



Behavioral Health Administration

ADULT MENTAL HEALTH DIVISION · ALCOHOL AND DRUG ABUSE DIVISION
CHILD & ADOLESCENT MENTAL HEALTH DIVISION · DEVELOPMENTAL DISABILITIES DIVISION

Notice of Privacy Practices

Effective January 2, 2026

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.

Understanding Your Health Information

- Your health record serves as the basis for:
 - Planning your care and treatment;
 - Communicating with other health professionals involved in your care;
 - Documenting the care you receive;
 - Assessing and continually working to improve the care we provide; and
 - Verifying that the services billed to your health insurer were actually provided.
- Health, family, social, educational, and other information provided by you is maintained in your health record.
- Your record may also contain your screening and test results, immunization record, diagnoses, treatment, and a plan for your ongoing care. Medical and hospital reports, and other information obtained with your written permission may be part of your record.

Your Health Information Privacy Rights

Although your health record is the physical property of the Department of Health (DOH), the information belongs to you. You have the right to:

- Receive this notice that tells you how your health information may be used and shared.
- Ask that certain health information not to be shared with particular people or entities. We are not required to agree with your request, **UNLESS** the restriction is to a health plan and you have paid for items or services out of pocket in full.
- Ask us to communicate with you about your health information in a different way or at a different location; and have reasonable requests granted.
- See and get a copy of your health information in paper or electronic format.
- Ask to have corrections added to your health information.
- Obtain a written report on when and why your health information was shared for certain purposes.
- Obtain a paper copy of this Notice upon request, even if you have agreed to receive the notice electronically.

Our Responsibilities

We are required by law to:

- Ensure the privacy of your health information.
- Provide you with this Notice which describes our legal duties and privacy practices regarding information we collect and maintain about you.
- Notify you if a breach of your health information occurred.
- Allow you, or your personal representative, to have timely access to your record. Ask us how to do this.
- Allow you, or your personal representative, to have your record sent to a third party, by completing and signing the "HIPAA Access" form.

We shall abide by the terms of the Notice of Privacy Practices currently in effect.

However, should our privacy practices change, we reserve the right to make the new provisions effective for all health information we maintain. Any significant changes will be reflected in a revised Notice of Privacy Practices which will be available upon request or after the effective date of the change.

How Are We Permitted to Use or Share Your Information?

Without your Authorization: Current privacy laws permit us to use and share your health information without your written authorization in certain situations, unless it is limited by other applicable law.

For your treatment. For example, we are permitted to share your information with the health care providers who participate in your care.

For payment activities related to services we provide for you. For example, a bill may be sent to your health insurer which may include information that identifies you, your diagnosis, as well as the type of health care services that you received.

For administrative health care operations. For example, our Quality Improvement Team may use your health information to assess the care and outcomes in your situation and others like it to improve the quality and effectiveness of our services. We may also use your information to participate in audit activities.

For public health activities. We may share your health information with public health authorities charged with preventing or controlling disease, injury, or disability.

When required by law. For example, the law requires us to report gunshot wounds to the police.

To report suspected abuse or neglect. The law requires us to report suspected abuse or neglect to Child Welfare or Adult Protective Services or the police. The report may contain health information.

For judicial purposes. For example, we may share specific health information in response to valid and compliant court orders, administrative tribunal requests, subpoenas, or discovery requests.

To law enforcement officials. We may share limited health information relating to crime victims, suspicious deaths, crime suspects, and about crimes that occur on our premises; or as required by law.

To avert a serious threat to health or safety. For example, we may in good faith provide information to the police when faced with a person who is threatening to use a dangerous weapon to harm themselves or others.

For care and notification purposes if you agree and do not object. For example, we may share your treatment plan with your daughter who takes care of you or notify the Red Cross of your location during a disaster.

About deceased persons. We may share health information with the medical examiner seeking to identify a person and the cause of death; and with funeral directors to carry out their official duties.

For organ, eye, or tissue donation. We may share health information for transplantation or tissue donation purposes.

For research purposes. We may share health information with researchers after an Institutional Review or Privacy Board has ensured the research proposal protects the privacy of the information.

For health oversight activities. For example, we are required to provide health information requested by the U.S. Dept. of Health and Human Services during an investigation.

For specialized government functions. For example, we may share health information with a correctional institution to ensure the health and safety of inmates or others in the facility.

To other government agencies or organizations. We may share your health information with another government agency to coordinate public benefits you may receive.

For workers' compensation. We may share your health information to comply with workers' compensation laws.

Business associates. We may share your information with an outside entity, such as a software vendor, who may be contracted to install an electronic database system on our behalf.

With your Authorization: We will always ask for your written permission to use or share your information for the following purposes:

- Marketing.
- What may constitute the sale of your PHI.
- Psychotherapy notes (if we maintain psychotherapy notes).
- Certain substance use disorder (SUD) treatment records as outlined in the section, below.
- Other uses and disclosures not described in this Notice.

You may cancel your authorization in writing at any time; however, your cancellation will not apply to the actions already taken when your authorization was in effect.

We participate in one or more Health Information Exchanges ("HIEs"). This means that your health information and identifiers are available electronically for the purpose of treatment, payment, or health care operations. Other providers and health plans participating in these HIEs may have access to this information.

Substance Use Disorder (SUD) Treatment Records

- If we receive or maintain any information about you from a 42 CFR Part 2 covered SUD treatment program through a general consent you provide to the Part 2 Program to use and disclose your records for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 records as described in this Notice.
- If we receive or maintain your Part 2 Program record through specific consent provided to us by a Part 2 Program or another third party, we will use and disclose your records only as expressly permitted by the consent provided to us.
- We will never use or disclose your Part 2 Program record, or testimony that describes the information contained in that record in any civil, criminal, administrative, or legislative proceedings against you, unless authorized by your consent or by court order with the required documentation and notices.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the DOH and with the Secretary of the U.S. Department of Human Services. You may file a complaint without fear of intimidation, threat, coercion, discrimination, or retaliation.

To file a complaint with DOH, please contact:

Alcohol and Drug Abuse Division (ADAD)

Phone: 1 (877) 877-1716

Adult Mental Health Division (AMHD)

Phone: (808) 453-6993

Child and Adolescent Mental Health Division (CAMHD)

Phone: (808) 733-9333

Developmental Disabilities Division (DDD)

Phone: (808) 586-5842

To file a Privacy or a Security complaint with the Secretary of the Department of Health and Human Services, Office for Civil Rights (OCR):

Use their Complaint portal:

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Or file a written complaint and email it to

OCRComplaint@hhs.gov or mail a hard copy to:

Centralized Case Management Operation
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 HHH Bldg.
Washington, D.D. 20201

If you have any questions or need help filing a health information privacy or security complaint, you may email OCRMail@hhs.gov or call the U.S. Department of Health and Human Services, Office for Civil Rights toll-free at: 1-800-368-1019, TDD: 1-800-537-7697.

They provide alternative formats (such as Braille and large print), auxiliary aids and services (such as a relay service), and language assistance.

Note: When required, we will comply with any stricter requirements contained in other laws, for example, 42 CFR Part 2, a federal law that governs the use and disclosure of Substance Use Disorder Treatment information.

Acknowledgment of Receipt

**My signature below indicates that I have
been provided with a copy of the
Notice of Privacy Practices:**

Signature of Individual Client/Parent/Guardian

Print Name

Date

If signed by Parent/Guardian

Relationship to Client

Client Name

*Distribution: Original on file in individual's record. Copy to
Individual.*

*The programs listed above will be sharing your information with
each other, as necessary to carry out treatment, payment, or
health care operations related to the organized health care
arrangement.*