



MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES NOTICE OF PRIVACY PRACTICES

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

Our Services and Information We Collect

The Montgomery County Department of Health and Human Services (DHHS) is a large, multi-service agency that provides health, mental health, substance abuse, child welfare, income support and other social services. To provide you with services, DHHS staff will ask you for personal information that they will keep in your records. This information may include:

- Information that identifies you, such as your name, address, telephone number, date of birth and social security number.
- Financial information, which includes information about your income, your bank accounts or other assets, and any insurance coverage that you have.
- Protected health information, which includes any information that tells us about your past, present or future health or mental health treatment.
- Information about benefits or services that you are receiving or have received.

Our Responsibilities

Federal and State laws protect the privacy of your health and other personal information and we will follow all of those laws. We will take reasonable steps to keep your information safe, and will use (share within DHHS) and disclose (share with persons outside of DHHS) your information only as necessary to do our jobs and as permitted or required by law. We are required to let you know if a breach occurs that may have compromised the privacy or security of your health information.

If we have a need to use or disclose your information for any reason other than those listed below, we will ask you for your written permission. You have a right to cancel any written permissions you have given to us. If you cancel your permission, the cancellation will not apply to uses and disclosures that we have already made based on your permission.

We are required by law to provide you with this notice and to follow it. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on the DHHS website at www.montgomerycountymd.gov

How We May Use and Disclose Information *without* your Written Permission

- **For Treatment and Services:**
DHHS staff who work with you may use your health and other personal information as necessary to provide you with coordinated treatment and services. Examples:
 - If you are receiving health care from one of our clinics and want to apply for other services such as housing assistance or income supports, your case worker can help you access those services by making referrals and sharing eligibility information.

- If you are receiving more than one DHHS service, your case workers may communicate with one another to develop a coordinated service plan with you when appropriate.

If you receive behavioral health services from us:

- Your mental health records may be shared to provide you with treatment or services without your authorization, but we will only share information that is relevant to your treatment or service plan.
- We maintain one electronic health record for your health and behavioral health information so that our health care providers can make informed treatment decisions and coordinate your health care.
- Most sharing of psychotherapy notes will be done only with your written authorization. Psychotherapy notes are defined by law as notes created by a mental health professional that are kept separate from your health record. In general, our staff include all of their notes in your health record and do not maintain separate psychotherapy notes.
- We will not share your alcohol or substance abuse program records unless:
 - You have given us your written permission;
 - The disclosure is allowed by court order;
 - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation;
 - We are sharing with someone who is providing services to you or our program, and we have an agreement in place to protect the information. *We have these agreements in place to allow your substance abuse program records to be shared with your DHHS health and behavioral health care providers.*
- We will not share your information from our Abused Persons, Victim's Assistance and Sexual Assault Programs without your written permission except as permitted or required by law.

Some of our programs maintain records that are considered "education records" under the Family Education Rights and Privacy Act of 1974 ("FERPA"). We will not share information about you from these records with other service providers without your written permission unless it is necessary to address an emergency.

We will share your information with persons *outside* of our DHHS agency for treatment or services only with your written permission or as allowed by federal or State law. For example, federal and State laws permit our DHHS staff that provide you with health care to share your health information with outside health care providers who are also treating you.

DHHS has chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional health information exchange (HIE). As permitted by law, your health information may be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may "opt out" and prevent searching of your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt Out form to CRISP by mail, fax or through their website at www.crisphealth.org. If you opt out of participation in CRISP, your health care providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously

received by fax, mail or other electronic communications. Legally mandated public health reporting, such as the reporting of infectious diseases to public health officials, will also occur through the HIE after you decide to opt out.

