DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

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**Title:** Compliance With HIPAA Electronic Transaction Code Sets

**Policy:** The Dauphin County MH/MR Program will be in compliance with all mandated standards for electronic codes, data sets, and transactions as required by the Electronic Transaction Standards Adopted Under HIPAA.

**Definitions:**


**Electronic Health Transactions** - The term "Electronic Health Transactions" includes health claims, health plan eligibility, enrollment and disenrollment, payments for care and health plan premiums, claim status, first injury reports, coordination of benefits, and related transactions.

**Electronic Data Interchange, (EDI)** - The HIPAA Standard EDI format requires standardization of the data content by specifying uniform definitions of the data elements that will be exchanged in each type of electronic transaction and identification of the specific codes or values that are valid for each data element. Payers are required by law to have the capability to send/receive all HIPAA transactions.

**Provider Billing Guide** – (Zebra Project) – The Dauphin County MH/MR Program HIPAA 837 compliant specifications for electronic invoicing for County funded services.
**Procedure:**

1) The Dauphin County MH/MR Program will develop and maintain a HIPAA 837 Transaction “Provider Billing Guide”.

2) The Dauphin County MH/MR Program will distribute the HIPAA 837 Transaction “Provider Billing Guide” to each organization who currently invoices the Program electronically and to each provider agency who requests to begin invoicing the Program electronically.

3) The Dauphin County MH/MR electronic invoicing requirements (EDI) will change to the HIPAA compliant 837 transaction effective October 16, 2003.


5) Providers may use the existing record layout for August 2003 billing. Any electronic billing for the month of September 2003 should be submitted using the 837 transaction format as described in the Provider Billing Guide.

6) The Dauphin County MH/MR requires that Providers submitting invoices electronically using the 837 format be approved by the Program prior to the submission of electronic invoices.

7) Testing for the 837 transactions will begin on July 1st, 2003. Files can be submitted on disk only and clearly labeled as **TEST** data. The disk should be addressed to the attention of Electronic Data Submissions; Dauphin County MH/MR Program; 100 Chestnut Street, 1st Floor; Harrisburg PA 17101.

8) The test data submitted must be within the current fiscal year and can be for any month. Please specify a contact person including phone number and e-mail address who will be responsible to correspond with Dauphin County MH/MR IT personnel in regard to submission status, errors, and modifications.

9) Upon successful completion of the testing process, your contact person will be notified in writing by the MH/MR Administrator and will be given a production ID code that will be needed in the header segment of the transaction.

10) All Production 837 billing files must be mailed to MH/MR on disk until further notice. The Dauphin County MH/MR Program will explore other methods of secured and protected submissions.
DAUPHIN COUNTY

HIPAA PRIVACY POLICY

USE & DISCLOSURE OF HEALTH INFORMATION--GENERAL RULES

Dauphin County is committed to keeping the personal health information about the clients of any of its agencies or departments private and secure. Each time an individual visits any of the agencies or departments operated by Dauphin County, a record is created as needed to provide care or services. Dauphin County also recognizes that Federal and State laws require that individually identifiable health information must be safeguarded against improper use or disclosure. It is the County's policy not to use or disclose the personal health information in the records of clients except as permitted by law, and to adopt safeguards to protect the confidentiality of its clients' health information.

I. DEFINITIONS

1.1 Health Information. As used in this policy, "health information" shall mean information about a client of an agency or department operated by the County that is created or received by the agency or department that: (1) relates to the past, present, or future physical or mental health or condition of the client and the provision of health care to that client; or the past, present, or future payment for the provision of health care to the client; and (2) that identifies the client, or with respect to which there is a reasonable basis to believe that information can be used to identify the client.

1.2 Disclosure. The release, provision of access to, or divulging in any other manner of client health information by Dauphin County.

1.3 Use. The sharing, utilization, review, or analysis of client health information by any of the agencies or departments of Dauphin County.

1.4 Treatment. The provision, coordination, or management of health care and related services by Dauphin County, including the coordination or management of health care and related services by Dauphin County with a third party; consultation with other health care providers relating to a client; or the referral of a client for health care or services between Dauphin County and another health care provider.

1.5 Payment. The activities undertaken by Dauphin County to pay for the provision of health care or services or to obtain reimbursement for such care or services.

1.6 Health Care Operations. Any of the following activities of Dauphin County:

1.6-1 Conducting quality assessment and improvement activities;

1.6-2 Reviewing the competence or qualifications of health care professionals, evaluating employee and agency or department performance, conducting training
programs under supervision to practice or improve skills, training of non-health care professionals, certification, licensing, or credentialing activities;

1.6-3 Conducting or arranging for medical review, legal services, and auditing functions;

1.6-4 Business planning and development, such as conducting cost-management and analyses related to managing and operating the agencies or departments of Dauphin County; and

1.6-5 Business management and general administrative activities of Dauphin County, including, but not limited to: customer service; resolution of internal grievances; creating de-identified health information or a limited data set, and fundraising for the benefit of Dauphin County.

