

**Privacy Practices for  
Protected Health Information  
A Notice to Our Members**

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

**I. Who is CBHNP**

**Community Behavioral HealthCare Network of PA (CBHNP)** is the organization responsible for providing care management services for your mental health and substance abuse treatment needs under HealthChoices.

**II. What is Protected Health Information**

“Protected Health Information” or “PHI” is any information, whether oral or recorded in any form or medium; (i) that relates to the past, present, or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under HIPAA and the HIPAA Privacy Regulations, including, but not limited to, 45 CFR §164.501.

**III. How CBHNP Uses and Discloses Your Health Information:**

CBHNP provides a broad range of behavioral health services through a wide variety of mental health and substance abuse treatment programs. If CBHNP manages care for you, CBHNP may use your protected health information and disclose it to providers and other organizations in order to:

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

CBHNP and its subcontractors and providers will not use or disclose your protected health information except as described in this notice, or as otherwise authorized by law.

#### **IV. Your Health Information Rights:**

You have the right to

- a) Request a restriction on certain uses and disclosures of your protected health information
- b) Inspect and copy your protected health information
- c) Request amendments to your protected health information
- d) Obtain an accounting of disclosures of your protected health information
- e) Request communications of your protected health information by alternate means or at an alternate address
- f) Revoke your consent to use or disclose protected health information to the extent that it has not already been relied on
- g) File a complaint with the Office of Mental Health and Substance Abuse Services or the Secretary of the U.S. Department of Health and Human Services if you believe your privacy rights have been violated

#### **III.The CBHNP Program Duties:**

CBHNP has a duty to

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

CBHNP may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us.

## V. For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact our Member Services Department at **888-722-8646**.

If you believe your privacy rights have been violated, you may file a complaint with Malcolm West, CBHNP Privacy Officer, 717-545-9741 or with the Secretary of the U.S Department of Health and Human Services. There will be no retaliation for filing a complaint.

## VI. Examples of Disclosures for Treatment, Payment, and Health Operations

- We will use your health information for treatment and care management.

Information obtained by a care manager, physician, or other member of your health care team will be added to your record and used to determine the course of treatment and referral that should work best for you.

- We will use your health information for payment.

CBHNP is responsible for making payments to providers who have been authorized to serve your behavioral health needs. As a result we will disclose information as required to ensure an accurate billing for services.

- We will use your health information for regular health operations.

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

## VII. Others Who May Receive Your Health Information

**Business Associates:** Your services are provided through contracts with providers, who are considered business associates. Other business associates include companies that assist us in our operations under contract agreements. However, we require business associates to appropriately safeguard your information.

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

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

**Law enforcement:** We may disclose health information for law enforcement purposes.