- **For payment:** We may use or disclose health and other personal information about you as necessary to obtain payment for health and mental health services received. For example, we may use your information to bill Medicaid or Medicare for treatment you received
- **For Health Care/Business Operations:** We may use or disclose your health and other personal information to manage our programs or activities. For example, DHHS staff or outside auditors may look at your case record to review the quality of services you received through our department.
- **For Appointments or Notifications:** We may need to contact you or your representative, to schedule or remind you of an appointment, to ask you to complete paperwork, to inform you about other related benefits or services that you may be interested in, or to reach you in an emergency.
- **To our Business Associates:** We have agreements with persons outside of DHHS that perform services on our behalf, or provide us with administrative and support services, such as financial or legal services, data analysis, and accreditation and quality assurance reviews. These persons are called business associates. We may disclose your information to business associates so that they can perform these services for us. However, we require our business associates to keep your information safeguarded.
- **To your Family, Friends and Others Involved in Your Care:** We may disclose your health information to your family or others who are involved in your medical care. For example, we may discuss your medical condition with your adult daughter or son who is arranging for your care at home. If you do not want us to share this information with your family, you can ask that we not do so. We will not share information about your mental health or substance abuse history or care with your family unless you give us written permission.
- **For Government Programs:** We may disclose health and other personal information about you to determine if you are eligible for other government benefits or programs such as Social Security benefits.
- **For Public Health Activities:** We may use or disclose health information about you for public health activities. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of this disease.
- **For Health Oversight Activities:** We may disclose your information as required by law to other agencies who oversee our programs for oversight activities such as audits, inspections, investigations, and licensure.
- **For Abuse and Neglect Reports and Investigations:** We are required by law to report any cases of suspected abuse or neglect of children or vulnerable adults, including adults abused as children. Health and mental health providers are required by law to share information with adult and child protective services if the health/mental health care provider believes the information will contribute to the protective service investigation, assessment of risk, or service/safety plan.

- **To Avoid Harm:** DHHS may disclose health and other personal information about you to law enforcement under certain conditions. For example, if you harm a member of our staff or another client, if you damage our property or if our professional staff believes that you are likely to cause serious harm to others or yourself, we will contact law enforcement. DHHS may also disclose your health and other personal information in case of a threat to the public, such as a terrorist attack or emergency disaster.
- **To Coroners, Funeral Directors, Medical Examiners and for Organ Donation:** DHHS may disclose health information relating to death to coroners, medical examiners and funeral directors and also to authorized organizations relating to organ, eye or tissue donations or transplants.
- **For Research Purposes:** We may use or disclose your health information for medical research purposes under certain circumstances. In some cases, your written permission will be needed. Research studies and reports will not identify people by name.
- **For Court proceedings:** We may be required by law or court order to provide information about you to the court. We may also share health information about you for workers' compensation claims.
- **As Required by Law:** If a law or regulation requires that we disclose your health or other personal information, we must do so.
- **Fundraising:** We generally do not engage in fundraising with our clients, but if we contact you for fundraising efforts, you can tell us not to contact you again.

Your Rights Regarding your Information

You have the right to:

- Obtain a copy of this notice. This notice is available in alternative format upon request.
- Ask us to contact you at a different location or to contact you by a different method than we routinely use. For example, you may ask that we contact you by phone or mail at work instead of at home.
- See, review and receive a copy of information we maintain about you. *You must make this request in writing* and you may be charged a fee to pay for the cost of copying your record. There are certain situations when we may not give you the right to review or obtain a copy of your records. If this happens, we will explain why. If we maintain your health information in an electronic record, you can also ask for your information in an electronic format.
- Ask us to correct information about you that you think is incorrect or incomplete. *You must do this in writing.* In some situations, we are not required to make the change. If we do not agree to make the change, we will explain why.
- Ask for a list (accounting) of the times we have disclosed your health information for six years prior to the date you ask. This listing will not include disclosures made for treatment, payment or health care operations purposes, or disclosures you have permitted us to make. *You must make this request in writing.*
- Request that we not share health information with a family member or others involved in your care.
- Request that we not share your information for a treatment/service, payment or health care operations purpose. *These requests must be made in writing.* We are not required to agree to

these requests, but if we do, we must comply with the agreement, unless we need to disclose the information for your emergency treatment. If we cannot agree to your request, we will explain why.

- If you pay for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will agree to comply with your request unless a law requires us to share that information.
- Require that we obtain your written permission if we want to sell your information or share your information for marketing purposes.
- File a complaint or report a problem if you feel we have violated your rights. We will not take any action against you for filing a complaint. To file a complaint or report a problem contact our Privacy Officer at the following address:

Privacy Officer
Montgomery County Department of Health and Human Services
401 Hungerford Drive
Rockville, MD 20850
240-777-3819 (Voice) 240-777-1398 (TTY)

If your complaint relates to your *health* information, you may also contact the U.S. Department of Health and Human Services, Office for Civil Rights by calling 1-877- 696- 6775.

How to Make a Request

If you have questions about our privacy practices or want to make a request for any of the above, contact the staff person who is working with you, or our Privacy Officer at the address listed above. We ask that you use the *DHHS Client Request Form* for requests that must be made in writing. You can obtain the form from any DHHS office or by contacting our Privacy Officer.

Effective Date: This notice is effective on June 24, 2014.