1.7 Workforce. The workforce of Dauphin County includes its employees, agents and volunteers.

1.8 Business Associate. A "business associate" is a person or entity who on behalf of Dauphin County performs, or assists in the performance of, a function or activity involving the use of a client's personal health information, or who provides services to Dauphin County that require the disclosure of a client's personal health information. Members of the County's workforce are not business associates. Examples of business associates are persons or entities that perform the following services to or on behalf of Dauphin County: claims processing or administration, data analysis, utilization review, quality assurance, billing, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

1.9 Privacy Officer. The individual designated by Dauphin County responsible for ensuring the County's compliance with privacy policies and procedures.

II. PROCEDURES

2.1 General.

2.1-1 Verification. When implementing the procedures noted in this policy, Dauphin County staff shall take reasonable steps to verify the identity and authority of the person or entity requesting access to a client's health information. Reasonable verification procedures include, but are not limited to: viewing an identification badge or license; reviewing a written statement on letterhead; personal knowledge of the requestor; or knowledge of the place of business, address, telephone number, etc. For purposes of notification of family or friends, Dauphin County shall assume a person's involvement in the client's care based on the circumstances, such as the fact that they accompany the client for care or services, visit the client or sign necessary paperwork during the admission or enrollment process.
2.1-2 Minimum Necessary. When implementing the procedures noted in this policy, Dauphin County staff shall make reasonable efforts to ensure that only the "minimum amount" of information necessary to satisfy the particular purpose of the use or disclosure is provided. Unless the circumstances indicate otherwise, Dauphin County shall presume that requests from public officials, health care providers, health plans and clearinghouses, professional members of the County's workforce, business associates, requests from the client, and requests pursuant to a valid authorization are for the "minimum amount" of information necessary for the stated purpose.

2.1-3 Release of Entire Medical Record. In general, Dauphin County will not release an entire medical record of a client unless the release of the whole record is justified as reasonably necessary to accomplish the purpose of the requested use or disclosure. Unless the circumstances indicate otherwise, Dauphin County shall presume that requests from public officials, health care providers, plans and clearinghouses, professional members of the County's workforce, business associates, requests for research, requests from the client, and requests pursuant to a valid authorization for the entire medical record are reasonable.

2.2 Use of Health Information for Treatment/ Payment or Health Care Operations.

2.2-1 Dauphin County's Use and Disclosure. Dauphin County may use or disclose a client's health information for treatment, payment, or health care operations without obtaining consent or authorization from the client. At all times, however, Dauphin County will only use or disclose the minimum amount of health information necessary to accomplish the purpose of the use or disclosure.

2.2-2 Disclosure to Outside Entities.

- Treatment. Dauphin County may disclose a client's health information for the treatment activities of a health care provider.

- Payment. Dauphin County may disclose a client's health information for the payment activities of a health care provider.

- Health Care Operations. Dauphin County may disclose a client's health information for the health care operations of another health care provider only under the following conditions and restrictions: (1) both Dauphin County and the other entity must currently have, or in the past have had, a relationship with the client; (2) the health information must pertain to the relationship between the entity and the client; and (3) the disclosure must be for one of the following purposes:
  - Quality assessment and improvement ("QA") activities;
  - Case management and care coordination;
  - Conducting training programs;
  - Licensing, or credentialing activities; or
  - Health care fraud and abuse detection or compliance.
2.2-3 **Workforce access to medical record.** The Privacy Officer may establish classes of persons/entities, or grant permission for other persons, to access a client's medical record for the purposes of treatment. All persons, classes of persons, or entities that do not have specific permission from the Privacy Officer shall not access a client's medical record.

2.2-4 **Accounting of disclosures.** Dauphin County does not need to keep an accounting of any disclosures made for treatment, payment or health care operations.

2.3 **Notice with Opportunity to Agree/Object.**

2.3-1 **General.** Dauphin County may use or disclose health information without the written authorization of the client for notification purposes to family members or friends provided that the client is informed in advance of the use or disclosure and has the opportunity to agree to or prohibit or restrict the disclosure or use. This agreement will be noted in the client's record.

2.3-2 **Notice to Family and Friends.** Subject to the conditions below, Dauphin County may disclose to a family member, other relative, close personal friend, or any other person identified by the client, health information (i) that is directly relevant to that person's involvement with the client's care or payment for that care; and (ii) to notify such person of the client's location, general condition, or death.

- **Conditions if the client is present.** If the client is present for, or otherwise available prior to, a permitted disclosure, then Dauphin County may use or disclose the health information if it: (i) obtains the client's agreement; (ii) provides the client with an opportunity to object to the disclosure, and the client does not express an objection; or (iii) reasonably infers from the circumstances, based on the exercise of professional judgment, that the client does not object to the disclosure.

- **Conditions if the client is not present or is incapacitated.** If the client is not present, in an emergency, or the opportunity to agree/object to the use or disclosure cannot practicably be provided because of the client's incapacity, Dauphin County may, in the exercise of reasonable judgment, determine whether the disclosure is in the best interests of the client, and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the client's health care.

- **Verification.** Dauphin County does not need to verify the identity of relatives or other individuals involved in the client's care. Dauphin County may rely on the circumstances as verification of involvement in care.

