CARE OPERATIONS**

We may use and disclose health information about you for our own operations. These are necessary for us to operate MDS and to maintain quality for our patients. For example, we may use health information about you to review the services we provide and the performance of our employees supporting you. We may disclose health information about to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.

➤ **HOW WE WILL CONTACT YOU**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see “Right to Receive Confidential Communications” on page 4 of this Notice.

➤ **APPOINTMENT REMINDERS**

We may use and disclose health information about you to contact you to remind you of an appointment for treatment or services.

➤ **TREATMENT AND SERVICES ALTERNATIVES**

We may use and disclose health information about you to contact you about treatment and service alternatives that may be of interest to you.

➤ **HEALTH RELATED BENEFITS AND SERVICES**

We may use and disclose health information about you to contact you about health-related benefits and services that may be of interest to you.

➤ **DISCLOSURES TO FAMILY AND OTHERS**

We may disclose to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, health information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose health information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify your Case Manager.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal Proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates, Required Uses and Disclosures Under the Law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

➤ **PARENTS AND THEIR CHILDREN'S MEDICAL RECORDS**

The Privacy Rule generally allows parents, as their minor children's personal representatives, to have access to information about the health and well being of their children when state or other underlying law allows parents to make treatment decisions for their child.

There are two exceptions to the above statement:

- When the parent agrees that the minor and the health care provider may have a confidential relationship, the provider is allowed to withhold information from the parent to the extent of that agreement. If a parent agrees to this, the person giving the care should make an easily identifiable record of this agreement in the patient chart.
- When the provider reasonably believes in his or her professional judgment that the child has been or may be subjected to abuse or neglect, or that treating the parent as the child's personal representative could endanger the child, the provider is permitted not to treat the parent as the child's personal representative with respect to health information.

➤ **OTHER USES AND DISCLOSURES**

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying your Case Manager. In writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

YOUR RIGHTS WITH RESPECT TO HEALTH INFORMATION ABOUT YOU

➤ You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to:

- A family member, other relative, a close personal friend or any other person identified by you; or,
- For to public or private entities for disaster relief efforts. For example, you could ask that we not disclose health information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to your Case Manager at MDS, 950 Grand Avenue, Grand Junction, CO 81501, (970) 243-3702, and tell us:

- What information you want to limit;
- Whether you want to limit use or disclosure or both; and,
- To whom you want the limits to apply (for example, disclosure to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

➤ **RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS**

You have the right to request that we communicate health information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must request this to your Case Manager. Your request must state how or where you can be contacted.

We will accommodate your request. We also may require an alternate address or other method to contact you.

➤ **RIGHT TO INSPECT AND COPY**

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of health information about you.

To inspect or copy health information about you, you must ask your Case Manager in writing. Your request should state specifically what health information you want to inspect or copy. The Case Manager will help you inspect the records. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed to you, the cost of mailing.

We may deny your request to inspect and copy health information if the health information involved is:

- Psychotherapy notes;
- Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding.

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designed by us who was not directly involved in the denial. We will comply with the outcome of that review.

➤ **RIGHT TO AMEND**

You have the right to ask us to amend health information about you. You have this right for so long as the health information is maintained by us.

To request an amendment, you must submit your request in writing to your Case Manager. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment to the health information by appending or otherwise providing a link to the amendment.

We may deny your request to amend health information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend health information if we determine that the information:

- Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the health information maintained by us;
- Would not be available for you to inspect or copy; or,
- Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the health information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the health information involved.

➤ **RIGHT TO AN ACCOUNTING OF DISCLOSURE**

You have the right to receive an accounting of disclosures of certain health information, if any, of your protected health information.

➤ **RIGHT TO COPY OF THIS NOTICE**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the Notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

To obtain a paper copy of this Notice, contact your Case Manager or the Case Management Director.

➤ **COMPLAINTS**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact the Case Management Director. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of:

**Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201**

You will not be retaliated against for filing a complaint.

➤ **QUESTIONS AND INFORMATION**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact your Case Manager.