



Lake Shore Behavioral Health, Inc.

## **Notice of Privacy Practices**

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

Lake Shore Behavioral Health, Inc. (LSBH) has adopted the following policies and procedures for protections of the privacy of the people we serve.

### **Our Obligation to You**

LSBH respects your privacy and has made confidentiality part of our code of ethics. We are required by law to maintain the privacy of “protected health information” about you, to notify you of our legal duties and your legal rights, and to follow the privacy policies described in this notice. “Protected health information” means any information that we create or receive that identifies you and relates to your health or payment for services to you.

- We will maintain the privacy of your information in accordance with federal and state laws.
- Tell you if we are unable to agree to a limit on the use of disclosure that you request.
- Carry out reasonable requests to communicate information to you by special means or at other locations.
- Get your written permission to use or disclose your information except for reasons explained in this notice.
- We have the right to change our practices regarding the information we keep. If practices are changed, we will tell you by giving you a new notice. Notices will also be posted on our website: [www.lake-shore.org](http://www.lake-shore.org).

### **Use and Disclosure of Information about You**

- It is our policy to obtain written permission for every disclosure of protected health information in all of our programs.

You will be asked to sign an Authorization form for disclosure to each person or organization that receives the information.

- Limited information, such as your admission and discharge date at any LSBH site and your diagnosis, can be reviewed in our electronic medical record system by therapists in other LSBH programs but unless those other therapists are also treating you, they are not permitted to use or disclose your health information.

### **Use and Disclosure for Treatment, Payment, and Health Care Operations**

We will use your protected health information and disclose it to others as necessary to provide treatment to you. Here are some examples:

- Various members of our staff may see your clinical record in the course of our care for you. This includes support staff, nurses, physicians and other therapists.
- It may be necessary to send urine samples to a laboratory for analysis to help us evaluate your medical condition.
- We may provide information to your health plan or another treatment provider in order to arrange for a referral or clinical consultation.
- We may contact you to remind you of appointments.

We will use or disclose your protected health information as needed to arrange for payment for service to you. For example, information about your diagnosis and the service we render is included in the bills that we submit to your health insurance plan. Your health plan may require health information in order to confirm that the service rendered is covered by your benefit program and medically necessary. A health care provider that delivers services to you, such as a clinical laboratory, may need information about you in order to arrange for payment of its services.

It may also be necessary to use or disclose protected health information to our health care operations or those of another organization that has a relationship with you. For example, our quality assurance staff reviews records to be sure that we deliver appropriate treatment of high quality. Your health plan may wish to review your records to be sure that we meet national standards for quality of care.

### **Emergencies**

If there is an emergency, we will disclose your protected health information as needed to enable people to care for you.

### **Disclosure to your family and friends**

If you are an adult, you have the right to control disclosure of information about you to any other person, including family members or friends. If you ask us to keep your information confidential, we will respect your wishes. But if you don't object, and there is a written release, we will share information with family members or friends involved in your care as needed to enable them to help you.

### **Disclosure to health oversight agencies**

We are legally obligated to disclose protected health information to certain government agencies, including the federal Department of Health and Human Services.

### **Disclosure to child protection agencies**

We will disclose protected health information as needed to comply with state law requiring reports of suspected incidents of child abuse or neglect.

### **Other disclosures without permission**

There are other circumstances in which we may be required by law to disclose protected health information without your permission. They include disclosures made:

- \*Pursuant to court order;

- \*In circumstances where a client poses an immediate danger to self or others;

- \*To law enforcement when a client commits or threatens to commit a crime on LSBH's premises against anyone or against program personnel anywhere.

For our Chemical Dependency Programs, we will follow the provisions of 42 CFR Part 2 governing disclosure of protected health information. Except for the circumstances described about, we will not disclose protected health information to a third party without your written permission or a court order. If you refuse to authorize disclosure, or it is not possible for us to contact you in person, we will not disclose your information without a court order.

### **Disclosures with your permission**

No other disclosure of protected health information will be made unless you give written Authorization for the specific disclosure.

#### **\*NOTE:**

**Other regulations may restrict access to HIV/AIDS information, federally protected education records, and federally protected drug and alcohol information. See any special authorizations or consent forms that will specify what information may be released and when, or contact the Privacy Officer listed.**

## **You Legal Rights**

### **Right to request confidential communications**

You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any such request, as long as you provide a means for us to process payment transactions.

### **Right to request restrictions on use and disclosure of your information**

You have the right to request restrictions on our use of your protected health information for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request. You have the right to limit disclosures to insurers if you have paid for the service completely out of pocket.

### **Right to Revoke a Consent or Authorization**

You may revoke a written Consent or Authorization for us to use or disclose your protected health information. The revocation will not affect any previous use or disclosure of your information.

### **Right to review and copy record**

You have the right to see records used to make decisions about you. We will allow you to review your record unless a clinical professional determines that would create a substantial risk of physical harm to you or someone else. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any protected information about other people.

At your request, we will make a copy of your record for you either by paper, electronic (such as CD), portable device, and/or memory stick. We will charge a reasonable fee for this service.

### **Right to “amend” record**

If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as part of the total record and shared with others if it might affect decisions they make about you.

### **Right to an accounting**

You have the right to an accounting of some disclosures of your protected health information to third parties. This does not include disclosure that you authorize, or disclosures that occur in the context of treatment, payment, or health care operations. We will provide an accounting of other disclosures made in the preceding six years. If requested by law enforcement authorities that are conducting a criminal investigation, we will suspend accounting of disclosures made to them.

### **How to Exercise Your Rights**

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Privacy Officer.

Our Privacy Officer is the Vice President of Corporate Compliance and can be reached at (716) 842-0440 ext. 131.

### **Personal representatives**

A “personal representative” of a patient may act of their behalf in exercising their privacy rights. This includes the parent or legal guardian of a minor. In some cases, adolescents who are “mature minors” may make their own decisions about receiving treatment and disclosure of protected health information about them. If an adult is incapable of acting on his or her own behalf, the personal representative would ordinarily be his or her spouse or another member of the immediate family. An individual can also grant another person the right to act as his or her personal representative in an advance directive or living will.

Disclosure of protected health information to personal representatives may be limited in cases of domestic violence or child abuse.

### **Complaints**

If you have any complaints or concerns about our privacy policy or practices, please submit a complaint to our Privacy Officer. If you wish, the Privacy Officer will give you a form that you can use to submit a complaint if you wish.

You can also submit a complaint to the United States Department of Health and Human Services. Send your complaint to:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
OCR Hotlines-Voice: 1-800-368-1019

We will never retaliate against you for filing a complaint.

### **Effective Date**

**August 2014**