2.3-3 **Dauphin County directory, database or client list.**

- **Permissible use.** Except when an objection is expressed, Dauphin County may use the following information to maintain a directory, database or list of clients in Dauphin County: (i) the client's name; (ii) the client's location; (iii) the client's condition
described in general terms that does not communicate specific medical information about the client; and (iv) the client's religious affiliation.

- **Release upon request.** Information in the client directory, database or list will only be used and/or released as authorized by the Privacy Officer.

- **Client incapacity or emergency.** If the opportunity to agree or object cannot practicably be provided because of the client's incapacity or in an emergency, then Dauphin County may use some or all of the information permitted above in a Dauphin County directory, database or client list if such disclosure is: (i) consistent with a prior expressed desire of the client, if any, that is known to Dauphin County; or (ii) in the client's best interests as determined by Dauphin County in the exercise of reasonable judgment. Dauphin County must inform the client and provide an opportunity to object to any uses or disclosures when it becomes practicable to do so.

2.3-4 **Accounting of disclosures.** Dauphin County does not need to keep an accounting of disclosures made to a Dauphin County directory, database or for notification purposes as noted above.

2.4 **Authorization.**

2.4-1 **Authority to release health information.** All releases of a client’s health information not otherwise permitted (e.g. disclosure of psychotherapy notes) shall require the client's authorization. Only the Privacy Officer may give permission for the release of a client's health information pursuant to an authorization by the client and/or his/her legal representative.

2.4-2 **Authorization.** Dauphin County will honor all requests made by a client for release of his/her health information when made in writing, consistent with the Notice of Privacy Practices. Dauphin County will ask that all requests be put into writing and use Dauphin County's approved "Authorization for the Release of Health Information" (hereinafter, "Authorization").

2.4-3 **Authorization must be complete.** Upon the receipt of an Authorization from a client, Dauphin County shall review it to determine that all sections of the form have been filled out completely and accurately. If the form is incomplete, then Dauphin County shall return it to the requestor noting the areas that need to be completed in order to process the records request.

2.4-4 **Accounting of Disclosures.** Dauphin County does not need to keep an accounting of disclosures made pursuant to an Authorization.

2.4-5 **Client access to his/her own record and request for copies of health information.**

- **Timeliness of access.** Dauphin County will grant the client or his/her legal representative access to his/her health information, consistent with the County's Notice
of Privacy Practices. Dauphin County will honor all requests made by a client for access to his/her medical record when made in writing and using Dauphin County's approved "Client's Request for Access to own Medical Record".

- **Place to Access.** The client or his/her legal representative shall be provided a private room/area where he/she can review the health information in confidence. Dauphin County shall take appropriate measures to use its best efforts to protect the integrity of the health information during the review.

- **Requests for copies after inspection.** The client or his/her legal representative may request a copy of his/her record. Dauphin County will make a good faith attempt to copy records and have them available for the requestor in a reasonable amount of time.

- **Payment of copying costs.** Dauphin County may charge the prevailing community rate as the fee for paper copies.

- **Maintenance of a copy of all records that leave Dauphin County.** Dauphin County shall keep an exact copy of all records provided to the requestor along with the written request for such records. The copies of the records shall be filed in a secure location.

- **Summary of information rather than access.** Dauphin County may provide the requestor with a summary of the health information requested, in lieu of providing access to the protected health information or may provide an explanation of the health information to which access has been granted if: (a) the requestor agrees in advance to such a summary or explanation; and (b) the requestor agrees in advance to the fees imposed, if any, by Dauphin County for such summary or explanation.

2.5 **Special Requests.**

2.5-1 **Limit Use/Disclosure.** The client or his/her legal representative has the right to request a restriction or limitation on the use or disclosure of his/her health information. A written request must be filed with the Privacy Officer using the Dauphin County's form entitled "Request to Restrict Use or Disclosure of Protected Health Information". See attached form. The Privacy Officer will respond to the request with an acceptance or denial. The request and response will be maintained by the Privacy Officer.

2.5-2 **Alternate Communication.** The client or his/her legal representative may submit a written request to the Privacy Officer to have his/her confidential communications concerning health information provided by an alternative means. (See Dauphin County form entitled "Request for Alternate Communication"). The Privacy Officer shall consider the client's request and follow up with the client. The request and response will be maintained by the Privacy Officer.

2.5-3 **Accounting.** The client or his/her legal representative has a right to receive an accounting of certain disclosures of health information. A written request must be filed with the Privacy Officer using the Dauphin County's form entitled "Request for
Accounting of Disclosures". See attached form. The Privacy Officer will respond to the request. The request and response will be maintained by the Privacy Officer.

2.5-4 Right to Amend. The client or his/her legal representative has the right to request an amendment of his/her health information. A written request must be filed with the Privacy Officer using the Dauphin County's form entitled "Client Request to Amend Protected Health Information". See attached form. The Privacy Officer will respond to the request and maintain a record of the request.

2.5-5 Right to File Complaint. The client or his/her legal representative has the right to file a complaint concerning the use or disclosure of personal health information. This right will be set forth in the Privacy Notice. A written request must be filed with the Privacy Officer using the Dauphin County's form entitled "Client Complaint Regarding Management of Protected Health Information". See attached form. The Privacy Officer will (1) log the complaint on the Dauphin County's complaint log, and (2) take steps necessary to resolve the complaint. The complaint and log will be maintained by the Privacy Officer.

