

# NOTICE OF HEALTH INFORMATION PRACTICES

This notice describes how patient health information (PHI) about you may be used and disclosed, your rights with respect to your health information, how to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information, and how you can get access to this health information. You have a right to a copy of this notice, in paper or electronic form and to discuss it with this covered entity in person, by telephone, or email if you have any questions. Please read it carefully and ask any questions.

## **WHAT IS HEALTH INFORMATION:**

We are required by law to maintain the privacy of your medical records and to give you this Notice of Privacy Practices that describes our privacy practices. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your protected health information to carry out treatment, payment, health care operations, and for other purposes permitted or required by law. It also describes your rights to access and control your protected health information. Each time that a service is rendered, or a procedure is done, even as simple as a routine blood pressure check, data and information are collected. This is health information or what is commonly referred to as information for or in the medical record or the patient record. Accurate, credible, and timely data and information are used by this organization, covered entity, as the basis for planning your care, as a means of having multiple healthcare providers know about your current health status, for health insurance, as a health legal document, as a record for billing purposes, as a source of data for research, planning, and marketing, as a source of required information for public health officials, and as a means to continue to improve the care that we provide., which is information about you, including demographics, that may identify you and that relates to your past, present or future physical or mental health and related health care services. At this organization, we have always, and will continue to protect the privacy of your health information and the dignity of you as an individual. On July 6, 2001, the U.S. Federal Government passed compliance regulations that mandate all healthcare facilities, health plans, and clearinghouses to protect health information and inform consumers of the healthcare information practices of the facility. Overtime amendments and additions have been made and are incorporated into this Notice.

## **THE CONSUMER'S HEALTH INFORMATION RIGHTS:**

This facility maintains a medical record for you containing medical information concerning you. With this in mind, you have the right to:

- Request a restriction on use and disclosure of health information, although the facility is not required to comply except as follows. A covered entity must agree to the request of an individual to restrict disclosure of PHI about the individual to a health plan if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law and the PHI pertains solely to a healthcare item or service for which the individual or another on behalf of the individual, other than the health plan, has paid the covered entity in full. A covered entity may terminate a restriction by informing the individual except for the above. (45CFR164.522)
- Obtain a copy of this notice
- Inspect, have access to, and receive a copy of your medical record (45CFR 164.524) A fee for labor and materials can be assessed.
- Request to amend your medical record (45 CFR 164.528)
- With a written request, obtain an accounting of disclosures of your medical records going back no further than six years for written records and three years for electronic records (45 CFR 164.528). You also reserve the right to ask our Business Associates for an accounting of disclosures.

- Request your medical record by alternative means or location. You are entitled to receive electronic copies of PHI only if that PHI is already maintained in electronic format. The method of electronic transmission, the sending and receiving, must be deemed secure.
- Revoke your authorization to use or disclose your health information except to the extent that action has already been taken

-In addition to above and in accordance with 42 CFR Part 2 for substance use disorder patients and information:

- Right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations, as provided in 42CFR 2.26.
- Right to request and obtain restrictions of disclosures of records under this part to the patient's health plan for those services for which the patient has paid in full, in the same manner per 45CFR 164.522 as it applies to disclosures of protected health information.
- Right to an accounting of disclosures of electronic records under this part for the past 3 years, as provided by 42 CFR 2.25 and a right to an accounting of disclosures that meets the requirements of 45 CFR 164.528(a)(2) and b-d for all other disclosures made with consent.
- Right to a list of disclosures by an intermediary for the past 3 years as provided in 2.24.
- Right to obtain a paper or electronic copy of the notice from the part 2 program upon request.
- Right to discuss the notice with a designated contact person or office identified by the part 2 program.
- Right to elect not to receive fundraising communications.

