



Allegheny County
Department of Human Services
One Smithfield Street
Pittsburgh, PA 15222
Phone: 1-800-862-6783
Fax: 412-350-5891

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

I. How Allegheny County Department of Human Services Uses and Discloses Your Health Information:

Allegheny County Department of Human Services provides a broad range of services through a wide variety of health and human services programs. If you receive services from a County program, the County program may use your protected health information and disclose it to other County health and human services programs and outside the County, to:

- a. Plan and provide your care and treatment
- b. Communicate with health care professionals who care for you
- c. Describe the care you receive
- d. Obtain reimbursement from private insurers or other government programs
- e. Verify that services billed were actually provided
- f. Educate health professionals
- g. Inform public health officials charged with improving healthcare
- h. Administer the County's programs that provide public benefits, and/or health or human services
- i. Assess and improve the services provided and the outcomes achieved
- j. Pay for services you receive
- k. Inform you about other public programs and services

The County and its programs will not use or disclose your protected health information except as described in this notice, or otherwise authorized by law.

II. Your Health Information Rights:

You have the right to:

- a. Request a restriction on certain uses and disclosures of your protected health information
- b. Obtain a paper copy of this Notice of Privacy Practices upon request
- c. Inspect and copy your protected health information
- d. Request amendments to your protected health information
- e. Obtain an accounting of disclosures of your protected health information
- f. Request communications of your protected health information by alternative means or at an alternative address
- g. Revoke your consent to use or disclose protected health information to the extent that it has not already been relied upon
- h. File a complaint to the Allegheny County Department of Human Services and/or the Secretary of the U.S. Department of Health and Human Service if you believe your privacy rights have been violated.

III. The County Program Duties:

The County's health and human services programs each have a duty to:

- a. Maintain the privacy of your protected health information
- b. Provide you with a notice as to our legal duties and privacy practices with respect
- c. Abide by the terms of this notice
- d. Notify you if we are unable to agree to a requested restriction
- e. Accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address
- f. Provide an accounting of disclosures of your protected health information

The County or any County health and human services program may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. We will post a copy of the revised notice on our Internet website page for DHS as well as in the main office of One Smithfield Street. We will also place it in various service provision locations. Upon request, we will provide you with a written copy of the current privacy notice.

IV. For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact the DHS Privacy Officer:

DHS Privacy Officer
Office of Information Management
Department of Human Services
Human Services Building
One Smithfield Street, Suite 252
Pittsburgh, PA 15222

If you believe your privacy rights have been violated, you can file a complaint with the DHS Privacy Officer at the address above, or with the Office of Civil Rights:

Region II Office for Civil Rights, U.S.
Dept. of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Bldg.
Philadelphia, PA 19106-9111
Main Line: (215) 861-4441
Hotline: (800) 368-1019
Fax: (215) 861-4431
TDD: (215) 861-4440
<http://www.hhs.gov/ocr/hipaa/>

There will be no retaliation for filing a complaint.

V. Examples of Disclosures for Treatment, Payment and Health Operations:

We will use your health information for treatment.

For example: Information obtained by a clinician, care provider, nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

We will use your health information for payment.

For example: A bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health operations.

For example: Members of a quality assurance team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

VI. Others who may receive your health information:

Business Associates: There are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. However, we require the business associate to appropriately safeguard your information.

Research: We may disclose information to researchers when the information is de-identified or when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Funeral Directors: We may disclose health information to funeral directors to carry out their duties, as required by law.

Public Health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof any health information necessary for your health and the health and safety of other individuals, or for the administration of the institution.

Law Enforcement: We may release medical information about you, if asked to do so by law enforcement officials under certain circumstances. Examples of this type of disclosure include: In response to court orders, subpoenas, warrants, or similar processes; or in emergency circumstances to report a crime, the location of a crime, or the identity, description or location of the person who committed the crime.

Serious Threats to Health or Safety: As permitted by applicable law and standards of ethical conduct, we may use or disclose your medical information when necessary to prevent or lessen a serious and imminent threat to your health or safety or the health or safety of another person or the public.

Effective Date: 4/14/2003

Privacy Notice Acknowledgement

This page documents that you have been given a copy of the Department of Human Services Notice of Privacy Practices.

I acknowledge that DHS has given me a copy of the Privacy Notice either by email, U.S. Mail, or in person (version dated 10/06) as required by the federal government's HIPAA legislation.

Client Name (Please Print or Type)

Signature

Date

Parents / Personal Representatives

If this acknowledgement is being made by someone with authority to act on the client's behalf, such as a Parent, Legal Guardian (if client is a minor), or Personal Representative please complete the information and sign below.

Representative's Name (Please Print or Type)

Signature

Date

Office Use Only:

- Client refused or was unable to sign acknowledgement, but has been given a copy of the DHS Privacy Notice.

Reason for refusal or inability, if any

Signature of DHS staff providing the notice

Date

Revised 10/06