2.6 Privacy Notice.

2.6-1 Privacy Notice. It is the policy of Dauphin County to disseminate a written notice to all clients that addresses its policies with respect to the treatment, use and disclosure of individually identifiable health information and with respect to Dauphin County's legal duties with respect to such information (a "Notice of Privacy Practices"). The Notice shall include all elements required by law including but not limited to the potential uses and disclosures of their health information and their rights with respect to that information.

2.6-2 Time Provided. Dauphin County will provide the Notice at the time of admission or when the service is first provided to the client, whichever is first, and will attempt to obtain written acknowledgement of receipt of the Notice from the client and/or the client's legal representative. Dauphin County will provide a copy of the Notice to clients and other persons upon request.

2.6-3 Copy of Notice. A copy of the client's acknowledgement (or an explanation as to the client's refusal to sign an acknowledgement) will be kept in the client's record.

2.6-4 Posting. Dauphin County will post a copy of the Notice in pertinent prominent locations and on its website.

2.6-5 New Notice. If there is a material change in Dauphin County's use and disclosure policy that affects the rights of clients, legal duties imposed or the practices of Dauphin County, then a new Notice will be posted. Material changes will not be implemented until a revised Notice has been posted. Updated Notices will not be provided to clients, but will be made available upon request.
2.6-6 **Privacy Officer.** The Privacy Officer shall be responsible for ensuring that written notices are received and posted in accordance with this policy, and for keeping copies of the Notices posted and any revisions thereto.

2.7 **Business Associates.**

2.7-1 **Agreement.** The Privacy Officer shall be responsible for ensuring that a written agreement with Dauphin County's business associates are entered into prior to permitting release of any client's health information to a business associate.

2.7-2 **Requests from Business Associates.** Requests for health information received from business associates should be referred to the Privacy Officer for handling in accordance with the agreement.

2.8 **Other Uses or Disclosures.**

Any uses or disclosures of a client's health information that are not addressed in this policy shall only occur with the approval of the Privacy Officer. Staff should notify the Privacy Officer of any requests. Such other uses and disclosures may include, but are not limited to, uses and disclosures for the following purposes:

- As required by law;
- For public health activities about victims of abuse, neglect;
- For health oversight activities, such as complaint surveys;
- For judicial and administrative proceedings, such as in response to subpoenas;
- For law enforcement purposes;
- Notification of coroners;
- Notification of funeral directors;
- For cadaver organ, eye or tissue donation purposes;
- For research purposes;
- To avert a serious threat to health or safety;
- Disclosures/Uses for marketing/fundraising, if permitted;
- Disclosures/Uses for Psychotherapy notes; and
- Disclosures of de-identified information.
2.9 **Denial of Access to Health Information.** Dauphin County may restrict a client's right to inspect and obtain a copy of his/her health information in the instances noted below.

2.9-1 **Denials without a right of review.** Dauphin County may deny a client access to records that contain his/her health information without providing the client an opportunity for review, i.e., without an appeal, when:

(a) The client requests copies of psychotherapy notes.

(Psychotherapy notes are notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. The following are excluded from the definition of psychotherapy notes: medication prescription and monitoring, counseling start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis and progress.)

(b) The client requests information compiled in anticipation of use in a civil, criminal or administrative action or proceeding.

(c) The health information was obtained from someone other than a health care provider under the promise of confidentiality and access would likely reveal the source of the information.

2.9-2 **Denials with a right of review.** Dauphin County may deny a client access to records that contain his/her health information, but must provide the client the right to have such denials reviewed, in the following circumstances:

(a) Dauphin County has determined that the access is likely to endanger the life or physical safety of the client or another person.

(b) The health information makes reference to another person who is not a health care provider, such as another client, and a licensed health care professional has determined that the access requested is likely to cause substantial harm to such other person.

(c) The request for access is made by a client's personal representative, and a licensed health care professional has determined that access is likely to cause substantial harm to the client or another person.

2.9-3 **Requirements if access is denied.** If access is denied, in whole or in part, for one of the reasons noted above, then Dauphin County shall do the following:
(a) To the extent possible, give the client access to any other health information requested, after excluding the health information as to which Dauphin County has a ground to deny access.

(b) Provide a timely, written denial to the client. The denial will be in plain language and contain: (i) the basis for the denial; (ii) if applicable, a statement of the client's review rights, including a description of how the client may exercise those rights; and (iii) a description of how the client may complain. The description will contain the name, or title, telephone number or office of the designated privacy contact person for Dauphin County.

(c) If Dauphin County does not maintain the health information requested, and Dauphin County knows where the information is maintained, then inform the client where to direct his/her request.

(d) If the client has requested a review of the denial, Dauphin County will designate a responsible individual, who did not participate in the original decision to deny, to act as a reviewing official. Dauphin County will promptly refer a request for review to the reviewing official. The designated reviewing official will determine, in a reasonable amount of time, whether or not to deny the access based on the standards noted in this section. Dauphin County will promptly provide written notice to the client of the determination of the designated reviewing official, and take other action as is necessary to implement the designated reviewing official's determination.