#### **THIS ORGANIZATION'S RESPONSIBILITIES:**

This organization's mission of quality service and respect of the individual has always considered protecting health information privacy. Our responsibilities are to:

- Maintain the privacy of your health information as required by law
- Provide you this notice of health information practices and abide by this notice
- Notify you if we are unable to satisfy a request or a restriction.
- Accommodate all reasonable requests while maintaining quality care and respect for you
- Make you aware of all health information practice policy changes
- We will not use or disclose your PHI your approval except as stated in this notice.
- When phi is disclosed as above, it will be disclosed at the minimum necessary level.
- Account for how patient data are being used.
- Notify affected individuals following a breach of unsecured protected health information
- With any change in a privacy practice that is described in the notice to records that the facility, provider, or part 2 program created or received prior to issuing a revised notice, we reserve the right to change the terms of its notice and to make the new notice provisions effective for records that it maintains. You will receive a new notice in whatever form you request.

#### **TO REQUEST FURTHER INFORMATION, ASK QUESTIONS, OR FILE A COMPLAINT:**

If you would like further information or have questions, this organization employs a Chairperson of Healthcare Compliance who can be reached at 412-295-0858.

If you believe that your privacy rights have been violated, you can file a complaint with the Compliance Chairman by telephone or writing or with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

#### **Examples of Permitted Types of Uses and Disclosures of Protected Health Information:**

This organization may use or be required to use your health information without your authorization or consent for normal business activities as follows:

**For Care and Treatment:** Health information obtained by a healthcare practitioner such as a physician, nurse, or therapist, will be entered into your medical record and used to determine a

plan of care. For example, healthcare members will write and read what others have written such that your care can be coordinated, and everyone is aware of how you are responding to your treatment plan. In addition, your health information may go with you such that future healthcare providers will have a record of your care. Your health insurer may disclose health information to the sponsor of the plan.

**For Billing and Payment:** In addition to demographic information, information on a bill sent to an insurer may include health information. This health information is restricted to that which is needed for financial transactions.

**For Healthcare Operations:** In order to provide quality care and for payment, this organization may use your health information, for example, to analyze the care, treatment, and outcomes of your medical case and of others. This health information will be used to continually improve the care of the services that are provided. If a health plan receives protected health information for the purpose of underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and if such health insurance or health benefits are not placed with the health plan, such health plan may only use or plan, such health plan may only use or disclose such protected health information for such purposes or as may be required by law, subject to the prohibition at 164.502 (a)(5)(i) with respect to the genetic information included in the protected health information.

In accordance with 164.504(f), the group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan except for genetic information as above.

**For treatment, payment, and healthcare operations** for 42 CFR Part 2 substance use disorder records, per 42 CFR 2.13, the presence of an identified patient in a health care facility or component of a health care facility that is publicly identified as a place where only substance use disorder diagnosis, treatment, or referral for treatment is provided may be acknowledged only if the patient's written consent is obtained in accordance with subpart C or if an authorizing court order is entered in accordance with subpart E. The regulations permit acknowledgment of the presence of an identified patient in a health care facility or part of a health care facility if the health care facility is not publicly identified as only a substance use disorder diagnosis, treatment, or referral for treatment facility, and if the acknowledgment does not reveal that the patient has a substance use disorder. A patient may provide a single consent for all future uses or disclosures for treatment, payment, and healthcare operations per 42CFR 2.22. The Part 2 program for substance use disorders, (SUD), will make uses and disclosures not described in this notice only with the patient's written consent. Per 42 CFR 2.31 and 2.35, a patient may revoke their written consent at any time.

Any answer to a request for a disclosure of patient records which is not permissible under the regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being, diagnosed or treated for a substance use disorder. An inquiring party may be provided a copy of the regulations in this part and advised that they restrict the disclosure of substance use disorder patient records but may not be told affirmatively that the regulations restrict the disclosure of the records of an identified patient.

**Treatment Options and Other Health-Related Benefits and Services.** We may use and share your health information to inform you about potential treatment options and other health-related benefits and services.

**For Directory Purposes:** Where applicable, we will use your name, location, general medical condition, and religious affiliation for directory purposes unless you instruct us not to. This health information is only for the use of clergy and to people who ask for you specifically by full name (although religious affiliation will not be given to the latter).

