

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES



Ohio Pharmacy Services

CENTRAL PHARMACY OUTPATIENT

Notice of Privacy Practices

Effective June 19, 2015

I. 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.

II. OUR DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Ohio Pharmacy Services, Central Pharmacy Outpatient is required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. These duties are similar to, but distinct from, the duties relating to the confidentiality of alcohol and drug abuse patient records.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will post a new Notice at the **Department of Mental Health and Addiction Services website** at <http://mha.ohio.gov/> . You may also request a copy of the new notice in writing from the **Privacy Officer, Ohio Pharmacy Services, Central Pharmacy Outpatient, 2150 W. Broad Street, Columbus, Ohio 43223** or call **614-752-0150**.

III. HOW MAY WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION.

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more description and some examples of our potential uses/disclosures of your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. Generally, we may use or disclose your PHI as follows:

For treatment: If we are the entity filling your prescription, we may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, questions or concerns relating to your prescribed medications may be shared with treatment staff at your community agency.

To obtain payment: We may use/disclose your PHI in order to bill and collect payment for your prescription medications. For example, we may release portions of your PHI to the local ADAMH/CMH/ADAS Board to get paid or process payment to another pharmacy for your prescription medications.

For health care operations: We may use/disclose your PHI in the course of operating our pharmacy. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office or our Ohio Pharmacy Services for similar purposes.

Uses and Disclosures Requiring Authorization: For uses and disclosures beyond treatment, payment, and operation purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization: The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

When required by law: We may disclose PHI when a law requires that we disclose information, for instance, reporting about dispensing controlled substances, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

For health oversight activities: PHI may be released to our central office, the protection and advocacy agency, the State Board of Pharmacy, the Food and Drug Administration or other health oversight agencies authorized by law, for audits; administrative actions or proceedings; or reporting of adverse events, product problems or defects, or biological product deviations.

For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose PHI to our central office research staff and their designees in order to assist medical/psychiatric research.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION.

You have the following rights relating to your protected health information:

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but generally are not legally bound to agree to the restriction unless the restriction is of a disclosure to a health plan and the PHI relates only to a health care item or service for which you have paid “out of pocket” in full. To the extent that we do agree to any restrictions on our use/disclosure of you PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

To inspect and request a copy of your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want paper copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. If your record is available electronically, you may request a copy in electronic format to be delivered to you or a designated person or entity.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations*; to you; or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

To be notified of any breach of the privacy of your PHI: You have a right to be notified about any disclosure of your PHI to persons not authorized to receive your PHI if the PHI has not been encrypted or otherwise made unreadable to such unauthorized recipients.

To receive this notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

To choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

V. HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI Below. You also may file a written complaint with the Office of Civil Rights, US Department of Health and Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, voice (312) 886-2359, fax (312) 886-1807, TDD (312) 353-5693 or the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave. SW, Washington, D.C. 20201 or by phone at 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

VI. CONTACT PERSON FOR INFORMATION, OR TO SUBMIT A COMPLAINT:

If you have questions about this Notice or any complaints about our privacy practices, please contact the statewide Consumer Advocacy and Protection Specialist, at:

Ohio Department of Mental Health and Addiction Services
Rhodes Tower: 30 East Broad Street, 36th Floor
Columbus, Ohio 43215-3430
Telephone: 1-877-275-6364 (toll free)

VII. Effective Date:

This notice is effective on June 19, 2015

*In the future, disclosures of your PHI for treatment, payment, and operations purposes may be included in the accounting of PHI disclosures in an electronic medical record.