III. Privacy Officer Responsibility.

3.1 Privacy Officer. Dauphin County has designated a Privacy Officer to be responsible for overseeing the implementation of the steps in this policy and procedure.

3.2 Staff Contact with Privacy Officer. Dauphin County staff should notify the Privacy Officer with regard to any issues related to the use or disclosure of protected health information.

3.3 Staff Education. Dauphin County staff shall be required to be knowledgeable regarding County's privacy practices. The Privacy Officer will be responsible to schedule staff in-services on the privacy policy and require mandatory attendance at the scheduled in-services.

3.4 Privacy Complaints. Dauphin County staff shall notify the Privacy Officer of any complaints regarding the use or disclosure of personal health information. The Privacy Officer shall be responsible to address privacy related complaints.
3.5 **Safeguards.** Dauphin County staff shall comply with safeguards for assuring the confidentiality of records and notify the Privacy Officer of concerns.

3.6 **Mitigation of Misuse.** Dauphin County staff should notify the Privacy Officer of improper use or disclosure of personal health information and the Privacy Officer shall be responsible to address concerns regarding such improper use or disclosure. Privacy Officer shall be responsible to mitigate any misuse.
DAUPHIN COUNTY

AUTHORIZATION FOR THE RELEASE OF HEALTH INFORMATION

Client Name: ___________________________  Date of Birth: ____________

Client ID #: ____________________________

Today's Date: __________________________

I, ____________________________ [print name], hereby authorize the HIPAA Privacy Officer of Dauphin County to release information from my records as specified below, to:

Name of Person: ___________________________
Title: ____________________________________

Name of Entity: ___________________________

Address: __________________________________________

I authorize the following information to be released:

☐ Complete Medical Record
☐ Special Consultation
☐ Progress Notes (excludes Psychotherapy Notes)
☐ Treatment Summary
☐ Social History
☐ Substance Abuse*
☐ Alcohol*
☐ HIV/AIDS Status*
☐ History
☐ Physical

Other (please specify) ____________________________

Authorized Information will be used and/or disclosed for the following purposes:

☐ At the request of the individual (check box if applicable)
☐ Other (list each purpose of the use(s) or disclosure(s) in the space provided.):

____________________________________________________________________________________

- I understand that if the person or entity receiving Authorized Information is not a health plan or health care provider covered by federal privacy regulations (also known as the HIPAA Privacy Rule), the Authorized Information may be re-disclosed by the recipient and may no longer be protected by federal or state law.
I understand that I have the right to revoke/withdraw this authorization, in writing, at any time by notifying the HIPAA Privacy Officer of Dauphin County, and that the revocation/withdrawal will be effective except to the extent that Dauphin County has already taken action in reliance on my authorization.

My written statement that I want to revoke/withdraw my authorization should be delivered to:

HIPAA Privacy Officer
Dauphin County
2 South Second Street
P.O. Box 1295
Harrisburg, PA 17108

I understand that Dauphin County will not condition my treatment or access to services upon whether or not I sign this Authorization. I understand that I may refuse to sign this authorization and that my refusal to sign in no way affects my access to treatment or services by or through Dauphin County.

*Note to Recipient:
This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CRF-Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information is NOT sufficient for this purpose. This release shall be valid for a period no longer than 3 months unless otherwise specified.

This authorization will expire at the earlier of _______ [Date] or the date the following event occurs: ____________________________

(Describe event or otherwise write not applicable)

Signature of Client:

_________________________________ (Signature)  __________________________ (Date)

_________________________________ (Print Name)

If this authorization has been signed by a personal representative on behalf of an individual, his/her authority to act on behalf of the individual must be set forth here (attach any additional verifying information):

_________________________________ (Signature)  __________________________ (Date)

Personal Representative

_________________________________ (Print Name)

For Office Use Only:
Staff person receiving Authorization: __________________________

_________________________________ (Signature)

_________________________________ (Print Name)

Date Authorization received: __________________________
DAUPHIN COUNTY

CLIENT'S REQUEST FOR ACCESS TO OWN MEDICAL RECORD

Notice to Client: You may use this form to request to inspect or copy information maintained about you. This type of request is described in Dauphin County’s Notice of Privacy Practices.

Client Name: ____________________________

Client ID #: ____________________________

Date of Birth: ____________________________

Today's Date: ____________________________

1. I hereby request my medical record as detailed below:

☐ Summary of Medical Record

☐ Full medical record held by this office

☐ Medical record for the period ______________ through ______________.

☐ A specific portion/section of the record as follows:

________________________________________________________________________

________________________________________________________________________

2. I hereby request to:

☐ Inspect the requested records.

☐ Obtain a copy of the requested records

☐ Both inspect and copy the requested records

3. I understand that unless otherwise provided by law, the charge for this record will be _____ per page for each page copied. Such fee included the reasonable costs for copying, supplies, labor and, where applicable, postage. I agree to pay this charge in full at the time I receive the copy of this record.