**For Business Associates:** In order to provide quality services, this organization requires business services such as pharmacy, health insurance, clinic services, information technology, vendors, etc. These services will have use of your health information at the minimum necessary level as it pertains to their service delivery. Also, business associates and their subcontractors must follow Federal standards for protecting your health information and sign a business associate agreement. In addition, the business associates must follow the HIPAA Privacy Rule, the Security Rule as specified in the Health Information Technology for Economic and Clinical Health Act (HITECH)/Energy and Commerce Recovery and Reinvestment Act, Subtitle D, Section 4401, and 45CFR164.502(a)(5)(ii)(A).

**For Business Associates Part 2 Program:** Records that are disclosed to a part 2 program, covered entity, or business associate pursuant to the patient's written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without the patient's written consent, to the extent the HIPAA regulations permit such disclosure.

**For Clergy:** Where applicable, unless you specify that you object, health information such as your name and general medical condition will be given to clergy for professional purposes only.

**For Notification:** We may use or disclose health information, such as your general condition, to notify or assist in notifying a family member or person responsible for your care.

**For Communication:** We may use or disclose health information relevant to your care to family members or those that you deem responsible for your care on a need-to-know basis. Unless you object, we may disclose to a family member, other relative, friend or other person you identify, health care information relevant to that person's involvement in your care or payment related to your care, if we determine it is in your best interests based on our professional judgment. In addition, we may use and disclose your health information if your health care provider attempts to obtain consent from you but is unable to do so due to communication barriers and it is determined by the healthcare provider, using their professional judgment, that you would consent under the circumstances.

**For Research:** We may disclose health information to researchers if they have appropriate consent forms and the research has been approved by our institutional review board. The researchers will be held to this facility's health information privacy standards and specific laws.

**For Decedents, Funeral Directors, Coroners, and Medical Examiners:** We may disclose health information to funeral directors, coroners, and medical examiners in accordance with state laws and for professional purposes, such as decedent identification and determining the cause of death.

**For Organ and Tissue Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or organizations involved in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**For Marketing Purposes:** Where applicable, we may contact you to provide information on appointment reminders or alternative treatments and services that may benefit you given your medical condition. In addition, a covered entity or business associate shall not directly or indirectly receive remuneration in exchange for any protected health information of an individual unless the covered entity obtained from the individual, in accordance with section 164.508 of title 45, Code of Federal Regulations, a valid authorization that includes a specification of whether the protected health information can be further exchanged for remuneration by the entity receiving protected health information of that individual. This covered may use or share your health information for marketing purposes without your permission when products or services are discussed with you in a face-to-face meeting or to provide you with an inexpensive promotional

item related to the product or service such as a drug sample. For other types of marketing activities, we will obtain your written permission before using or sharing your health information, but we will not sell your name, identifiers, or any identifiable health information to others without your specific written authorization. Exceptions under HITECH include, when the purpose of the exchange is for research, public health, treatment, health care operations, providing an individual with a copy of their protected health information, and for remuneration that is provided by a covered entity to a business associate for activities involving the exchange of protected health information that the business associate undertakes on behalf of and at the specific request of the covered entity pursuant to a business associate agreement. The price charged must reflect not more than the costs of preparation and transmittal of the data for such a purpose.

**For Fundraising:** We may contact you for fundraising efforts conducted for this organization's benefit. Per 45CFR164.514(f)(1)(i-vi), the PHI used without an authorization is limited. You also have the right to opt out of receiving any further fundraising communication, and to opt back in.

**For Fundraising Part 2 Program:** A part 2 program may use or disclose records to fundraise for the benefit of the part 2 program only if the patient is first provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

**For the Food and Drug Administration:** As requested or required by the FDA, we may disclose health information relative to an adverse health condition related to food, food supplements, product and product defects related to food, or post marketing surveillance information to allow product recalls, repairs, or replacements.

**For Workers Compensation Issues:** In compliance with Worker's Compensation laws, health information may be revealed to the extent necessary to comply with the law and your individual case.

**For Public Health and Safety Requirements:** As required by law, health information may be disclosed to public health or legal authorities for the jurisdiction of disease, injury, disability prevention or control, public interest, national priority purposes, public health surveillance, collect information on vital statistics, and to assist in disaster relief efforts. In addition, about information disclosure at a school regarding an individual who is a student or a perspective student, if the PHI that is disclosed is limited to proof of immunization. We may use and share your health information with persons who may be able to prevent or deescalate harm that is serious and reasonably foreseeable, or help the potential victim of the threat, when doing so is necessary to prevent a serious and reasonably foreseeable threat to the health and safety of you, the public, or other(s). State laws may require this disclosure when an individual or group has been specifically identified as the target or potential victim. All Part 2 program information will be de-identified per HIPAA de-identification standards 45CFR164.514.

