



PENNSYLVANIA NOTICE FORM

NOTICE OF PSYCHOLOGISTS' POLICIES AND PRACTICES TO PROTECT THE PRIVACY OF YOUR HEALTH INFORMATION

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

PURPOSE

The Center for Pediatric and Adult Anxiety and Depression is required by law to maintain the privacy of your health information. This Notice describes my legal duties and privacy practices. This Notice tells you how I may use and disclose your health information. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. The Center for Pediatric and Adult Anxiety and Depression agrees to abide by the terms of this Notice.

Your Protected Health Information. I refer to your mental, behavioral, substance abuse, medical and other health care information as "protected health information" or "PHI." PHI is health information I have collected in my records from you or received from other health care providers, health plans or the county. It may include information about your past, present or future physical or mental health or condition. For example, PHI in your records could include your diagnosis, treatment plan or evaluations. PHI also includes information about payment for services.

Confidentiality of Your PHI. Your PHI is confidential. I am required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

The Health Insurance Portability and Accountability Act of 1996. The Department of Health and Human Services issued the following regulations: "Standards for Privacy of Individually Identifiable Health Information."

I call these regulations the "HIPAA Privacy Regulations."

I may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require me to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.

Pennsylvania Mental Health Confidentiality Laws. For individuals who receive treatment and services in my mental health programs, Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, I am not permitted to disclose or release PHI in response to a Pennsylvania subpoena. Also, any information acquired by a licensed psychologist or psychiatrist in the course of your treatment is privileged under Pennsylvania law and may not be released without your authorization or court order. Finally, if mental health records include information relating to drug or alcohol abuse or dependency, I am



required to comply with the Pennsylvania Drug and Alcohol Abuse Control Act. I will comply with the Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

Confidentiality of Drug and Alcohol Treatment Records. For individuals who receive treatment and services in my drug or alcohol substance abuse rehabilitation programs, federal and Pennsylvania laws may provide more protection for your PHI than the HIPAA Privacy Regulations. I will comply with the federal and Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

Confidentiality of HIV-Related Information. Pennsylvania laws may provide greater protection for PHI related to HIV as provided for in 35 P.S. §7601 ET. Seq. I will comply with Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

Why this Notice is Important. The HIPAA Privacy Regulations require that I provide you with this Notice. The effective date of this Notice is April 14, 2003. I will provide a current copy of the Notice in your client portal. A paper copy of my Notice is available upon request. I reserve the right to change the terms of this Notice at any time. The revised Notice will be accessible in your client portal and available to you upon request.

AUTHORIZATION TO DISCLOSE YOUR PHI

Except as described in this Notice, it is my practice to obtain your authorization before I disclose your PHI to another person or party. If you are receiving services in my mental health programs, Pennsylvania law states that you are entitled to inspect the PHI. You may revoke an authorization, at any time, in writing. If you revoke an authorization, I will no longer use or disclose your PHI. However, I cannot undo any disclosures I have already made.

HOW I MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

Uses and Disclosures for Treatment, Payment and Health Care Operations. Unless prohibited by more stringent Pennsylvania mental health, mental retardation, substance abuse or other laws, the HIPAA Privacy Regulations permit me to use and disclose your PHI for the following purposes in order to provide your treatment.

For Treatment. It is necessary for me to use your PHI to care for you. In order to help you, I need to use your PHI. For example, I may need to share your PHI with a case manager who is responsible for coordinating your care. I may disclose your PHI to another health care provider (e.g., primary care physician) for your treatment. When you are referred to another provider I am permitted to provide your PHI if it is necessary for the continuity of your care and treatment.

For Payment. I will use and disclose your PHI to obtain payment for my services. Before you receive services, I may disclose PHI to your insurance company, health plan, county or other third party payer to permit them to: make a determination of eligibility or coverage; review the medical necessity of your services; review your coverage; or review the appropriateness of care or my charges. I will also use your PHI for billing, claims management, collection activities and data processing. For example, a bill may be sent to you or whoever pays for your services. The bill may include PHI that identifies you as ill as your diagnosis, procedures and supplies used in



the course of your treatment. I may also disclose PHI to another provider for payment activities of the provider that receives the PHI.

