

# Notice of Privacy Practices (NPP)

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review this policy and retain for your records. If you have any questions about this notice, please contact us.

*The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a US federal law that establishes national standards to protect sensitive patient health information (PHI) from disclosure without consent. We are required by law to maintain the privacy of protected health information, provide notice of our legal duties and privacy practices regarding protected health information, and follow the terms of the notice.*

## How We May Use and Disclose Your Health Information

Described below are the ways we may use and disclose your health information. Except for the following purposes, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by written request.

### **Treatment**

We may use and disclose your health information for your treatment and to provide you with treatment-related health care services. For example, we may disclose your health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide your medical care.

### **Treatment for Children & Adolescents**

For child & adolescent patients, we may disclose your health information to parents for the purpose of reviewing progress, risks, concerns, and prognosis. Per Pennsylvania Act 65 of 2020, children aged 14 and older can independently consent to mental health treatment without

parental authorization; a release of information signed by the minor child is required for the disclosure of health information to parents. Refusal to sign a release of information will prohibit the disclosure of health information to parents.

### **Payment**

We may use and disclose your health information for the purposes of billing and obtaining payment from you, your insurance company, or any other third party for services rendered during a visit.

### **Healthcare Operations**

We may use and disclose your health information to evaluate our medical care and to operate and manage our office. For example, we may use and disclose information to a peer review organization or a health plan that is evaluating our care. We may also share information with others that have a relationship with you for their health care operation activities.

### **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services**

We may use and disclose your health information to contact you and remind you of scheduled appointments and/or to discuss treatment alternatives or health-related benefits you can utilize.

### **Individuals Involved in Your Care and/or Payment for Your Care**

When appropriate, we may share your health information with a person involved in, or paying for, your care (such as your family or a close friend). We may notify your family about your location or condition or disclose such information to an entity assisting in disaster relief.

### **Research**

We may use and disclose your health information for research purposes. For example, a research project may involve comparing the health of patients who received one treatment to those who received another for the same condition. Before we disclose health information, the project must receive approval from an ethical review board. Even without this approval, we may permit researchers to look at records to help identify patients who may be included in their research, provided that they do not remove or copy any of your health information.

***As required by law, we will disclose your health information when required to do so by international, federal, state, or local law.***

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your health information when necessary to prevent a serious threat to the health and safety of you, another person, or the public. Disclosures will be made only to someone who can prevent the threat.

### **Mandated Reporting**

Under the 2014 Amended Pennsylvania Child Protective Services Law (CPSL) 23 Pa.C.S. § 63 (effective December 31, 2014), Family Resources staff are mandated reporters and are legally required to report suspected child abuse if they have reasonable cause to suspect a child is a victim of abuse or neglect. We may disclose your health information without your authorization to comply with state and federal mandated reporting laws.

### **Business Associates**

We may disclose your health information to our business associates that perform functions on our behalf or provide us with services if necessary. For example, we may use another company to perform billing services on our behalf. All business associates are obligated to protect the privacy of your information and are not permitted to use or disclose the information for any purpose other than what is stated in their contract with us.

### **Military and Veterans**

If you are a member of the armed forces, we may release your health information as required by military command authorities. If you are a member of a foreign military, we may release your health information to the foreign military command authority.

### **Worker's Compensation**

We may release your health information for worker's compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Health Risk**

We may disclose your health information to your healthcare providers to report adverse events that affect your safety. For example, we may disclose your health information to the prescribing physician of a medication you are prescribed that is causing serious or life-threatening side effects.

**Health oversight activities**

We may disclose your health information to a health oversight agency for activities authorized by law. These may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and disputes**

If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court or administrative order. We may disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have made to notify you of the request or to obtain an order protecting the information requested.

**Law enforcement**

We may release your health information request by law enforcement official if:

- There is a court order, subpoena, warrant, summons, or similar process.
- The request is limited to information needed to identify or locate a suspect, fugitive, material witness, or missing person.
- The information is about the victim of a crime-even if, under certain very limited circumstances, we are unable to obtain your agreement.
- The information is about a death that may be the result of criminal conduct.
- The information is relevant to criminal conduct on our premises.
- It is needed in an emergency to report a crime, the location of a crime or victims, or the identity, description, or location of the person who may have committed the crime.

**Coroners, Medical Examiners, and Funeral Directors**

We may release your health information to a coroner, medical examiner, or funeral director to identify a deceased person or cause of death, or other similar circumstances.

### **National Security and Intelligence Activities**

We may disclose your health information to authorized federal officials for intelligence and other national security activities authorized by law.

### **Inmates or Individuals in Custody**

If you are an inmate of a correctional institution or in custody, we may disclose your information:

- For the institution to provide you with health care.
- To protect your health and safety or that of others.
- For the safety and security of the institution.

## **Your Rights Regarding Your Health Information**

- You have the right to inspect and copy your medical and billing records by written request.
- You have the right to request an amendment to your records by written request.
- You have a right to an accounting of certain disclosures by written request.
- You have the right to request restriction or limitation on your health information.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You can ask, for example, that we contact you only by mail or at work. Your written request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

## **Additional Privacy Practices Regarding Substance Use Disorder (SUD) Records, Including Those Received From External Organizations**

### **Use and Disclosure of Substance Use Disorder (SUD) Records**

If applicable, your substance use disorder (“SUD”) records are protected by federal law under 42 C.F.R Part 2 (“Part 2”). This law provides extra confidentiality protections and requires

separate patient consent for the use of disclosure of SUD counselling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a)\*. Disclosure of these records requires your explicit written consent, except in limited circumstances such as:

- a) Medical emergencies: to the extent necessary to treat you
- b) Reporting crimes on program premises
- c) Child abuse reporting: in connection with incidents of suspected child abuse or neglect to appropriate state and/or local authorities

### **Prohibitions on Use and Disclosure of Part 2 Records**

SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this notice regarding PHI.

## **Changes to this notice**

We may change this notice and make it effective for medical information we already have about you as well as new information. The current notice will be posted and available at all times. You have a right to request a paper copy of the current notice at any visit or by written request.

**\* § 2.32 Notice and copy of consent to accompany disclosure***Statement 1:*

*This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:*

- i. Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR part 2.*
- ii. (ii) You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or*
- iii. (iii) You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.*
- iv. A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or redisclose the record (see 42 CFR 2.31).*

*or*

*Statement 2:*

*“42 CFR part 2 prohibits unauthorized use or disclosure of these records.”*