

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (“PHI”). We will protect the privacy of the PHI that we maintain that identifies you, whether it deals with the provision of health care to you or payment for health care. We must provide you with this Notice about our privacy practices. It explains how, when, and why we may use and disclose your PHI. With some exceptions, we will avoid using or disclosing any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We will not sell or profit from the use or disclosure of your PHI. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect.

We do, however, reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your PHI that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in our reception area. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from our administration office. You may view and obtain an electronic copy of this notice on our website @ www.hys-erie.org.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

QUESTION: HOW WILL THIS ORGANIZATION USE AND DISCLOSE MY PHI?

Answer: We use and disclose PHI for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

A. Uses and Disclosures Relating to Treatment, Payment, or Healthcare Operations. We may, by federal law, use and disclose your PHI for the following reasons:

1. **For Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose your general PHI to other healthcare providers who are involved in your care. For example, we may disclose your medical history to a hospital if you need medical attention while at our facility, or to a residential care program to which we are referring you. Reasons for such a disclosure may be to provide the medical history information they need to appropriately treat your condition, to coordinate your care, or to schedule necessary testing.

2. **To Obtain Payment for Treatment.** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may use and disclose necessary PHI in order to bill and collect payment for the treatment that we have provided to you. For example, we may provide certain portions of your PHI to your health insurance company, Medicare, or Medicaid, in order to be paid for taking care of you. To do this, we will need to provide your PHI to the billing company that handles our health insurance claims.
3. **For Healthcare Operations:** We may, at times, need to use and disclose your PHI to run our organization. For example, we may use your PHI to evaluate the quality of the treatment that our staff has provided to you. We may also need to provide some of your PHI to our accountants, attorneys, and consultants in order to make sure that we're complying with the law. If this information concerns mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and/or HIV status, we may be further limited in what we provide and may be required to first obtain your specific authorization.
4. **For Out-of-Pocket Payment in Full:** If you choose to pay for a particular service, out-of-pocket in full, and you request that we do not disclose PHI for these services to a health plan, we will accommodate your request to the extent we are required by law to make a disclosure.

B. Certain Other Uses and Disclosures are Permitted by Federal Law. We may use and disclose your PHI without your authorization for the following reasons:

1. **When a Disclosure is Required by Federal, State, or Local Law, in Judicial or Administrative Proceedings, or by Law Enforcement.** For example, we may disclose your PHI if we are ordered to do so by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of a dog bite, suspected child abuse, or a gunshot wound.
2. **For Public Health Activities.** Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we are also permitted to provide some PHI to the coroner or a funeral director, if necessary, after a client's death.
3. **For Health Oversight Activities.** For example, we will need to provide your PHI if requested to do so by the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies

that have the right to inspect our offices and/or investigate our healthcare practices.

4. **For Organ Donation.** If one of our clients indicates a desire to make an eye, organ, or tissue donation after death, we may disclose certain necessary PHI to assist the appropriate organ procurement organization.
5. **For Research Purposes.** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide PHI for a research study.
6. **To Avoid Harm.** If one of our counselors, physicians, or nurses believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide PHI to the police or others who may be able to prevent or lessen possible harm. If you are being treated by our organization for the propensity to commit a particular type of action, we may not report your statements or provide PHI about that particular propensity for the purpose of avoiding harm.
7. **For Specific Government Functions.** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the PHI of military personnel or veterans where required by U.S. military authorities. Similarly, we may also disclose a client's PHI for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
8. **For Workers Compensation.** We may provide your PHI as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
9. **Appointment Reminders and Health-Related Benefits or Services.** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders or to give you information about alternative programs and treatments that may help you.
10. **Fundraising/Marketing Activities.** For example, if our agency decides to raise funds to support one or more of our programs or facilities, or some other charitable cause or community health education program, we may use the information that we have about you to contact you. If you do not wish to be contacted as part of any fundraising/marketing activities, please contact the Chief Executive Officer.

C. Certain Uses and Disclosures Require That You Have the Opportunity to Object.

- 1. Disclosures to Family, Friends, or Others Involved in Your Care.** We may provide a limited amount of your PHI to a family member, friend, or other person known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes with you to your appointment and you allow him or her to come into the treatment room with you, we may disclose otherwise PHI during the appointment, unless you tell us not to. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)
- 2. Disclosure to Notify a Family Member, Friend, or Other Selected Person.** When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited PHI about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)
- 3. Disclosures From our Facility Directory.** If you reside with us, we will maintain your name and unit in a directory for the telephone operator to be able to direct visitors or callers to you, so long as they ask for you by name. We may also note your religion and provide this information to a member of the clergy that would like to visit our clients who are members of the same religion. Your religious affiliation will not be provided to anyone other than clergy. Please tell us if you do not want this information to be given to these visitors or callers.

D. Other Uses and Disclosures Require Your Prior Written Authorization. In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your PHI. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status.

If you choose to sign an authorization to disclose any of your PHI, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PHI?

Answer: You have the following rights with respect to your PHI:

- 1. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to ask us to limit how we use and disclose your PHI. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
- 2. The Right to Choose How We Send PHI to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address) or by alternate means (for example, by e-mail instead of by telephone). We must agree to your request so long as we can easily do so.
- 3. The Right to See or to Get a Copy of Your PHI.** In most cases, you have the right to look at or get a copy of your PHI (paper or electronic format) that we have, but you must make the request in writing. A request form is available (at our administrative office/your therapist/Clinical Records Department). We will respond to you within thirty days after receiving your written request. If we do not have the PHI that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision.

If you request a paper or electronic copy of any portion of your PHI, we will charge you for the copy on a per page basis, or the cost of the electronic media only as allowed under Pennsylvania state law. We require that payment be made in full before we will provide the copy to you. If you agree in advance, we may be able to provide you with a summary or an explanation of your records instead. There will be a charge for the preparation of the summary or explanation.
- 4. The Right to Receive a List of Certain Disclosures of Your PHI That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your PHI. This list would not include uses or disclosures for treatment, payment, or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six-year period.

To make such a request, we require that you do so in writing; a request form is available (at our administrative office/ from your therapist/Clinical Records Department). We will respond to you within sixty days of receiving your request. The list that you receive will include the date of the disclosure, the person or organization that received

the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged \$5.00 for each additional request that year.

- 5. The Right to Ask to Correct or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to ask that we make an appropriate change to your information. You must make the request in writing, with the reason for your request, on a request form that is available (at the administration office/your therapist/Clinical Records Department). We will respond within sixty days of receiving your request. If we approve your request, we will make the change to your PHI, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the PHI: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; (4) is not part of our records. Our written denial will state the reasons that your request was denied and will explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that PHI.
- 6. The Right to Get a Paper Copy of This Notice.** If you have agreed to receive this Notice via e-mail, you will always have the right to request a paper copy of this Notice, as well.
- 7. The Right to be Notified of a Breach of your Protected Health Information.** In the event of a breach of your PHI you will be notified in accordance with Section 13402 of the HITECH Act.

QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THIS ORGANIZATION'S PRIVACY PRACTICES?

Answer: If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact the Director of Clinical Services at 814/899-7664. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?

Answer: This revision of Harborcreek Youth Services' original (April 13, 2003) Notice of Privacy Practices is effective September 23, 2013.