4. If you have any questions relating to the inspection or copying of medical records contact:

HIPAA Privacy Officer
Dauphin County
2 South Second Street
P.O. Box 1295
Harrisburg, PA 17108
Signature of Client:

__________________________________________ (Signature)  ______________________ (Date)

__________________________________________ (Print Name)

If this request has been signed by a personal representative on behalf of an individual, his/her authority to act on behalf of the individual must be set forth here (attach any additional verifying information):

________________________________________________________________________

________________________________________________________________________

__________________________________________ (Signature)  ______________________ (Date)

Personal Representative

__________________________________________ (Print Name)
DAUPHIN COUNTY

REQUEST TO RESTRICT USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

1. Client Name: ____________________________________________________________

2. Date Of Birth: _________________________________________________________

3. Description of the Health Care Information to be Restricted:
   ____________________________________________________________
   ____________________________________________________________

4. Description of the Restriction Being Requested Related to Use or Disclosure of the Above Information:
   ____________________________________________________________
   ____________________________________________________________

5. Description as to the Time Period Client Requests the Restriction:
   ____________________________________________________________
   ____________________________________________________________

6. Other Information:
   ____________________________________________________________
   ____________________________________________________________

Office Use Only

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<td>to appropriate staff</td>
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DAUPHIN COUNTY

REQUEST FOR ALTERNATE COMMUNICATION

1. Client Name: ____________________________________________

2. Date of Birth: __________________________________________

I understand that I have the right to request that Dauphin County communicate confidential information to me by methods and at locations that will assure my privacy. I also understand that the County will comply with my reasonable requests for such accommodation.

The County normally communicates confidential information to clients by written correspondence to the home address or by telephone to the client's home or office.

1. Describe the alternative method you would prefer for confidential communications from the County.
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

2. Identify the alternative location(s) at which you would prefer to receive confidential communications from the County (post office box, friend's home, etc.).
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

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<th>Office Use Only</th>
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DAUPHIN COUNTY

REQUEST FOR ACCOUNTING OF DISCLOSURES

1. Client Name:__________________________________________________________________________

2. Date of Birth:__________________________________________________________________________

3. Request Date:__________________________________________________________________________

4. Address to Receive Accounting:__________________________________________________________________________

__________________________________________________________________________

I understand that I have the right to an accounting of uses and disclosures of my protected health information for purposes other than treatment, payment and health care operations. I understand that Dauphin County's responsibility for such accounting became effective April 14, 2003 and that accounting for disclosures prior to that date is not available. I understand that Dauphin County will maintain the record of any disclosure for six years. I understand that Dauphin County will respond to this request in fewer than 60 days unless I receive notification in writing that it will take longer to fulfill my request. I also understand that a fee may be charged for more than one accounting in a 12-month period, but Dauphin County will notify me in advance of such fee.

Please specify the period of time for which you would like an accounting of disclosures of your protected health information. (No accounting is available prior to April 14, 2003):__________________________________________________________________________
DAUPHIN COUNTY

CLIENT REQUEST TO AMEND PROTECTED HEALTH INFORMATION

Client Name: _____________________________
Client ID #: ____________________________
Date of Birth: ____________________________
Today's Date: ____________________________

1. The information to be amended is from:
   □ Medical Record
   □ Other; Please describe: ____________________________

2. Date(s) of entry: ____________________________

3. Reason for request:
   □ Incorrect Information  □ Outdated Information
   □ Incomplete Information  □ Other

4. What should the entry say to be more accurate?

                                                                                   
                                                                                   
5. Please list anyone who has received or relied on the information.

   Name       Address
   a. ____________________________________________________________
   b. ____________________________________________________________

Signature of Client or Legal Representative: ____________________________ Date: ____________________________

FOR OFFICE USE ONLY:

Amendment has been:  Accepted: ______
                          Denied: ______
If **Denied**, check the reason for decision:

_______ The information was not created by this Office

_______ The information is not part of the client's designated record set

_______ Federal law does not allow making the information available to the resident for inspection

_______ The information is accurate and complete

**Dauphin County Staff Comments**

__________________________________________

__________________________________________

__________________________________________

Signature ___________________________ Date: __________________________

Print Name & Title ____________________________


DAUPHIN COUNTY

CLIENT COMPLAINT REGARDING
MANAGEMENT OF PROTECTED HEALTH INFORMATION

The purpose of this form is to help you in filing a complaint with the HIPAA Privacy Officer. You are not required to use this form. You may also write a letter or submit a complaint directly to the U.S. Department of Health and Human Services.

Name and Address of Person Filing Complaint:
________________________________________________________________________
________________________________________________________________________

Are you filing this complaint for someone else? Circle YES NO

If YES, whose health information privacy rights do you believe were violated?

FIRST NAME_________________________ LAST NAME_________________________

WHO do you believe violated your (or someone else's) health information privacy rights or committed another privacy violation?

________________________________________________________________________

WHEN do you believe that the violation of health information privacy rights occurred?

________________________________________________________________________

(date(s))

DESCRIBE briefly what happened. How and why do you believe your (or someone else's) health information privacy rights were violated? Be as specific as possible. Attach additional pages as needed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please sign and date this form.

