We will notify you of the cost involved and you may choose to withdraw or modify your request —

You must specify how or where you wish to be contacted.

We are required to—

• make that health information that identifies you is kept private.
• give you this notice of your rights and the health information we have about you —

If you have any questions about this notice, please contact the Director of Health Information Management at 816-214-5621.

2. Who will follow this notice: This notice describes the practices of Buffalo Psychiatric Center and that of:

— Other facility or program primarily directed by OMH

— A written statement of purpose, to help you while you are in our care —

— All employees, staff, and other personnel of OMH.

Your request must be made in writing and submitted to the Clinical Director, Buffalo Psychiatric Center. In addition, you must provide a reason that supports your request.

— If you do not agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Director of Health Information Management.

— Right to Request Confidential Communications: You have the right to request that we not use or disclose any health information that is listed as confidential in your health record to any person unless you specifically authorize its use or disclosure.

— Right to an Accounting of Disclosures: You have the right to request a list of disclosures that we have made of your health information. Each accounting of disclosures is provided to you at no cost; however, we may charge a fee for costs incurred for the accounting (e.g., copies of records).

— Right to Privacy: You have the right to privacy of your health information. The Office of Mental Health does not use your health information for marketing or fundraising purposes, nor will we ever sell, trade, or rent your health information.

— Right to Revocation of Authorization: You may revoke an authorization, in writing, at any time. If you revoke an authorization, we will no longer release your health information in accordance with that authorization.

— Right to Rectification of Information: If you believe your privacy rights have been violated, you may file a complaint with any or all of the agencies listed below.

— To Individuals Involving Your Care: We may release your health information to an authorized federal official to comply with a legal obligation.

— To Disaster Relief Agencies: We may release your health information to an agency authorized by law to assist in disaster relief efforts.

— To the Federal Office of Civil Rights: We will not retaliate against you for filing a complaint.

— To Avert a Serious Threat to Health or Safety: We may release your health information if it is necessary to prevent a serious threat to health or safety, including the safety of the patient or others, and you are unable to give consent due to your incapacity.

— To Federal Oversight Agencies: OMH may share your health information within OMH and with other agencies for oversight activities authorized by law. Examples of these activities include audits, inspections, investigations, and licensing.

— Right to Request an Accounting of Disclosures: You have the right to request an accounting of disclosures that we have made of your health information as it relates to: (1) treatment, payment, or operations; (2) as required by law; (3) within a health care facility for which the list was created or compiled; (4) to a third party for a research project or otherwise, as permitted by law; (5) made to persons who are involved in your care; or (6) made prior to April 14, 2003.

— Right to Access: You have the right to access and receive a copy of all health information that we maintain in any form that pertains to your care or the benefits or services provided to you by us. If you do not agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

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