

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

790 Governor Carlos Camacho Road

Tamuning, Guam 96913

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NOTICE OF PRIVACY and INFORMATION PRACTICES

Effective Date: _____

General Statement: Mental health and substance abuse health information in many cases has an even higher level of protection than other types of information. DMHSA requires your written permission before sharing information in nearly all circumstances. For more information about your rights, please ask a staff member or request a copy of Consumer Rights and Consent To Release Confidential Information.

This notice describes how your health information may be used and disclosed, and how you can gain access to this information. Please review the information carefully.

Uses and Disclosures: We will use and disclose elements of your protected health information (PHI) in the following ways:

With your consent:

1. To a friend or family member who is involved in your healthcare.
2. Your confidential healthcare information may be released to other healthcare professionals in the community for the purpose of providing you with quality healthcare (e.g. school, Public Health, referral to other providers for treatment).
3. Payment for claims, including coordination of benefits with other insurers for collection agencies.
4. Your confidential healthcare information may be released to your insurance provider for the purpose of the Department receiving payment for providing you with needed healthcare services.
5. Healthcare operations including auditing of records for internal quality control and assurances.

Without your consent:

1. Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.

- _____ Initials
2. Your confidential healthcare information may be released to a public health organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
 3. Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime, or domestic violence, only when a court order is received signed by a judge.

Special cases:

1. You may be contacted by the Department to remind you of appointments, healthcare treatment options or other health services that may be of interest to you.

Your rights:

1. Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
2. Minors have rights to confidentiality when receiving treatment for substance abuse, AIDS or HIV, pregnancy, and/or sexually transmitted diseases. (GCA Title 19, P.L. 24-149)
3. DMHSA will not make any other use or disclosure of Protected Health Information (PHI) without written authorization from you except in cases regarding a valid consent. The consumer and/or DMHSA may revoke this authorization at any time.
4. You have the right to review and request to have your records photocopied, any/all portions of your healthcare information, except psychotherapy notes and those documents generated by sources other than DMHSA.
5. You have the right to make changes to your healthcare information.
6. You have the right to know who has accessed your confidential healthcare information and for what purpose.
7. You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission (e.g. fax, email) or on paper.

8. You have the right to request to review and obtain copies of health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of or use in a civil, criminal or administrative action or proceeding, or Protected Health Information that is subject to or exempt from the Clinical Laboratories Act of 1988. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying (including labor), mailing or other supplies associated with your request.

Consumers have been granted individual rights under the HIPAA Legislation. These include the following:

1. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of protected health information about you that was not made for treatment, payment and health care operations. There are certain exceptions to this right.
2. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations.
3. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. 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 emergency treatment.
4. To request restrictions, you must make your request in writing to the Privacy Officer listed below. In your request, you must tell us (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. Either you or we may terminate the restriction upon notification of the other.
5. You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail.

Our duties: DMHSA will abide by the terms of this notice or the notice currently in effect at the time of the disclosure.

1. DMHSA is required by law to protect the privacy of its consumers, except in special circumstances.
Exceptions to Confidentiality are:
 - In cases when a child is abused or neglected or his/her life is endangered (P.L. 20.209)
 - Abuse to a disabled person or elderly person (P.L. 101.336)
 - Family Violence (P.L. 24.239)
 - Threat to harm another person (5GCA)
 - Acute suicidal intent (Professional Ethical Responsibility)
2. To request confidential communications, you must make your request in writing to your Primary Care Provider or the Privacy Officer. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
3. DMHSA reserves the right to change the terms of its notice provisions effective for all Protected Health Information (PHI) that it maintains. A notice of revision will be posted and copies will be made available at the reception desks, and if applicable at your next visit.
4. You have the right to file a complaint to DMHSA and/or to the Department of Health and Human Services, Office of Civil Rights if you believe your privacy rights have been violated. To file a complaint with the DMHSA, please contact:
**Department of Mental Health and Substance Abuse
ATTN: Privacy/Security Officer
790 Governor Carlos Camacho Road
Tamuning, Guam 96913
Telephone: (671-647-5330)**

All complaints will be addressed and the results will be reported to the Director of DMHSA. It is DMHSA's policy that no retaliatory action will be made against any individual who submits or conveys a complaint of suspected or actual non-compliance of the privacy standards.

_____ Initials