Signature ___________________________________ Date ________________________

To register your complaint about the way Dauphin County has handled your protected health information, complete the following form and deliver it to:

HIPAA Privacy Officer
Dauphin County
2 South Second Street
P.O. Box 1295
Harrisburg, PA 17108
You also have the right to complain directly to the U.S. Department of Health and Human Services, Office of Civil Rights at the following address:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Ave., S. W.  
Washington, D. C. 20201
DAUPHIN COUNTY

NOTICE OF PRIVACY PRACTICES

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

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

Dauphin County is committed to keeping your personal health information private and secure. Each time you visit any of the agencies or departments operated by Dauphin County to serve our residents, a record of your visit is created. Your record contains any information needed to provide services or treatment to you or your family. Your record may include current demographic information about you or your family, a description of your current problems or medical symptoms, a history of services already provided to you or your prior medical care, the results of any medical examination or tests, a diagnosis, a plan for your future care or services and any billing-related information. Dauphin County needs this information to provide you with quality care and services and to comply with certain legal requirements.

This Notice applies to all of the records of your care or services created by any of the agencies or departments within Dauphin County, whether created by Dauphin County employees or individuals providing services to you through contracts with Dauphin County.

This Notice explains in detail how we may use or disclose your health information. Not every use or disclosure may be listed. This Notice also describes your rights and our obligations regarding the use and disclosure of your health information. Except in specified circumstances, we will use or disclose only the minimum necessary information needed to do our job.

OUR RESPONSIBILITIES

Protecting the privacy and appropriate use of your health information is our priority and a crucial part of our commitment to you. Dauphin County is required by law to:

- Make sure the information that identifies you is kept private.
- Give you this Notice that describes our legal duties and privacy practices regarding your medical information.
- Follow the terms of the Notice that is currently in effect.

CHANGES TO THIS NOTICE

Dauphin County reserves the right to change this Notice and to make the revised Notice effective for health information we already have, and for any information that any of our agencies or departments receive in the future. A copy of the current Notice will be posted in all of our agencies or departments and on our web site at www.dauphincounty.org. A copy of the Notice currently in effect will be given to you when you register at any County agency or department. You will be asked to review the Notice and acknowledge your receipt of the Notice in writing.
COMPLAINTS

If you believe your privacy rights have been violated, or you disagree about a decision we have made about access to your medical information, you may file a complaint with Dauphin County. You must send your complaint in writing to Privacy Officer, Dauphin County, Office of HIPAA Compliance, 2 South Second Street, 4th Floor, P.O. Box 1295, Harrisburg, PA 17108. There will be no retaliation for filing a complaint.

You also have the right to complain to the Secretary of the Department of Health and Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Dauphin County may use and disclose medical information about you for a variety of reasons. The following summary describes different ways that we may use your health information within the various County agencies and departments and disclose your health information to persons and entities outside of Dauphin County. We have not listed every use or disclosure within the following categories, but all permitted uses and disclosures will fall generally within one of the following areas.

COMMON USES AND DISCLOSURES ALLOWED UNDER LAW

The law provides that Dauphin County may make certain uses and disclosures without your consent or authorization for treatment, payment or the operations of our various agencies or departments. The list below gives you examples of how your health information may be used for these purposes.

**Treatment:** We may use health information about you to provide you with medical treatment and services. We may disclose health information about you to doctors, nurses, therapists or other personnel who are involved in your care.

**Payment:** We may use and disclose health information about you for any activities that we undertake to reimburse your provider for health care services provided to you. This may include the disclosure of health information to obtain prior authorization for treatment and procedures from your insurance plan.

**Health Care Operations:** We may use and disclose health information about you for basic business activities that are necessary to operate the various County agencies and departments. These activities may include, but are not limited to, conducting audits and quality assurance activities to monitor provider quality.

OTHER SITUATIONS THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION

In addition to the disclosures for treatment, payment or operations described above, we may use or disclose your medical information without your written consent or authorization in certain other circumstances. The following disclosures of your health information are permitted by law without any oral or written permission from you. Not every use or disclosure is listed.

**When Required by Law:** We may disclose information about you when federal, state or local law requires us to do so.
For Public Health Activities: We may disclose health information about you for public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse, neglect, or domestic violence
- To report reactions to medications, problems with products or other adverse events
- To notify people of recalls of products they may be using
- 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

Health Oversight Activities: We may disclose health your information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections and licensure surveys. These activities are necessary for government agencies to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may disclose health information about you in response to a subpoena, discovery request or other lawful process initiated by someone else involved in the dispute. In some circumstances, efforts must be made to tell you about the request for your health information, to obtain an order protecting the information requested or to seek a signed authorization from you to release certain records.

Law Enforcement: We may disclose health information about you, if and to the extent we are asked to do so by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process.
- To identify or locate a suspect, fugitive, material witness or missing person.
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person’s agreement.
- About a death we believe may be the result of a criminal conduct.
- About criminal conduct at one of our agencies or departments or at a County correctional institution.
- 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.

Coroners, Medical Examiners and Funeral Home Directors: We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about you to funeral home directors as necessary to carry out their duties.

