



Behavioral Health Network (BHN) Notice of Privacy Practices & Consent

INTRODUCTION

Thank you for choosing Behavioral Health Network (BHN) as your service provider. BHN's mission is to help individuals, families, and communities improve the quality of lives for those with behavioral health and developmental challenges. BHN values person-centered recovery and services. In partnership with you, BHN looks forward to helping you reach your goals.

Outlined below you will find information regarding your participation in BHN services. This includes your shared responsibility with services and our Notice of Privacy Practices.

How Medical Information about you may be Used and Disclosed.

Introduction to Privacy Practices

This Notice of Privacy Practices describes how BHN uses, discloses and protects your PHI to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights regarding information BHN maintains about you and a brief description of how you may exercise these rights.

“Protected Health Information” or PHI means information (including identifying information about you) BHN has collected from you or received from your health care providers, health plans or a health care clearinghouse. It may include information about your past, present or future physical or mental health condition, the provision of your health care, and payment for your health care services. You will be asked to sign a separate document pertaining to billing to describe our policy for billing information.

BHN is required by law to maintain the privacy of your information and to provide you with this notice of our legal duties and privacy practices about your information. BHN is also required to comply with the terms of its current Notice of Privacy Practices.

BHN does not keep psychotherapy notes for any individual served. Notes kept during behavioral health visits are considered progress notes and are part of the medical record. These notes may be released as described in this document.

How BHN Will Use and Disclose Your Information

BHN will use and disclose your information as described in each category listed below. For each category listed below, BHN will explain what we mean in general, but not describe all specific uses or disclosures of information.

- **Sharing of Medical Record within BHN, including Substance Use Information**

As a best practice, BHN works to provide integrated care across all BHN Programs from which you receive services. This consent explains how BHN Programs may share your information with other BHN Programs, including those that provide substance use disorder services. (These substance use programs are referred to as 42CFR, Part II programs.)



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We will ask you to sign an authorization to allow us to share this information between programs. You may ask for restrictions to this sharing of information, and BHN will work to abide by this. Some incidental disclosure of your substance use information may occur due to the degree of integration of your health information that occurs if you are enrolled in multiple programs.

- **Payment:**

BHN may disclose your information so that services you receive are billed to, and payment is collected from, your health plan or insurance. The BHN Payment Policy Form provides additional details on billing and payment information.

- **Health Care Operations:**

BHN may use information about you for our operations. These disclosures are necessary to run our organization and make sure that you receive quality care. These activities may include, by way of example, quality audits, licensing, accreditation and general administrative activities.

Organized Health Care Arrangements: If you are part of an Accountable Care Organization, Managed Care Entity, Health Information Exchange or other Organized Health Care arrangement, your information may be shared as part of the payment, coordination of services and treatment, and operational requirements.

Use of Authorizations for communication with entities external to BHN:

Disclosures and communication with Behavioral Health and Medical providers and others external to BHN will generally only be made with your written permission, called an “authorization.” You have the right to revoke an authorization at any time. If you revoke your authorization, BHN will not make any further disclosures of your information under that authorization. Information already disclosed cannot be rescinded. To revoke your authorization, please use the *Authorization Revocation* form.

With written authorization by you or your guardian, BHN can disclose information to a family member, legal representative or any other person that is responsible for your care about your location or general condition.

These methods of communication may include face-to-face; telephone conversation(s); secure email, secure texting or fax. Information may also be sent electronically using a Health Information Exchange (HIE) such as PVIX. Sharing information with an HIE will always require an Authorization from you.

Massachusetts does recognize a mature minor rule, which means that minors (individuals who are 12 to 17 years old) at BHN can consent to treatment if the Clinical Director or Physician believes the minor can give informed consent to the treatment, and it is in the minor’s best interest not to notify his or her parents. Minors who have been found drug dependent by at least two physicians may consent to substance use treatment, except for methadone maintenance therapy.



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Minors who reasonably believe they are suffering from or have been exposed to diseases classified as dangerous by the Department of Public Health may seek treatment. HIV is included among these diseases. Minors who are unable to pay for private medical care may consent to treatment for venereal diseases at public health clinics that provide comprehensive family planning services.

For individuals who have received treatment, diagnosis or referral to a program for treatment of a drug or alcohol problem, the confidentiality of records has special protections based on Federal law and regulations (CFR 42, Part 2). As a general rule, BHN may not tell a person outside of BHN information identifying you as receiving services for alcohol or substance use unless:

- a. You authorize the disclosure in writing
- b. The disclosure is permitted by a court order
- c. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes
- d. You commit or attempt to commit a crime

A violation by us of the federal law and regulations governing Substance Use Disorders is a crime.