For Health Care Operations. I may use and disclose your PHI within the company in order to carry out my health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal and accounting reviews; business planning and development; licensing and training. My quality assurance team may use PHI in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the services I provide. In addition, I sometimes hire business associates to help in my operations. I am permitted to share your PHI with a “business associate” that performs or assists in various activities involving PHI for me (e.g., billing, transcription services and auditors). Whenever I engage a business associate, I will have a written contract that contains terms that will protect the privacy of your PHI.

Other Uses and Disclosures. I may contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that may be of interest to you.

Uses and Disclosures that May Be Made without Your Authorization, But Subject to Your Opportunity to Agree or Object.

Your Opportunity to Agree or Object to Certain Uses and Disclosures. It is my practice to obtain your written authorization prior to disclosing PHI to another person or party. However, as described in this section, it may be necessary to disclose your PHI without your written authorization (exception: no disclosure for drug and/or alcohol treatment). Under these circumstances, the HIPAA Privacy Regulations permit me to use or disclose PHI when you are present and have the capacity to make health care decisions if, prior to the use or disclosure, I obtain your agreement, provide you with an opportunity to object (and you do not express an objection), or I can reasonably infer from the circumstances, based upon my professional experience, that you do not object. If you are not present or the opportunity to obtain your agreement or objection cannot practicably be obtained due to your incapacity or an emergency, then I may in the exercise of professional judgment determine whether the disclosure is in your best interests and, if so, disclose only PHI that is directly relevant to that person’s involvement in your case.

Family Members and Others Involved in Your Healthcare. Subject to your opportunity to agree or object, I may share your PHI with a family member, other relative, close personal friend, or any other person you identify (your “personal representative”). The PHI shared with your personal representative will be directly relevant to your personal representative’s involvement with your care or payment for services. For example, your personal representative may act on your behalf by picking up forms or medical supplies for you.

Notification. Subject to your opportunity to agree or object, I may use or disclose PHI to notify, or assist in the notification of (including identifying or locating), a personal representative of your location, general condition or death.



Disaster Relief. Subject to your opportunity to agree or object, I may use or disclose your PHI to a public or private entity (e.g., the American Red Cross) authorized by law or by its charter to assist in disaster relief efforts. The purpose of such use or disclosure of your PHI is to coordinate with a disaster relief agency and/or your personal representative your location, general condition or death. Only specific information pertinent to the relief effort and the emergency may be released without your authorization.

Residential Facility Directories. If you are receiving services in one of my residential facilities, you may be entitled to receive telephone messages and visitors. I maintain a limited directory of persons living at each residential facility. Unless otherwise directed by you, with regard to messages or visitors, I will indicate that you live at and may be contacted at the facility.

Other Permitted and Required Uses and Disclosure that May Be Made without Your Authorization.

Introduction. Unless prohibited by more stringent Pennsylvania mental health, mental retardation, substance abuse laws or other laws, the HIPAA Privacy Regulations permit me to use or disclose your PHI without your authorization or agreement under the following circumstances.

As Required By Law. I will disclose PHI about you when required to do so by federal or Pennsylvania law. Any use or disclosure must comply with and be limited to the relevant requirements of the law. For example, I am required to report or disclose PHI related to child or elder abuse or neglect and commitment proceedings authorized by the Pennsylvania Mental Health Procedure Act of 1966.

Emergencies. I may use or disclose your PHI in an emergency treatment situation when use and disclosure of the PHI is necessary to prevent serious risk of bodily harm or death to you.

Public Health Activities. If required by federal or Pennsylvania law, I will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contracting or spreading a disease or condition; or notify appropriate government authorities if I believe a patient has been the victim of abuse, neglect or domestic violence, when required to do so by law or with your agreement. Only specific information required by law may be disclosed without your authorization.

Health Oversight Activities. If required by law, I may use or disclose PHI about you to a health oversight agency. A health oversight agency includes government agencies such as Medicare, Medicaid or county programs. Oversight activities include audits, accreditation, investigations, inspections, utilization review and licensure of PCS.

To Avert a Serious Threat to Health or Safety. The HIPAA Privacy Regulations permit me to use and disclose PHI about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, I will only disclose health information to someone who is able to help prevent or lessen the threat. However, if you are receiving mental health services, more stringent



Pennsylvania laws require my mental health professionals to exercise reasonable care to warn another person if you communicate a specific and immediate threat of serious bodily injury against a specific person or readily identifiable person. If you are participating in a PCS drug and alcohol treatment program, more stringent federal and Pennsylvania laws requires me to obtain a court order before PHI may be disclosed to avert a serious threat to health and safety.

