

Sto-Rox Neighborhood Health Council, Inc.

NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this Notice, please contact the Center's Privacy Officer at: (412) 771-6460, extension 265.

WHO WILL FOLLOW THE PRIVACY PRACTICES DESCRIBED IN THIS NOTICE

This Notice of Privacy Practices (Notice) describes the privacy practices of Sto-Rox Neighborhood Health Council, Inc. (the Center) and its workforce members (including employees, contractors, physicians, nurses, other licensed or certified personnel, volunteers, and front desk, billing and administrative personnel) who have a need to use your health information to perform their jobs. It also applies to any individuals authorized to enter information into your Center record. Your other health care providers may have different policies regarding their use and disclosure of your health information created at their location.

ABOUT YOUR HEALTH INFORMATION

We understand that health information about you and your health is personal, and protecting your health information is important to us. We create a record of the care and services you receive at the Center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the Center, whether made by Center personnel or other health care providers, whether stored and transmitted electronically or by other means. We are required by law to:

- Maintain the privacy of health information that identifies you (with certain exceptions);
- Give you this Notice of our legal duties and privacy practices with respect to health information we collect and maintain about you;
- Notify you following a breach of your unprotected health information; and
- Follow the terms of this Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we may use and disclose health information. Following each category is an explanation. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **DISCLOSURE AT YOUR REQUEST.** We may disclose health information when requested by you. This disclosure at your request may require a written Authorization by you.
- **FOR TREATMENT.** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, students, or other Center personnel who are involved in taking care of you at the Center. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Additionally, the doctor may need to tell the social worker if you have diabetes so we can arrange for appropriate follow up. Different

areas of the Center also may share health information about you in order to coordinate the different care you need, such as medications, lab work and x-rays. We also may disclose health information about you to people outside the Center who may be involved in your healthcare after you leave the Center, such as nurses, social workers, family members, or clergy. We may also use and disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- **FOR PAYMENT.** We may use and disclose health information about you so that the treatment and services you receive at the Center may be billed to and payment may be collected from you, an insurance company or a third party such as Workers Compensation. For example, we may need to give your health plan information about a procedure you received at the Center so your health plan will pay us or reimburse you for the procedure or encounter. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.
- **FOR HEALTH CARE OPERATIONS.** We may use and disclose health information about you for our health care operations activities. These uses and disclosures are necessary to operate the Center efficiently and make sure that all of our patients receive quality care. For example, we may use health information to review the safety and the quality our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine and analyze health information about many Center patients to decide what additional services the Center should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, volunteers and other Center personnel for review and learning purposes. We may also use information your information for the Center's administrative purposes, including for financial and business planning. . In some cases, we may also disclose health information about you to other entities that are covered by federal privacy regulations for their own health care operations so long as: 1) the other entity also has or had a relationship with you; 2) the health information that is disclosed pertains to such relationship; and 3) the disclosure is for the purpose of certain health care operations or for health care fraud and abuse detection or compliance.

ADDITIONAL USES AND DISCLOSURES OF HEALTH INFORMATION:

- **AS REQUIRED BY LAW.** We will disclose health information about you when required to do so by federal, state or local laws or regulations.
- **DIRECTORY.** We may include certain limited information about you in the Center directory while you are a patient at the Center. This information may include your name, location at our facility, general condition, and religious affiliation to clergy. Unless there is a specific written request from you to the Privacy Officer listed herein to the contrary, this directory information may also be released to people who ask for you by name.
- **SIGN-IN SHEET.** We may use and disclose health information about you by having you sign in when you arrive at the Center. We may also call out your name when you are ready to be seen.
- **APPOINTMENT AND PATIENT RECALL REMINDERS.** We may use and disclose your health information to contact you to remind you regarding appointments or for health care that you are to receive.
- **BUSINESS ASSOCIATES.** Some of our functions are accomplished through contracted services provided by Business Associates. A Business Associate may include any individual or entity that receives your health information from us in the course of performing services for the Center.

Such services may include, without limitation, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation or financial services. When these services are contracted, we may disclose your health information to our Business Associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

