

## **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 review it carefully.**

Capital Area Human Services District (CAHSD) provides many types of services. CAHSD staff must collect information about you to provide these services. CAHSD knows that information we collect about you and your health is private. CAHSD is required to protect this information by Federal and State law. We call this information “protected health information” (PHI).

This Notice of Privacy Practices tells you how CAHSD may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. CAHSD is required to follow the terms of the notice currently in effect. However, CAHSD may change its privacy practices and make that change effective for all PHI maintained by CAHSD. The effective date of this Notice of Privacy Practices is June 14, 2016.

### **CAHSD May Use and Disclose Information Without Your Authorization**

- **For Treatment.** CAHSD may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** CAHSD may use or disclose information to get payment or to pay for the health care services you receive. For example, CAHSD may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** CAHSD may use or disclose information in order to manage its programs and activities. For example, CAHSD may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** CAHSD may send you reminders for medical services, checkups, and eligibility renewal. CAHSD may send you information about health services that may be of interest to you.
- **For Public Health Activities.** CAHSD may disclose information to the public health agency that keeps and updates vital records such as births, deaths, and the tracking of some health issues and diseases.
- **For Health Oversight Activities.** CAHSD may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and for Law Enforcement.** CAHSD will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, CAHSD will follow the higher standard.
- **For Abuse Reports and Investigations.** CAHSD is required by law to receive and investigate reports of abuse, neglect or exploitation involving CAHSD clients and makes a report to the appropriate agency as indicated.
- **For Government Programs.** CAHSD may use and disclose information for public benefits under other government programs. For example, CAHSD may disclose information for the determination of Supplemental Security Income (SSI) benefits.

- **To Avoid Harm.** CAHSD may disclose PHI to law enforcement agencies in order to avoid a serious threat to the health, welfare and safety of a person or the public.
- **For Research.** CAHSD uses information for studies and to develop reports.
- **Disclosures to Family, Friends, and Others.** CAHSD may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information, unless it is a personal representative.

#### **Disclosures to LDH or other CAHSD Agencies**

The Louisiana Department of Health (LDH) and CAHSD are business partners. Your PHI may be disclosed to LDH or other CAHSD agencies in order to provide treatment or for other reasons stated above. You have the right to object to this sharing of information; however, it may alter CAHSD's ability to provide you full services.

### **Other Uses and Disclosures Require Your Written Authorization**

Any other uses and disclosures not described above will be made only with your written authorization. You may cancel this authorization at any time in writing. CAHSD cannot take back any uses or disclosures already made with your authorization. Authorization is required for the following: Most uses and disclosures of psychotherapy notes; and Uses and disclosures of Protected Health Information for marketing purposes.

### **Other Laws Protect Your Protected Health Information**

Many CAHSD programs have other laws for the use and disclosure of information about you. For example, your written authorization may be needed for CAHSD to use or disclose your mental health or chemical dependency treatment records.

### **Your Privacy Rights**

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask CAHSD to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request (CAHSD form 301P).
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health information.
- **Right to Get a List of Disclosures.** You have the right to ask CAHSD for a list of disclosures made after April 14, 2003. You must make the request in writing (CAHSD form 701P). This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to Request Restrictions on Uses or Disclosures of Protected Health Information.** You have the right to ask CAHSD to restrict how your information is used or disclosed. You must make the request in writing and tell CAHSD what information you want to limit and to whom you want the limits to apply. Generally, CAHSD is not required to agree to the request. However, CAHSD is required to agree to a request to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket (you have requested that your health plan is not billed) in full for the healthcare item or service. You can request in writing that the limit be terminated (CAHSD form 501P).
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization in writing at any time. You can cancel an authorization verbally at any time, but you must cancel the authorization in writing within thirty (30) days for the cancellation to remain in effect. CAHSD cannot take back any uses or disclosures already made before an authorization was cancelled.
- **Right to Choose How We Communicate with You.** You have the right to ask that CAHSD share information with you in a certain way or in a certain place. For example, you can ask CAHSD to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.

- **Right to File a Complaint.** You have the right to file a complaint with CAHSD at the address listed below and with the United States Department of Health and Human Services if you do not agree about how CAHSD has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to CAHSD Privacy Practices.** You have a right to receive notice of changes in CAHSD privacy practices that affect you on or after the effective date of the change.



### **How to Review CAHSD Privacy Policies**

You may review CAHSD privacy policies and related forms by going to [www.cahsd.org](http://www.cahsd.org) and looking for the HIPAA Privacy Policy link. You may also contact the CAHSD Privacy Officer at the address listed at the end of this notice.

### **How to Contact CAHSD to Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact the local CAHSD office which collects and maintains your protected health information or you may contact the CAHSD Privacy Officer at the address listed at the end of this notice to:

- ✓ Ask to look at or copy your records;
- ✓ Ask to limit how information about you is used or disclosed;
- ✓ Ask to cancel your authorization;
- ✓ Ask to correct or change your records; or
- ✓ Ask for a list of the times CAHSD disclosed information about you.

Your request to look at, copy, or change your records may be denied. If CAHSD denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with CAHSD or with the U.S. Department of Health and Human Services, Office for Civil Rights.

### **How to File a Complaint or Report a Problem**

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how CAHSD has used or disclosed information about you. Your benefits will not be affected by any complaints you make. CAHSD cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy Office contact is:

CAHSD Privacy Officer  
Capital Area Human Services District  
P.O. Box 66558  
Baton Rouge LA 70896

**Thank you for choosing Capital Area Human  
Services District.**