Federal law and regulations governing confidentiality of substance use disorders permit us to report suspected child abuse or neglect under state law to appropriate state or local authorities. Please see 42 U.S.C. § 290dd-2 for federal law and 42 C.F.R., Part 2 for Federal regulations governing confidentiality of alcohol and substance use records.

Rights Regarding Disclosures without Consent or Authorization

Without Consent, BHN may disclose your information to:

1. **Avert a Serious Threat to Health or Safety.** BHN may disclose information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, BHN will only disclose information to someone who is able to help prevent or lessen the threat.
2. **As Required By Law.** BHN will disclose information about you when required to do so by federal, state or local agencies.
3. **The Federal or State Agency** responsible for consenting to your care.
4. **Disclosures in Legal Proceedings.** BHN may disclose information about you to a court when:
 - a. You are a party to a legal proceeding and BHN is required to provide this information under a court order or if the judge waives rights to confidentiality.
 - b. Your information was gathered during a court-ordered psychiatric examination.
 - c. You introduce your mental or emotional condition as evidence in support of your claim or defense in any proceeding and the judge approves our disclosure of your information.
 - d. You bring a lawsuit for malpractice or initiate a complaint with a licensing board against BHN or any of our staff.
5. Your **health care agent** if BHN has received a valid health care proxy from you.
6. Your **guardian or medication monitor** if one has been appointed by a court.



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7. **Emergency Personnel.** BHN may use and disclose your information in an emergency situation, such as to an EMT or ER staff that is attending to your safety and medical needs to the extent required to provide you with emergency care.
8. **Researchers.** BHN may disclose your ‘de-identified’ information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
9. **Public Health Authorities.** BHN may disclose information about you as necessary for public health activities including disclosures.
10. **Health Oversight Activities.** BHN may disclose information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating healthcare, and civil rights laws.
11. **Law Enforcement Activities.**
 - a. When the information is provided in response to an order of a court;
 - b. BHN determines that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person;
 - c. BHN may also disclose information about you if you are a victim of a crime and BHN determines the disclosure is in your best interest;
 - d. Notification is necessary to respond to a serious danger to you or others.
 - e. The disclosure is otherwise required by law
12. **Medical Examiners.** BHN may provide information about you to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances.
13. **Military and Veterans’ Authorities.** If you are member of the armed forces, BHN may disclose your information as required by military or veteran authorities. BHN may also disclose your information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, BHN may disclose your information to that foreign military authority.
14. **National Security and Protective Services for the President and Others.** BHN may disclose medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. BHN may also disclose information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.
15. **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, BHN may disclose information about you to the correctional institution or law enforcement official.
16. **Workers’ Compensation.** BHN may disclose information about you to comply with the Workers’ Compensation Laws. These disclosures will usually be made only when BHN has received a court order or, sometimes, when BHN has received a subpoena for the information.



Your Rights Regarding Your Information

A. Right to Inspect and a Copy of Record.

You have the right to request an opportunity to inspect or copy information used to make decisions about your care or payment of your care. Usually, this would include clinical and billing records. You must submit your request in writing to the ‘Keeper of Records’ where you are receiving services. You may use the *Request for Records* form for this purpose. (This *Request for Records* forms, and others identified later in this document should be available from staff at BHN.) BHN may charge a fee for the cost of copying, mailing and supplies associated with your request.

BHN may deny your request to inspect or copy your information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. BHN will inform you in writing if the denial of your request will be reviewed. Once the review is completed, BHN will honor the decision made by the licensed health care professional reviewer.

B. Right to Amend.

For as long as BHN keeps records about you, you have the right to request that BHN amend any erroneous information used to make decisions about your care, whether they are decisions about your treatment or payment for your care. Usually, this would include clinical and billing records. To request an amendment, you must submit a written request to Keeper of Records at BHN, 417 Liberty Street, Springfield, MA 01104 and tell us why you believe the information is incorrect or inaccurate. You may use the *Amendment to Record* form.

BHN may deny your request for an amendment if it is not in writing or does not include a reason to support the request. BHN may also deny your request if you ask us to amend information that:

1. Was not created by us;
2. Is not part of the information BHN maintains to make decisions about your care;
3. Is not part of the information that you would be permitted to inspect or copy; or
4. Is accurate and complete.

If BHN denies your request to amend, BHN will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the information that is the subject of your request.

If you choose to submit a written statement of disagreement, BHN has the right to prepare a written rebuttal to your statement of disagreement. In this case, BHN will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the information that is the subject of your request.



C. Right to an Accounting of Disclosures.

You have the right to request that BHN provide you with an accounting, or list, of disclosures BHN has made of your information to entities outside of BHN. This list will not include disclosures of your information within BHN.

