



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how to access this information. Please review this notice carefully.

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We at ACMH Hospital pledge to give you the highest quality health care. Quality Care includes our commitment to respect the privacy and confidentiality of your health information.

The words “we” or “us” in this Notice includes all of the entities owned and operated by ACMH Hospital. This Notice applies only to protected health information created or obtained in connection with medical care provided to you at ACMH Hospital or at one of the ACMH Member Entities, members of its medical staff, or other health care providers affiliated with ACMH. It does not apply to care provided to you in your physician’s office or in the office of any other health care provider. If you have not previously visited your physician’s office, upon your next visit you should receive that physician’s Notice of Privacy Practices as it relates to his or her own office practice.

This Notice is being given to you because federal law gives you the right to be told ahead of time about:

- How ACMH Hospital will handle your medical information
- What ACMH Hospital’s legal duties are related to your medical information
- What your rights are with regard to your medical information



UNDERSTANDING YOUR HEALTH RECORD/ INFORMATION

When you need healthcare, you give information about yourself and your health to doctors, nurses, and other healthcare workers and staff. This information, along with the record of the care you receive, is “**protected health information**” (or “health information”). This information is kept in a paper form such as your medical record and in an electronic form on the computer. This information serves as a:

- basis for planning your care and **treatment**
- means of communication among many health professionals who contribute to your care
- legal document describing the care you received
- means to bill & collect **payment** for health care services we provide you
- method of carrying out activities that are needed to operate and fulfill its mission. Examples of activities that make up **health care operations** include:
 - tool with which we can assess and continually improve the care and outcomes we achieve
 - teaching health professionals
 - contacting you about scheduled appointments, registration/insurance updates, & pre-procedure assessment or test results
 - source of data for facility planning

OUR RESPONSIBILITIES

ACMH Hospital is required to:

- maintain the privacy of your health information
- provide you with a notice (this document) as to our duties and 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 all reasonable requests you may have to communicate health information
- notify you in writing if we improperly use or disclose your health information in a manner that meets the definition of a “breach” under federal law. Although there are some exceptions, a breach generally occurs when health information about you is not encrypted and is accessed by, or disclosed to, an unauthorized person.

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 amend this notice to reflect those changes. This notice will be posted in prominent areas for public viewing, posted on our website at www.acmh.org, or you may obtain a copy of the current notice by calling the Compliance Office at 724-543-8441.

YOUR INFORMATION RIGHTS

Although your health record is the physical property of ACMH Hospital, you have the right to:

- request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request, with one exception: If you have paid out of pocket and in full for a health care item or service, you may request that we not disclose your health information related to that item or service to a health plan for purposes of payment or health care operations. If you make such a request, we will not disclose your information to the health plan unless the disclosure is otherwise required by law.
- inspect and be provided with a copy of your health record at a fee allowed by law
- request an amendment to your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means

FOR MORE INFORMATION OR TO REPORT A PROBLEM RELATED TO PRIVACY

If you wish to exercise any rights with respect to your health information, or if you think that we may have violated your privacy rights, or if you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is the goal of ACMH Hospital to give you the best care while respecting your privacy.

You may file a complaint by contacting the ACMH Corporate Compliance Office at 724-543-8441. You may also send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, or email to HHS.Mail@hhs.gov. We will take no retaliatory action against you if you file a complaint about our privacy practices.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Neither state nor federal law requires you to provide your written authorization before we may internally use your protected health information, except for certain limited situations, such as marketing and research. In those situations, we will ask you to provide your written authorization. We will obtain your written authorization before disclosing your protected health information outside of the Hospital, unless such disclosures are authorized by law. A description of the disclosures that are permitted without your written authorization are described in this document.

For illustrative purposes, the following list identifies the purposes for which we may use or disclose your protected health information without your authorization.

Treatment and Care

Health information obtained by a healthcare practitioner such as a physician, nurse, therapist, and other members of our healthcare team will be entered into your medical record and used to determine a plan of care. For example, healthcare members will read what others have written such that your care can be coordinated and everyone is aware of how you are responding to your treatment plan. When you are discharged from this facility, your health information may go with you such that future healthcare providers will have record of your care. Your health insurer may disclose health information to the extent allowed by law. Also, your health information may be disclosed to the Clinical Connect Health Information Exchange (HIE) as described in the Addendum.

Payment

At the conclusion of your services, a bill will be generated, which includes information identifying you, your diagnosis, procedure, supplies used, and charges. This bill will be sent to the company or person you have identified as responsible for paying for your ACMH Hospital bill.