**For Correctional Institutions:** Should you be an inmate in a correctional institution, health information may be disclosed to the institution or its agents which would be necessary for your health and safety and the health and safety of other individuals and to provide your healthcare services.

**For Law Enforcement Agencies:** Health information may be disclosed to law enforcement agencies for purposes required by law or court order, warrant, or subpoena, summons, or required administrative request or in an emergency.

**For Judicial and General Administrative Proceedings:** Patient health information may be released per minimum necessary requirements and for an administrative, civil, criminal, or court order or proceedings. Only the protected health information expressly requested by the court order will be shared to comply with minimum necessary requirements. For other, we will respond and thus can share information in response to a subpoena, a discovery request, or another legal process, after we are advised that you have been made aware of the request or receive notice

either that you agree with consent per 42 CFR 22 or, if you disagree with the request, that you are taking action to prevent the disclosure.

**For Healthcare Oversight:** Patient health information may be used by health oversight agencies for activities such as audits, inspections, and licensure activities.

**For Specialized Government Functions:** Information may be shared regarding military, active and veterans, national security, to gather intelligence, and for the protection of the President of the United States of America.

For military, active and veterans, if appropriate military authorities require information, it may be released at the minimum necessary level for the proper execution of a military mission, to authorize federal officials to conduct intelligence, counterintelligence and other national security activities authorized by law.

For civilians, your health information may be shared with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Your health information may be shared with authorized federal officials to protect the President of the United States of America, other officials, or foreign heads of state as well as conducting investigations if authorized by law.

**For Victim of Abuse, Neglect, and Domestic Violence:** Information may be released to authorized government agencies, social service agencies or protective services in order to protect an individual if we believe that you have been a victim of a crime, abuse, neglect, (except child abuse or neglect) or domestic violence. Information will be shared if either you agree to the sharing of your information or if the law allows us to do so and in our good faith belief that the sharing will protect you or other(s). If we decide to share your health information for this purpose, we will inform you unless in our professional judgment, informing you would put you at risk of harm or you are a personal representative of the victim and may be involved in the abuse, neglect, or injury.

**For Emergency Circumstance:** If the opportunity to agree or object to the use or disclosure of phi cannot practically be provided because of your incapacity or in an emergency circumstance, the covered entity may, in the exercise of good faith belief, determine whether the disclosure is in the best interest of the individual and if so disclose only the phi that is directly relevant to the person's involvement with the individual's care or payment.

**Authorization and examples of uses and disclosures that require authorization.** In addition to using your health information as specified above, you can give us written authorization to use your health information or to disclose it to anyone for any purpose. You may revoke this authorization at any time by putting this in writing, except to the extent an action already has been taken in with your authorization while it was in effect. Regarding psychotherapy, substance use disorder, and reproductive health notes, including behavioral health counseling notes, or if there is such information in your health record, or if your health record contains information about drug and alcohol use/diagnosis(es), this information will not be disclosed to anyone unless you provide specific written authorization.

Written authorization is required for participation in research as well as marketing that involves financial remuneration, and you may revoke this authorization at any time as specified by 164.508(b)(5). Other uses and disclosures not described in the notice will be made only with your written authorization.

**Examples of uses and disclosures requiring an opportunity for the individual to agree or to object** include the following.

A covered entity may disclose, with your agreement, to a family member, other relative, a close friend, or any other person identified by you, the phi directly relevant to such person's involvement with your treatment or payment related to your healthcare episode.

When an individual is deceased, a covered entity may disclose to a family member, or other persons who were involved in the individual's care or payment for health care prior to the individual's death, protected health information of the individual that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to covered entity.

Any other uses and disclosures not specified in this Notice will be made only with an authorization from you.

Thank you for reading the Notice of Health Information Practices.

Effective Date: 8/1/2024