Organ and Tissue Donation: If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces or are a public official, we may release health information about you to the appropriate authorities so that they may carry out their duties under the law.
**Worker’s Compensation:** We may release health information about you in order to comply with the laws related to worker’s compensation or similar programs (such as automobile or disaster insurance).

**Averting a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health or safety or the health and safety of another person or the public.

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

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

**USES OR DISCLOSURES REQUIRING YOUR SPECIFIC WRITTEN “AUTHORIZATION”**

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you authorize us to use or disclose health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose health 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 services or care that you received through Dauphin County agencies or departments. Some typical disclosures that require your authorization are as follows:

**Certain Disclosures Authorized by You:** One of the primary reasons for disclosing health information about you is for follow-up care when your health care records are sent to a new provider to continue your health care treatment.

**Drug & Alcohol Abuse Treatment Disclosures:** We will disclose drug and alcohol treatment information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your written authorization or the written authorization of your personal representative for such disclosures.

**Disclosure of Mental Health Treatment Information:** We will disclose mental health treatment information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your written authorization or the written authorization of your representative for such disclosures.

**Disclosure of HIV/AIDS-Related Information:** We will disclose HIV/AIDS-related health information about you only in accordance with the federal privacy rule and state law. In most cases, these laws require us to get your written authorization for such disclosures.
YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Although your health record is the physical property of the Dauphin County agency or department that created it, you have the following rights with respect to the health information maintained about you:

**Right to Request a Restriction on Certain Uses and Disclosures of Your Information for Treatment, Payment or Healthcare Operations:** You have the right to request a limit on the medical 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. For example, you could ask that we not disclose information about a test you had to a particular individual. **We will consider your request, but are not legally bound to agree to the restriction; however, we will give every consideration to your request.** If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We ask that you make your restriction request in writing to the address below and advise us what information you want to limit and to whom you want the limits to apply.

**Right to Obtain a Copy of this Notice:** You have the right to a paper copy of this Notice, and you may ask us to give you a copy at any time. To obtain a paper copy of this Notice, send a request in writing to the address below.

**Right to Inspect and Request a Copy of your Health Record for a Fee:** Unless your access is restricted for clear and documented treatment reasons, you have the right to inspect and copy your medical information if you put your request in writing directed to the address below. We will respond to your request in 30 days. This right may not apply to psychotherapy notes or information gathered for judicial proceedings. As to psychotherapy notes, we may provide you with an opportunity to review your records with your therapist. If clinically appropriate, we may provide copies of these records to you with your written authorization. We may deny your request under very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by another independent health care professional chosen by someone on our health care team. We will abide by the outcome of that review. We reserve the right to charge you a reasonable fee for copying your record.

**Right to Request an Amendment to your Health Record:** If you believe that there is a mistake or missing information in our record, you may request that the information be amended. Please submit your request for an amendment in writing at the address below and include a reason to support the request. We may deny your request if it is not in writing, if the information was not created by us, if it is not part of the information kept by us, if it is not part of the information which you would be permitted to inspect and copy, or if we believe the information is accurate and complete. Please note that even if we accept your request, we are not required to delete any information from your health record. We will act on your request within 60 days of receipt.

**Right to Obtain an Accounting of Disclosures of your Health Information:** If you request an accounting of disclosures, we will provide you with the date of each disclosure, who received the health information, a brief description of the health information disclosed and why the disclosure was made. We are required to provide this information to you within 60 days, unless you agree to an extension. We will not charge you for an accounting unless you request more than one per year. For additional lists, we may charge you for the costs of providing the list. We are not required to include in the accounting those disclosures made to you or disclosures for which you have signed an authorization for purposes of treatment, payment or health care operations, for the census, to
persons involved in your care, for national security or intelligence, or to correctional facilities or law enforcement officials.

**Right to Choose How We Contact You:** You have the right to ask that we send you information only at a certain location or in a certain way. For example, you may ask that we only contact you by telephone or by mail. To request confidential communications, you must make your request in writing to the address below. Your request must specify how or where you wish to be contacted. **We will accommodate all reasonable requests.**

**Right to Revoke your Authorization:** You may revoke your authorization to use or disclose health information except to the extent that action has already been taken on the basis of the authorization. This revocation must be in writing and dated.

**Right to Ask Questions or Raise Concerns:** If you want additional information regarding your privacy rights or the information in this Notice, please submit your request in writing to the address provided below.

**Address for Submission of all Requests Described in this Section:**

Privacy Officer  
Dauphin County  
Office of HIPAA Compliance  
4th Floor  
2 South Second Street  
P.O. Box 1295  
Harrisburg, PA 17108

The effective date of this Notice is April 14, 2003.
Acknowledgment of Receipt of the
Notice of Privacy Practices of Dauphin County

The signature below indicates that Dauphin County, through its Human Services Agencies, has provided me with a written Notice of Privacy Practices.

PLEASE SIGN AND MAIL THIS ACKNOWLEDGMENT TO:

[INSERT AGENCY AND ADDRESS]

__________________________________________________________________________
Name (please print)

__________________________________________________________________________
Signature of Recipient or Personal Representative          Date

If signed by the Recipient’s Personal Representative, please print name and describe relationship:

__________________________________________________________________________
Name

__________________________________________________________________________
Relationship to Recipient