

# CASE MANAGEMENT UNIT

1100 South Cameron Street  
Harrisburg, PA 17104

## NOTICE OF PRIVACY PRACTICES

*Effective Date: 4/14/03*

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

If you have any questions about this notice, please refer to our website at [www.cmu.cc](http://www.cmu.cc); or you may contact the HIPAA Compliance Officer by telephone at 717-232-8761, or by mail at the address at the top of this Notice.

### WHO WILL FOLLOW THIS NOTICE

This notice describes the Case Management Unit (CMU) for Dauphin County privacy practices and those of (a) all departments and units of CMU, (b) volunteers we allow to help you, c) all contracted services, and (d) all members of CMU's workforce.

### OUR PLEDGE REGARDING MEDICAL INFORMATION;

We understand that information about you and your health is personal. We are committed to protecting that medical information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care maintained by CMU, whether made by CMU personnel or another health care provider. Other health care providers may have different policies or notices regarding their use and disclosure of medical information created in their offices or clinics.

This notice tells you about the ways in which we may use and disclose information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to: make sure that health-related information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

### HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

**For Treatment.** We may use and disclose information about you to provide you with medical treatment or services. We may disclose information about you to behavioral or physical health care providers such as physicians, nurses, technicians, medical students, or other personnel who are involved in your care. (For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition the physician may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals.) We also may share medical information about you in order to coordinate the things you need, such as prescriptions and lab work. We also may disclose medical information about you to people outside the organization who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

**For Payment.** We may use and disclose information about you so the treatment and services you receive from us can be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose information about you in the course of

our internal operations, including, but not limited to, quality control; efficiency management; review procedures; employee and provider evaluations; credentialing, certification, licensing or training activities. We may disclose medical information to business associates who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine medical information about many individuals to decide what additional services we should offer and what services are not needed.

**Appointment Reminders.** We may use and disclose information to contact you as a reminder that you have an appointment for treatment.

**Follow-up Phone Calls.** As part of your treatment plan, there may be times that you will be contacted by CMU staff via telephone after you have had service at one of our facilities for purposes of customer satisfaction or the like.

**Treatment Alternatives and Health-Related Benefits and Services.** We may use and disclose information to recommend or tell you about treatment alternatives and health-related benefits or services that may be of interest to you.

**As Required By Law.** We will disclose information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures would only be to someone able to help prevent the threat.

## SPECIAL SITUATIONS

**Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation.** We may release information about you for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We will disclose information about you for public health activities as required by law. These activities generally include the following (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report child abuse or neglect; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities.** We will disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if satisfactory efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may release information if asked to do so by a law enforcement official

(a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the patient agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct, and (f) in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime. **Employees of CMU are mandated reporters. As such, we are required by law to report suspected abuse, neglect or domestic violence. We may disclose your protected health information to the extent it is necessary to report suspected abuse, neglect or domestic violence to the appropriate authorities.**

**Coroners, Medical Examiners and Funeral Directors.** We will release information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We will also release information to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President of the United States and Others.** We may disclose information about you to authorized Federal officials so they may conduct special investigations and provide protection to the President or other officials and dignitaries.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official to provide you with health care, to protect your and others health and safety, or for the safety and security of the correctional institution.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding the medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. (Usually, this includes medical and billing records but does not include psychotherapy notes.) To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the HIPAA Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your medical information in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for CMU.

To request an amendment, your request must be made in writing and submitted to the HIPAA Compliance Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information

that (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the medical information kept by or for the organization; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting (list) of certain types of disclosures we have made of medical information about you. We are not required to account for certain disclosures such as: disclosures you authorize, disclosures to carry out treatment, payment or health care operations and disclosures to persons involved in our care.

To request an accounting of disclosures, you must submit your request in writing to the HIPAA Compliance Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on our use or disclosure of information about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in our care or the payment for your care, like a family member or friend. (For example, you could ask that we not use or disclose information about a surgery you had, or you could ask that information about you not be included in the facility directory.)

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

If you want to request a restriction, you must submit your request in writing to the HIPAA Compliance Officer. The written request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or other family members). We will reply to you within 60 days.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail).

If you want to request confidential communication, contact the HIPAA Compliance Officer. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must include the address and/or telephone number where you want to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time. You may also obtain a copy of this notice at our website, [www.cmu.cc](http://www.cmu.cc).

#### CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, and you may request a copy of any revised or updated versions of this Notice.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, contact the HIPAA Compliance Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

#### OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.