#### Your Rights Regarding Your Protected Health Information

Right to request restrictions on uses/ **disclosures:** You have the right to ask that we limit how we use or disclose your PHI. CCRA will consider your request, but is not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. If there is an emergency situation and you cannot be given the opportunity to request the restriction, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. You will be informed and given an opportunity to request restriction on further disclosures as soon as you are able to do so. CCRA cannot agree to limit uses/ disclosures that are required by law.

**Right to view and copy:** You have the right to view your PHI with your counselor/ social worker and to copy materials agreed upon by you and your counselor/social worker. Certain records prohibited from disclosure by federal law may not be copied as well as information in anticipation of a legal proceeding. Your counselor/social worker will inform you of their decision within three days of your request. If your counselor/social worker denies the request, you may request that the Executive Director review the denial. A decision will be made within thirty days and will be final and in writing.

**Right to amend:** If you believe the record of your PHI is incomplete or incorrect, you may request, in writing, that CCRA correct or add to the record. You will be notified within 60 days of our decision. You will be given an explanation in writing if the request is denied. If the request is approved, CCRA will change the PHI and inform you and any others who need to be aware of the change.

**Right to an accounting of disclosures:** You have the right to request a list of persons or organizations to which CCRA has disclosed your PHI. The request must be to CCRA, in writing, identifying the site where you received services and stating the time period for which you want the list of disclosures. CCRA will respond to you within 60 days of your written request.

**Right to choose how CCRA contacts you:** You have the right to ask that we send you information to an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy to do so.

**Right to a paper copy of this notice:** You have the right to a copy of this notice at any time. To obtain a copy, contact the Clients Rights Officer.

**Right to complain about CCRA's privacy practices:** If you believe CCRA may have violated your privacy rights or you disagree with a decision we have made about your PHI, you may file a complaint with the Clients Rights Officer. You will not be penalized for filing a complaint.

#### **Clients Rights Officer:**

Mrs. Nickie Ostick 319 W. Rayen Ave Youngstown OH 44502 330-744-3320 ext 206

## Catholic Charities Regional Agency

Serving Columbiana, Mahoning and Trumbull Counties

## Privacy Notice

This pamphlet describes how your Protected Health Information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully.

> Effective Date of Notice: April 14, 2003



Catholic Charities Diocese of Youngstown

# Catholic Charities Regional Agency—Privacy Notice

#### **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of service to you or payment for those services is considered "Protected Health Information" (PHI).

*CATHOLIC CHARITIES REGIONAL AGENCY* (CCRA) is required to extend certain protections to your PHI and to provide you with this notice about our privacy practices explaining how, when, and why we may use or disclose your PHI and how you can get access to this information that applies to all the records of your services provided at CCRA.

#### How Catholic Charities Regional Agency May Use and Disclose Your PHI.

**CHARITIES** CATHOLIC REGIONAL AGENCY may use and/or disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of service, payment and for our agency operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use of disclosure without your authorization. If we disclose your PHI to an outside entity in order for the entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection on your information that we must apply to your PHI.

#### CATHOLIC CHARITIES REGIONAL AGENCY

may use and/or disclose your PHI so that services you receive may be billed and paid for by your insurance company, Medicaid, Medicare, yourself, or another third party such as the community mental health board/agency. For example, CCRA may need to give Medicaid or your insurance company information about the services you are receiving or have received so that CCRA may be paid for the services.

CATHOLIC CHARITIES REGIONAL AGENCY may use and/or disclose your PHI for agency The purpose of the uses and operations. disclosures of PHI will help CCRA improve the quality of care it provides. For example, we may review your records to ensure that you are receiving the appropriate services by the staff. Liaisons from the community mental health board/agency responsible for you as a client may review information if needed. Some information could be sent to the Ohio Department of Mental Health. CCRA may remove identifying information from PHI so that people outside CCRA may use the information to study care issues without learning who specific clients are. Since CCRA is an integrated system, we may disclose your PHI to designated staff in our other facilities, programs, or our billing department.

*CATHOLIC CHARITIES REGIONAL AGENCY* may disclose your PHI to an oversight agency such as Medicare/Medicaid, the Ohio Department of Health, or Council on Accreditation for the purpose of monitoring the services provided by CCRA.

### Uses and Disclosures of PHI Requiring Authorization

For uses and disclosures beyond service, payment and operations purposes, CCRA is required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorization can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

#### Uses and Disclosures of PHI Not Requiring Consent or Authorization

The law provides that CCRA may use/ disclose your PHI without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or in response to a court order, subpoena, warrant, summons or similar process regarding possible criminal conduct and/or to report a crime.

Averting a Serious Threat to Health/ Safety: CCRA may disclose your PHI to prevent a serious threat to the health and safety to yourself, another person or the public or when a crime has been committed on agency premises or against agency personnel. Any disclosure would only be to an agency able to prevent the threat.