

# FMRS Health Systems, Inc.

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Beckley, WV 25801  
Phone: 304-256-7100

209 W. Maple St.  
Fayetteville, WV 25840  
Phone: 304-574-2100

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Phone: 304-466-3899

P.O. Box 527  
Union, WV 24983  
Phone: 304-772-5452

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## Notice of Privacy Practices

This describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. (If you have any questions about this notice, please contact the Privacy Officer at (304) 256-7100 or 101 S. Eisenhower Drive, Beckley, WV 25801).

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## Our Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for health care is considered "Protected Health Information" (PHI). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of its use or disclosure.

We are required to follow the privacy practices described in this Notice though **we reserve the right to change our privacy practices and the terms of this Notice at any time.**

## How We May Use and Disclose Your Protected Health Information

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

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## Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.

Generally, we may use or disclose your PHI as follows:

**For treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with the pharmacy. Your PHI may also be shared with outside entities performing ancillary services related to your treatment, such as lab work or x-rays, or for consultation purposes, and/or other community mental health agencies involved in provision or coordination of your care.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program, the Department of Health and Human Resources (DHHR) central office, the Bureau for Behavioral Health and Health Facilities (BBHBF), and/or a private insurer to get paid for services that we delivered to you.

**For health care operations:** We may use/disclose your PHI for health care operation purposes. These uses and disclosures are necessary to make sure that all of our clients receive quality care and to operate and manage our office. For example, we may use your PHI in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, and compliance programs. Release of your PHI to DHHR and BBHBF and/or state agencies might also be necessary to determine your eligibility for publicly funded services.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders and other similar materials to your home.

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## Uses and Disclosures of PHI Requiring Authorization

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

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## Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization.

The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.

**For health oversight activities:** We may disclose PHI to the DHHR central office, the protection and advocacy system, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents, and monitoring of the Medicaid Program.

**Relating to decedents:** We may disclose PHI related to a death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations of transplants, when required by state or federal law.

**To avert threat to health or safety:** In or to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities, in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

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## Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Consent or Authorization.

The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law requires the information for collection of vital statistics or inquiry into cause of death.

**For audit or evaluation purposes:** In certain circumstances, we may disclose PHI for audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

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## Uses and Disclosures Requiring You to Have an Opportunity to Object

In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

**To families, friends or others involved in your care:** We may share with these people information directly related to their involvement in your care, or payment of your care. We may also share PHI with these people to notify them about your location, general condition, or death.

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## Your Rights Regarding Your Protected Health Information

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

**To request restrictions on uses/disclosures:** You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment of health care operations. We are not required to agree to your request, unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for the services that are the subject of the information out-of-pocket in full. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

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

**To inspect and request a copy of your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to inspect and obtain an electronic or paper copy of your protected health information upon written request. To make a request, please contact the Medical Records Department at FMRS for the appropriate request form. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. FMRS is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the Appeal process available to you. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

**To find out what disclosures have been made:** You have the right to receive an accounting of certain disclosures FMRS has made regarding your PHI in the six (6) years immediately preceding your request. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed Authorization. There are other exceptions that will be provided to you, should you request an accounting. There will be no charge for up to one such accounting each year. There may be a charge for more frequent requests.

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### **Breach of Protected Health Information**

In the event your protected health information is unsecured and disclosed without FMRS or your authorization, you will be notified of a data breach. FMRS is required to notify you even if there is no reason to suspect any misuse of the protected health information. You will be notified by mail or by phone as soon as reasonably possible. It is your duty, or the duty of your legally authorized individual, to promptly tell us if you had a change of address.

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### **You Have the Right to Receive This Notice**

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

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### **How to Complain About Our Privacy Practices**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Privacy Officer listed below. You also may send a written complaint to the U.S. Department of Health and Human Services if you feel we have not properly handled your complaint. You can use the contact listed below to provide you with the appropriate DHHS address. We will not retaliate against you for making a complaint.

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### **Contact Person for Information or to Submit a Complaint**

If you have questions about this Notice or any complaints about our privacy practices, please contact your Privacy Officer at:

FMRS Health Systems, Inc.  
101 S. Eisenhower Drive  
Beckley, WV 25801  
Telephone: 304-256-7100

### **Effective Date:**

This notice is effective on April 14, 2003 and revised November 11, 2014.