- **DISASTER RELIEF.** We may disclose information about you to an entity assisting in disaster relief so that your family can be notified about your condition, status and location.
- **FUNDRAISING.** We may use information about you in an effort to raise money for the Center and its operations. We may disclose health information to a foundation related to the Center so that the foundation may contact you in raising money for the Center. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the Center. If you do not want the Center to contact you for fundraising efforts, you must notify the Center's Compliance Officer at: (412) 771-6460, ext. 265; and in writing at: Privacy Officer; Sto-Rox Neighborhood Health Council, Inc.; 710 Thompson Ave.; McKees Rocks, PA 15136. Additionally, each fundraising communication will include an opt-out opportunity.
- **HEALTH-RELATED PRODUCTS AND SERVICES.** We may use and disclose health information to tell you about our health-related products or services that may be of interest to you.
- **FAMILY, FRIENDS, OR OTHER INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE.** We may disclose your health information to notify or assist in notifying a family member, your personal representative, or another individual involved in or responsible for your health care about your location at the Center, your general condition, or in the event of your death. We may also disclose information to someone who helps arrange for payment for your care. If you are able and available to agree or to object, we will give you the opportunity to agree or object prior to making these disclosures, although we may disclose this information in the case of a disaster even over your objection if we believe it is necessary to respond to the disaster or emergency situation. If you are unable or unavailable to agree or object, we will use our best judgment in any communication with your family, personal representative, and other involved individuals.
- **RESEARCH.** Unless we receive specific approval from an Institutional Review Board (IRB) or Privacy Board, we may disclose your health information to researchers only after you have signed a specific written authorization. You do not have to sign the authorization in order to get treatment from the Center, but if you do refuse to sign the authorization, you cannot be part of the research study..
- **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may notify emergency response personnel about a possible exposure to Acquired Immune Deficiency Syndrome (AIDS) and/or the Human Immunodeficiency Virus (HIV). Any such disclosure, however, would only be to the extent required or permitted by federal, state or local laws and regulations.
- **CHANGE OF OWNERSHIP.** In the event that the Center is sold or merged with another organization, your health information/medical record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another Center, medical group, physician or other healthcare provider.
- **DISCLOSURES TO SCHOOLS** - With either your verbal consent or written authorization, we may disclose proof of immunizations to a school that requires proof of immunizations in order to admit a student.

SPECIAL SITUATIONS

- **FUNERAL DIRECTORS, CORONERS AND MEDICAL EXAMINERS.** We may disclose your health information to funeral directors as necessary to carry out their duties. We may also disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **HEALTH OVERSIGHT ACTIVITIES.** We may disclose your health information to a health oversight agency for activities authorized by federal, state or local laws and regulations. These oversight activities include, for example, audits, inspections, licensure reviews, investigations into illegal conduct, compliance with other laws and regulations. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **INMATES.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the institution or law enforcement official, if the disclosure is necessary (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.
- **LAW ENFORCEMENT.** We may release your health information if asked to do so by a law enforcement official in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect fugitive, material witness, or missing person; (c) about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct at the Center; or (f) in emergency situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **LAWSUITS AND DISPUTES.** If you are involved in a lawsuit or a dispute, we may disclose your health information to the extent expressly authorized by a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute in accordance with applicable laws..
- **MILITARY AND VETERANS.** If you are a member of the armed forces, we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES.** We may release health information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- **ORGAN AND TISSUE PROCUREMENT ORGANIZATIONS.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS.** We may disclose health information about you to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.
- **PUBLIC HEALTH REPORTING.** We may disclose health information about you for public health activities. We will only make this disclosure if you agree or when required or authorized by law. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report the abuse or neglect of children, elders and dependent adults; (d) to report reactions to medications or problems with products; (e) to notify

people of recalls of products they may be using; and (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE.** We may disclose your health information to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.
- **WORKERS' COMPENSATION.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **SECURITY CLEARANCES.** We may use medical information about you to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.
- **MULTIDISCIPLINARY PERSONNEL TEAMS.** We may disclose health information to a state or local government agency or a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.
- **SALE OF PROTECTED HEALTH INFORMATION.** We will ask you to sign an authorization prior to us selling any of any of your protected health information to a third party. The sale of protected health information does not include, among other things, disclosures for public health purposes, certain research activities, treatment or payment activities, or certain healthcare operations related to the Center, which we are permitted by law to make without your authorization.
- **MARKETING.** If we or one of our business associates receives payment for marketing a product to you, we may ask you to sign an authorization allowing us to use or disclose your health information in order to contact you as part of that marketing effort. However, we may use or disclose your health information without your authorization for face-to-face marketing communications or to give you a promotional gift of nominal value.
- **DECEASED INDIVIDUALS** – Following the death of an individual we may disclose health information regarding the deceased to family members and other individuals involved in the treatment or healthcare payment of the deceased, unless we have knowledge that such disclosures were not desired by the deceased.
- **DISCLOSURE OF DRUG & ALCOHOL ABUSE AND DEPENDENCE** - We will disclose drug and alcohol abuse or dependence information about you only in accordance with your written consent for such disclosures and only to medical personnel for your diagnosis and treatment or to government or other officials exclusively for the purposes of obtaining benefits for you. However, in emergency medical situations, we may release drug and alcohol abuse or dependence information about you without your consent to medical personnel to provide you with medical treatment.
- **DISCLOSURE OF MENTAL HEALTH TREATMENT INFORMATION** - We will disclose mental health treatment information about you only in accordance with state law. In most cases, state law requires your written consent for disclosures of information relating to your involuntary treatment for mental illness or your voluntary inpatient treatment for mental illness. If we are required by federal or state statutes or by an order of a court to release mental health information after you are discharged, we will make a good faith effort to notify you by mail at your last known address. If you designate a third party as a

payor or copayor of your mental health services, such a designation includes your implied consent to us to release your medical health information that is necessary to establish your reimbursement eligibility. We may also release your mental health treatment information without your consent to certain individuals as permitted by state law, such as: those engaged in providing treatment for you; certain county administrators; courts, your attorney, or a mental health review officer for certain legal proceedings; or the State Department of Public Welfare for data collection.

