

NOTICE OF PRIVACY PRACTICES
FOR
UCP CENTRAL PA

Effective Date: April 14, 2003

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

Our Commitment to You

Each time you receive services from UCP Central PA, a record of such services is created and kept. Our organization needs this information to provide you with quality care and services and to comply with certain legal requirements.

We are committed to keeping your health information private and secure. This Notice applies to all of the records of your care or services created by UCP Central PA, whether created by our employees or by individuals providing services to you through contracts with our organization.

This Notice explains how we may use or disclose your health information. Not every use or disclosure may be listed.

If you have any questions about this Notice, please contact UCP Central PA's Privacy Officer, Ray Kathiresan Ph.D, at (717) 737-3477.

Who will follow this Notice?

This Notice describes the privacy practices of UCP Central PA, its affiliates, and the following other persons:

- Any health care professional authorized to enter information into your file.
- All departments and units of UCP Central PA and its affiliates.
- Any volunteer we allow to help you while you are receiving services from UCP Central PA.
- All employees, staff, Board Members, and other UCP Central PA personnel.

All of these persons and entities follow the terms of this Notice and may share protected health information with each other for treatment, payment or provider operations purposes as described in this Notice.

How UCP Central PA generally uses and discloses your Health Information?

UCP Central PA provides a broad range of services through a wide variety of programs. If you receive services from UCP Central PA, the organization may use and/or disclose, if necessary, your **Protected Health Information (PHI)** for treatment, billing or health care operations without your consent or authorization to:

- Plan and provide your care and treatment
- Communicate with other service providers who provide care for you
- Obtain reimbursement from private insurers or government programs
- Pay and/or bill for services you receive
- Oversee health activities such as licensure, audits, investigations, and inspections
- Review the performance of our staff in caring for you
- Administer UCP Central PA programs, which provide human services
- Assess and improve the services we provide and outcomes achieved
- Inform you about other public programs and services
- Contact you regarding your appointment for treatment
- Administer UCP Central PA's fundraising activities (newsletters, community mailings)
- Provide information in an emergency situation

Other situations that do not require your consent or authorization

In addition to the disclosures for treatment, billing or healthcare operations described above, UCP Central PA may use or disclose your PHI without your written consent under certain other circumstances permitted by law as follows:

- When required by federal, state or local law
- For public health activities such as:
 - To prevent or control disease, injury or disability
 - To report child abuse, neglect or domestic violence
 - To report problems with services or other adverse events
- If you are involved in a lawsuit or dispute, in response to a court order, subpoena, discovery request or other lawful process, if certain requirements are met
- For certain law enforcement purposes
- To facilitate organ and tissue donation
- If you are a member of the armed forces, we may release PHI to the appropriate authorities
- In order to comply with laws relating to workers' compensation or similar programs (such as auto or disaster insurance)
- To individuals (family members, friends or persons authorized identified by you or your legal representative) involved in your care or payment for your care
- For health-related, government approved research
- To coroners, medical examiners and funeral directors to identify a deceased person or determine the cause of death
- To authorized federal officials for national security and intelligence activities authorized by law

Others who may receive your PHI

Business Associates: There are some services provided by our organization through contracts with other service providers. When these services are contracted out by us, we may disclose

your PHI only to the extent needed for our business associate to perform the job we have asked the contractor to do. We will require the business associate to appropriately safeguard your information.

Public Health: We may disclose your PHI to public or legal authorities authorized to prevent or control public risk of disease, injury or disability.

Public Safety: We may disclose your PHI when necessary to prevent a serious threat or injury to your safety or the safety of another person.

Government Agencies: We may disclose your PHI to federal, state, and local government agencies through their appointed agents in order to comply with federal, state, and local laws and regulations.

Uses or disclosures requiring your specific authorization:

Other uses and disclosures of your health information will be made only with your written authorization, as required by state and/or federal law. You may revoke your authorization regarding these matters in writing at any time. However, you understand that we are unable to take back any disclosures we have already made with your permission. The typical disclosures that require your specific authorization are disclosures of:

- Drug and alcohol abuse treatment information
- Mental health treatment information
- HIV/AIDS-related health information

Your Health Information Rights:

Although the treatment records we create and maintain are the physical property of UCP Central PA, you have the following rights with respect to the records we maintain about you:

Right to Request Restrictions - You have the right to request in writing a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request in writing a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request; however, please know that we will give every consideration to your request.** If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. We ask that you make your request for restriction in writing advising us what information you want to limit; whether you want to limit our use or disclosure, or both; and to whom you want the limits to apply, for example, to your spouse.

Right to Request Confidential Communications - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or only by mail. To request confidential communications, we ask that you submit your request in writing to us. Your request must specify how or where you wish to be contacted. **We are required to accommodate all reasonable requests.**

Right to Inspect and Copy - You have the right to inspect and copy the records we create and maintain regarding the services we provided to you. However, this right does not apply to any psychotherapy notes or information we may have in our records. We may charge you a reasonable fee if you want a copy of your health information. **We may deny your request to inspect and request to copy in certain limited circumstances.** If you are denied access to medical information, you may request a review of that decision. Another health care professional chosen by UCP Central PA will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend - If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We ask that you submit your request for amendment in writing and give a reason as to why your health information should be changed. **If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your medical information is correct, we may deny your request.**

Right to an Accounting of Disclosures - You have the right to request in writing an account of disclosures of your medical information made by our organization over a recent 12 month period. If you request an accounting of disclosures, we will provide you with the date of each disclosure; who received the disclosed health information; a brief description of the medical information disclosed; and why the disclosure was made. We will provide this information within sixty (60) days, unless you agree to an extension. We will not charge you for the accounting of disclosures unless you request an accounting more than once in a year. We are not required to include in the accounting of disclosures those disclosures made to you or disclosures: for which you have signed an authorization; for purposes of treatment, payment, or health care operations; to persons involved in your care; for national security or intelligence; or to correctional facilities or law enforcement officials.

Right to Paper Copy of this Notice - You have the right to a paper copy of this Notice, and you may ask us to give you a copy of this Notice at any time. You may obtain an electronic copy of this Notice at our website, www.ucpcentralpa.org.

UCP Central PA's Duties:

UCP Central PA has a duty to:

- Maintain the privacy of your PHI.
- Provide you with this Notice as to our legal duties and privacy practices with respect to the PHI we collect, use, and maintain about you.
- Notify you if we are unable to agree to a requested restriction.
- Provide an accounting of disclosures of your PHI over a recent 12-month period.

Changes to this Notice:

UCP Central PA may change its privacy practices within the limits of the law and make new privacy practices effective for all PHI we maintain. Should our privacy practices change, we will provide you with a revised Notice to the address you have supplied us. You may also access the current Notice at our web site at www.ucpcentralpa.org.

Complaints:

If you have questions and would like additional information, you may contact the HIPAA Coordinator at (717) 737-3477. If you believe that your privacy rights have been violated, you may file a complaint with:

- **Ray Kathiresan Ph.D**
HIPAA Privacy Officer
UCP Central PA
925 Linda Lane
Camp Hill, PA 17011
(717) 737-3477 Voice
(717) 975-3333 Fax

You may also file a written complaint with the Office of Civil Rights, United States Department of Health and Human Services at:

- **Region III, Office of Civil Rights**
U.S. Department of Health and Human Services
150 South Independence Mall West, Suite 372
Philadelphia, PA 19106-9111
(215) 861-4441 Voice
(800) 368-1019 Toll Free

There will be no retaliation for filing a complaint.