Healthcare Operations

In order to provide quality care, healthcare providers at this facility may use your health information, for example, to analyze the care, treatment, and outcomes of your medical care and of others. This health information will be used to continually improve the quality of the service that we provide to you.

Business Associates

There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have requested. For example, we may allow a software vendor to have access to your protected health information to allow us to ensure our computer systems are working properly. To protect your health information, we require the business associate to agree to keep your health information private.

Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral Directors, Coroners, and Medical Examiners

We may disclose health information to funeral directors, coroners, and medical examiners, consistent with applicable law to carry out their duties.

Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or other transplantation of tissue donation and transplant.

Information Contact

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits or services that may be of interest to you.

Fund-raising

We may contact you as part of a fund-raising effort. All fundraising communications will include information about how you may opt out of future fundraising communications.

Food and Drug Administration

We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Worker's Compensation

In compliance with Worker's Compensation laws, health information may be revealed to the extent necessary to comply with the law and your individual case.

Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law Enforcement

Health information may be disclosed for certain law enforcement purposes.

Correctional Institution

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Inspections

Your health information may be used by members of appropriate health oversight agencies, public health authorities, including the State Department of Health inspection teams, in order to determine that professional and clinical standards are followed and that ACMH Hospital is not endangering patients, workers or the public.

Victims of Abuse, Neglect, and Domestic Violence

Information may be released to social service agencies or protective services in order to protect an individual.

Specialized Government Functions

In the event that appropriate military authorities, national security organizations, or criminal corrections institutions require information, it may be released at the minimum necessary level.

Required by Law

We may disclose health information when a federal or state law requires us to do so.

Judicial or Administrative Proceedings

Health information may be disclosed in response to a court order, subpoena, or other type of request in a judicial or administrative proceeding, but certain steps to protect the confidentiality of the information will be taken.

To Avert a Serious Threat to Safety

Health information may be disclosed to prevent an action that would jeopardize the health or safety of an individual or the public.

USES AND DISCLOSURES REQUIRING A PRIOR OPPORTUNITY TO OBJECT

We may also use or disclose your health information in the following circumstances. However, except in an emergency, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object.

Directory & Communication with Family, Friends or Others

- If you are admitted to the hospital, your name, room location, general condition, and religion may be listed in that hospital's directory (information desk). Except for your religion, we may disclose this information to any person who asks for you by name. We may disclose all directory information to members of the clergy. You may ask to have your name taken off the directory list. You may also ask to restrict the information that is given out about you. If you are in an emergency situation and are not able to make your wishes known, we will put this information in the directory if we think it is in your best interest.
- We may share relevant health information about you with a family member or other person close to you if they are involved in your care or payment for your care.
- We may use or share your health information to notify a family member or other person responsible for you of your location, general medical condition or death.
- We also may use or share your health information with a public or private agency assisting in disaster relief. This is to coordinate efforts to notify someone on your behalf. If we can reasonably do so while trying to respond to the emergency, we will try to find out if you want us to share this information.

AUTHORIZATIONS

Except as described above, disclosures of your protected health information will be made only with your written authorization. In particular:

- a. Most uses and disclosures of psychotherapy notes require your written authorization. “Psychotherapy notes” are the personal notes of a mental health professional that analyze the contents of conversations during a counseling session. They are treated differently under federal law than other mental health records.
- b. Uses and disclosures for marketing require your written authorization. “Marketing” is a communication that encourages you to purchase a product or service. However, it is not marketing if we communicate with you about health-related products or services we offer, as long as we are not paid by a third party for making that communication.
- c. A disclosure that qualifies as a sale of your health information under federal law may not occur without your written authorization.

You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

MORE PROTECTIVE STATE LAW

The following categories of information receive special protection under state law, and will be used and disclosed only as allowed by state law:

- a. HIV-related Information;
- b. Records of mental health treatment;
- c. Substance abuse records.

If you are under 18 years of age, your parent or guardian is responsible for access and disclosure of your health information, subject to the provisions of this notice, with the following exceptions:

- a. **Communicable Diseases.** If you are being diagnosed or treated for a sexually transmitted disease or any other disease or condition that we are required by law to report to the government or health authorities, you (the minor) will control access to, and disclosure of, your health information that is related to that diagnosis or treatment.
- b. **Mental Health.** If you are over 14 years of age, and you are able to understand the nature of your mental health records and the purpose of releasing them, you will control access to, and disclosure of, the health information related to your mental health treatment.
- c. **Emancipated Minor.** If you are declared an emancipated minor in accordance with state and federal law, you will control access to, and disclosure of, your health information.



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