- **DISCLOSURE OF PSYCHOTHERAPY NOTES** – We will disclose your psychotherapy notes only with your written consent or in accordance with state and federal law, which for example allows us to disclose your psychotherapy notes for certain treatment, payment and healthcare operations, including for our internal training purposes.
- **DISCLOSURE OF HIV-RELATED INFORMATION** – We will disclose confidential HIV-related information about you only in accordance with state law. Generally, state law requires that confidential HIV-related information may only be released to whom you specify in a written consent or to those person specified by state law who may receive the information without your consent. Persons or entities that we may disclose your confidential HIV-related information to without your consent include: health care providers involved in your care; peer review organizations, accrediting agencies, or other health oversight agencies; your insurer to make payment on your claims; departments of health for data collection; a person permitted access by a court order; your funeral director; and employees of certain county agencies and facilities who are responsible for ensuring your health care.

YOUR PRIVACY RIGHTS

You have the following rights regarding health information we maintain about you:

- **RIGHT TO INSPECT AND COPY.** - You have the right to inspect and copy medical information that may be used to make decisions about your care. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and health information that is subject to a law that prohibits access to health information. You must request to inspect and/or obtain a copy of your health record in writing. If you request a copy of your health information or if you agree to a summary of such information, we will charge a fee for this service. If we maintain your health information in an electronic format, you may also request that the medical information you are permitted to receive be provided to you in an electronic format and if we are able to produce your medical information in the electronic format you request, we will provide your medical information in that format. If we are unable to provide the information in the electronic format you request, then we will provide it in such other readable electronic format as we may mutually agree.. We may deny your request to inspect or copy your medical information under very limited circumstances. Depending on the circumstances, a decision to deny access may be reviewable and you may request that the denial be reviewed by another health care professional chosen by someone on our health care team. We will abide by the outcome of that review. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to:

Sto-Rox Neighborhood Health Council, Inc.
710 Thompson Avenue
McKees Rocks, PA 15136
Attention: Privacy Officer

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request a restriction on certain uses and disclosures of your information. If you request in writing that we do not disclose your health care

information to a health plan for payment and healthcare operations and you pay in full for the treatment covered by such request, we will honor your request with respect to the specifically requested treatment. This restriction will not apply to follow-up treatment, even for the same condition unless you make additional requests and pay in full for each requested treatment. With respect to all other requests for restrictions, we are not required by law to 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.

- **RIGHT TO AMEND.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment to your health information for as long as the information is kept by or for the Center. You must make your request to amend your health information, in writing, and submit it to the Center at the above address. You must include a reason that supports your request. In addition, we may deny your request if you ask us to amend information that:
 1. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 2. Is not part of the health information kept by or for the Center;
 3. Is not part of the information which you would be permitted to inspect and copy;
or
 4. Is accurate and complete.

The law permits us to deny your request for an amendment if it is not in writing or does not include a reason to support the request.

Even if the Center denies your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

- **REQUEST AN ACCOUNTING OF DISCLOSURES.** You have the right to request an “accounting of disclosures.” Such an accounting is a list of the disclosures we made of health information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other expectations pursuant to law. To request this list or accounting of disclosures, you must submit your request in writing to the Center at the above address. Your request must state a time period that may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request for confidential communications in writing to the Center at the address noted above. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **RIGHT TO OBTAIN A PAPER COPY OF THIS NOTICE.** You have the right to receive a paper copy of this Notice. You may request a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

- **RIGHT TO NOTICE OF BREACH.** You have the right to be notified if we or one of our Business Associates becomes aware of an improper disclosure of your health information.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for all health information we have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Center. The Notice will contain the effective date on the first page, in the top right-hand corner. If we amend this Notice, we will offer you a copy of the current Notice in effect. You may request a copy of the current Notice each time that you visit the Center for services or by calling the Center and requesting that the current Notice be sent to you in the mail.

FOR MORE INFORMATION, TO FILE A COMPLAINT OR TO REPORT A PROBLEM

If you believe that your privacy rights have been violated, please let us know promptly so we can address the situation. You may file a complaint with the Center and/or with the Secretary of the federal Department of Health and Human Services. All complaints must be submitted in writing.

To file a complaint with the Center, send a written complaint to the Center's Privacy Officer at:

Sto-Rox Neighborhood Health Council, Inc.
710 Thompson Avenue
McKees Rocks, PA 15136
Attention: Privacy Officer

If you would like to discuss a problem without submitting a formal complaint, you may contact the Privacy Officer by telephone at (412) 771-6460, ext. 265 or by facsimile (412) 771-5887. In addition, you may contact the Executive Director by telephone at (412)771-6460, ext. 234 or by facsimile at (412) 771-5887 or via e-mail at: admin@storoxfqhc.org

You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will stop the uses and disclosures allowed by that permission, except to the extent that we have already acted in reliance on your permission. For example, we are unable to take back any disclosures we have already made with your permission.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

We will ask you to sign an acknowledgment that you received this Notice.

This notice is effective August 23, 2016.