

SECTION: PRIVACY

TOPIC: NOTICE OF PRIVACY PRACTICES

POLICY STATEMENT

It is the policy of Erie Homes for Children and Adults, Inc. (EHCA) to provide our individuals and staff with written notice of our privacy practices, including, among other things, a statement of each person's rights as set out by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations as stated below:

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.

EHCA has A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). We will protect the privacy of the health information that identifies you, whether it deals with the provision of health care to you or the 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 health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, or, if revised, the notice of privacy practices currently in effect.

We reserve the right to change the terms of this Notice and our privacy practices at any time. Changes will apply to all of your health information that EHCA possesses or has access to at the time of the change. Changes will be reflected in the EHCA Privacy Notice and the revised Notice will be posted on our website, in the Main Lobby, and in program/facility offices. You may also request a current copy of our Notice of Privacy Practices at any time from our Privacy Officer or on our website.

Below are questions and answers as they relate to EHCA privacy practices:

QUESTION: What is Protected Health Information (PHI)

Answer: Protected Health Information ("PHI") is information about you, including demographic information that may identify you and that relates to your past, present or future physical, medical or mental health condition, payment for care and services received, and the care or services you receive.

QUESTION: How will EHCA use and disclose your protected health information?

Answer: We use and disclose health information for various reasons. For some 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. Even if not specifically listed below, we may use and disclose PHI as permitted or required by law.

A. **Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.** We may, by federal law, use and disclose your health information 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 health information to other health care 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 whom 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. **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 health information that is necessary 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 health information 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 health information to the billing company that handles our health insurance claims).
3. **For Health Care Operations:** We may, at times, need to use and disclose your health information to operate EHCA. For example, we may use your health information to evaluate the quality of the treatment that our staff has provided to you, our individual. We may also need to provide some of your health information to our accountants, attorneys and consultants in order to make sure that we are complying with 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.

B. **Certain other uses and disclosures are permitted by Federal Law.** We may use and disclose your health information without your authorization for the following reasons:

1. **For Use by Business Associates.** There may be some services provided by our business associates, such as billing services, or legal or accounting consultants. 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 protected health information, we require our business associates to enter into a written contract that requires them to appropriately safeguard your information.
2. **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 protected health information if we are ordered 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.
3. **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 health information to the coroner or funeral director, if necessary, after a person's death.
4. **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information. For example, we will need to provide your health information if requested to do so by the County and/or the State when they oversee the program in which you, our individual, receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
5. **Organ Donation.** If one of our individuals wished to make an eye, organ or tissue donation after their death, we may disclose certain necessary health information to assist the appropriate organ procurement organization.

6. **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 protected health information for a research study.
7. **To Avoid Harm.** If one of our administrators, 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 protected health information to the police or others who may be able to prevent or lessen the possible harm. (If you are treating with EHCA for the propensity to commit a particular type of action, we may not report your statements or provide protected health information about that particular propensity for purposes of avoiding harm.)
8. **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 health information of military personnel or veterans where required by U.S. military authorities. Similarly, we may also disclose individual's information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
9. **Work Place Injury.** We may provide your health information if your condition was the result of a workplace injury for which you are seeking workers compensation.
10. **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/send you newsletters about) alternative programs and treatments that may help you.
11. **Death.** We may disclose PHI regarding deceased individuals for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.
12. **Fundraising and Marketing Activities.** For example, if EHCA chooses 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 or marketing activities, please contact our Privacy Officer.

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

1. **Disclosures to Family, Friends or Others Involved in Your Care.** We may provide a limited amount of your health information 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 them to come into the treatment room with you, we may disclose otherwise protected health information to them 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. **Disclosures 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 health information 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 residence in a directory for our Privacy Officer 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 individuals that 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 protected health information. 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 health information, you can later revoke it. Revoking authorization will stop further uses and disclosures to the extent that we have not already taken action, as long as it is revoked in writing.

QUESTION: What rights do I have concerning my protected health information?

Answer: You have the following rights with respect to your protected health information:

- A. **To Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to your request, unless the disclosure is for purposes other than “treatment” and you have paid for the services in full out of pocket. 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. If restricted health information is disclosed to a health care provider for emergency treatment, we will request that such health care provider not further use or disclose the information. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make. Further, EHCA may terminate a restriction if you are informed of the termination in writing. Unless you agree, the termination of the restriction will be effective with respect to health information created or received after we notify you of the termination.
- B. **To Choose How We Send Health Information 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/mail] instead of telephone). We must agree to your request so long as we can easily do so. You can obtain a request form from our Privacy Officer.
- C. **To See or receive a Copy of Your Protected Health Information.** In most cases, you have the right to look at or receive a copy of your health information, including electronic PHI, that we have, but you must make the request in writing. A request form is available from our Privacy Officer. We will respond to you within 30 days after receiving your written request. If we do not have the health information 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 copy of any portion of your protected health information, we will charge you for the copy on a per page basis, only as allowed under Pennsylvania state law. We need to 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.

D. 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 health information. 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 (6) year period.

To make such a request, we require that you do so in writing; a request form is available upon asking from our Privacy Officer. We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), and 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 \$1.00 for each additional request that year. You will be given the opportunity to withdraw or modify your request in order to reduce or avoid this fee.

E. The Right to Ask to Correct or Update Your Health Information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a 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 from our Privacy Officer. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, 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 protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and 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 health information.

F. The Right to Obtain a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time by contacting our Privacy Officer. In addition, you may obtain a copy of this Notice at our website, www.ehca.org.

QUESTION: What happens if my PHI is not protected or is compromised?

Answer: All employees, volunteers and contractors must protect the privacy of your information. Employees, volunteers and contractors may only access your information if it directly relates to the position or services they provide. EHCA will carry out corrective action to employees, volunteers and contractors that do not protect your privacy.

In the event your PHI was potentially compromised, the EHCA Compliance Committee will conduct a Risk Assessment to determine if a breach occurred. If EHCA determines a breach has occurred, it will notify you of the breach and action to be taken.

QUESTION: How do I complain or ask questions about EHCA's privacy practices?

Answer: If you have any questions about anything discussed in the Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact EHCA's Privacy Officer:

Bev Keep
EHCA Privacy Officer

Quality Assurance Director
226 East 27th Street
Erie, PA 16504
814-454-1534 x 140
keep@ehca.org

You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. EHCA employees will not take any retaliatory action against you if you lodge any type of complaint.

QUESTION: When does this notice take effect?

Answer: This Notice, as revised, took effect on _____, 2014.

Prepared by: Lynne Olsovsky 03-18-03
Approved by: Paul Carpenedo 03-18-03
Original Implementation Date: 03-18-03

REVIEWED			
Date	<u>01-14-08</u>	By	<u>L Olsovsky</u>
Date	_____	By	_____
Date	_____	By	_____
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REVISED			
Date	<u>09-29-09</u>	By	<u>L Olsovsky/PC</u>
Date	<u>09-23-13</u>	By	<u>B. Keep</u>
Date	_____	By	_____
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