Disclosures in Legal Proceedings. I am not permitted by Pennsylvania law to disclose PHI regarding mental health or drug and alcohol services in response to a Pennsylvania subpoena, unless a court or administrative agency issues me an order to release your PHI. If you are receiving my services, Pennsylvania law requires me to make a good faith effort to notify you by certified mail at your last known address that I disclosed your PHI pursuant a court order.

Law Enforcement Activities. I am not permitted by Pennsylvania laws to disclose PHI regarding mental health or drug and alcohol services to law enforcement agencies or officials except pursuant to a court order or in special circumstances required by law. For example, I may disclose the minimum necessary PHI to report a death or criminal conduct on my premises.

Special Situations. I am not permitted by federal or Pennsylvania laws to disclose PHI regarding mental health or drug and alcohol services except pursuant to the following: your authorization; a court order; medical personnel in a medical emergency; qualified personnel for research, audit or program evaluation; or special circumstances required by federal or state laws. Subject to these more stringent federal or Pennsylvania laws, the HIPAA Privacy Regulations permit me to disclose PHI related to: military and veterans agencies; national security and protective services for the President and others; inmates or if you are under the custody of a law enforcement official; a coroner or medical examiner to identify a deceased person or determine the cause of death; or to a funeral director as necessary to carry out their duties.

Not Protected. Federal law and regulations related to substance abuse treatment do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime; nor any information about suspected child abuse or neglect under state law from being reported to state or local authorities as required by law. Violation of this federal law or regulations for substance abuse treatment by a program is a crime. Suspected violations may be reported to the U.S. Attorney in the program's district and, if opioid treatment, to the SAMSHA office.

YOUR RIGHTS REGARDING YOUR PHI

Right to Request Restrictions. You have the right to request a limitation or a restriction on my use or disclosure of your PHI for treatment, payment or healthcare operations. You may also request that I limit the PHI I disclose to family members, friends or a personal representative who may be involved in your care. However, I am not required to agree to a restriction. If I agree to the requested restriction, I may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by making your request in writing, including: (a) what PHI you want to limit; (b) whether you want me to limit my use, disclosure or both; and (c) to whom you want the limits to apply.

Right to Request Confidential Communication. You have the right to request that confidential communications from me be sent to you in a certain way or at an alternative



location. For example, you can ask that I only contact you at your home or by mail. I will accommodate reasonable requests. I may also condition this accommodation by asking you for specific information. I will not request an explanation from you as to the basis for the request. Please make this request in writing specifying how or where you wish to be contacted.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of your PHI that is contained in my records. However, you may not inspect or copy the following records: psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding. In addition, you may be denied access to your PHI if: it was obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. A decision to deny access may be reviewed.

Right to Amend. If you believe the PHI that I have collected about you is incorrect, you have certain rights. When receiving mental health services, you have the right to submit a written statement qualifying or rebutting information in my records that you believe is erroneous or misleading. This statement will accompany any disclosure of your records. You also have the right under the HIPAA Privacy Regulations to request an amendment of the PHI maintained in my records. I may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, I may deny your request if you ask me to amend information contained in your PHI that: was not created by me (unless the person or entity that created the information is no longer available to make the amendment); is not part of the record kept by me ; is not subject to inspection or copying; or is accurate and complete. If I deny your request for amendment, you have the right to appeal my decision and file a statement of disagreement with me . I may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

Right to Receive an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures I have made of PHI about you. I am not required to account for disclosures related to: treatment, payment or my health care operations; authorizations signed by you; or disclosures to you, to family members, to your personal representative involved in your care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice upon request. This document has been provided to you electronically to provide you the ability to save an electronic copy or print a copy.

GRIEVANCE PROCEDURES; RIGHT TO FILE A COMPLAINT

The HIPAA Privacy Regulations also entitle you to file a complaint with the U.S. Secretary of Health and Human Services. If you are not pleased with your care or feel your PHI was not kept confidential, a written complaint should be sent to the Secretary of the U.S. Department of Health and Human Services. You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.