To request an accounting of disclosures, you must submit your request in writing to the Keeper of Records at the site where you receive services. You may submit your request on a form called *Request for Accounting*. The first accounting you request within a 12-month period will be free. For additional requests during the same 12-month period, BHN may charge you for the costs of providing the accounting.

D. Right to Request Restrictions.

You have the right to request a restriction on the information BHN uses or discloses about you. BHN will agree to this request if the disclosure is for the purpose of carrying out payment or health care operations, it is not required by law *and* the information only pertains to a service for which the individual has paid in full for the service.

You may also ask that any or all parts of your information not be disclosed to family or friends who may be involved in your care or for notification purposes as described in this Privacy Practices document.

In order to obtain a restriction of information, you need to submit a written request to the Program Director at your site. The Program Director will ask you to fill out a *Request for Restriction Form*, which you should complete and return to the Program Director. The Program Director will seek final approval from the Clinical Director. BHN is not required to agree to a restriction that you may request. If BHN does agree, BHN will honor your request unless the restricted information is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications-How BHN May Contact You

You have the right to request that BHN communicate with you about your health care only in a certain location or through a certain method. For example, you may request that BHN contact you only at work or by e-mail. BHN will accommodate all reasonable requests. You do not need to give us a reason for the request; but your request must specify how or where you wish to be contacted. For this, use the *Confidential Request Form*.

F. Right to a Paper Copy of this Notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy.



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Attendance Policy: Participation in Services

Good clinical care requires regular appointments between treatment providers and persons served. We at BHN are committed to providing high quality care. We believe consistent attendance at scheduled appointments is critical to successful treatment outcomes.

- If your BHN service provider needs to cancel your appointment, you will receive a call and we will work to reschedule your appointment.
- If you need to cancel your appointment, please notify your provider 24 hours or more in advance and your appointment will be considered a cancellation.
- If you miss your appointment without giving any notice it will be considered a no show.
- If you cancel your appointment giving less than 24 hours notice it will be considered a no show.

BHN's response to missed appointments:

Please discuss all missed appointments with your provider. Your provider will discuss with you why you are missing appointments and together can develop a plan to decrease the missed appointments.

When your rate of **no show and /or cancellation reaches 2 within a 30 –day period, no further routine appointments will be scheduled.** You may receive a letter advising you to contact your provider within 10 days to discuss reasons for missed appointments and negotiate an alternative scheduling plan. If you do not respond, we will assume you are no longer interested in further services and will stop services.

Please be advised that the attendance policy also pertains to **Medication Services.** If you are receiving medication services and your outpatient treatment is being closed due to attendance, your medication provider will determine if a final visit is necessary.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us. To file a complaint, request a copy of the **Complaint Form** and submit it to the Privacy Officer at 417 Liberty Street, Springfield, MA 01104. You may also file a complaint with Office of Civil Rights at the Secretary of the U.S. Department of Health and Human Services.

If you believe your human rights have been violated, you may also file a complaint with us. To file a complaint, request a copy of the **Complaint Form** and submit to the Director of Human Rights at 417 Liberty Street, Springfield, MA 01104. You may also file a complaint with the Department of Mental Health in accordance with regulation 104CMR 32.00.

Your staff person should be able to provide you with the Complaint Form and provide assistance with completing it. The complaint will be reviewed and responded to in a timely fashion.



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If there is reason to believe a disabled person between the ages of 18 and 59 has been physically or emotionally abused, we are required by law to immediately report the abuse to the Disabled Persons Protection Commission (DPPC) at (800) 426-9009. A written report should be filed with DPPC within 48 hours of the oral report.

Term of Consent

This Consent will remain in effect until the term of this Consent expires or a signed *Consent Revocation* is received at a BHN office or mailed at the address listed above. The revocation will be effective immediately upon BHN's receipt of your signed Consent Revocation form, except that the revocation will not have any effect on any action taken by BHN in reliance on this Consent before it received the signed Consent Revocation form.

You may refuse to sign or may revoke at any time this Consent and Privacy Practices document for any reason. However, this refusal or revocation will affect BHN's ability to begin or continue services. In such event, BHN will use reasonable efforts to refer you to another provider.

Changes to this Notice

BHN reserves the right to change the terms of our Consent and Notice of Privacy Practices. BHN also reserves the right to make the revised or changed Consent and Notice of Privacy Practices effective for all information BHN already has about you as well as any information BHN receives in the future. BHN will post a copy of this document at our main office and at each site where BHN provides care. You may obtain a copy of this policy by calling us at 413-747-0705 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices. If you have any questions about this Privacy Notice, please call us and ask to speak with our Privacy Officer.