

# **PENN FOUNDATION, INC.**

## **NOTICE OF PRIVACY PRACTICES**

At Penn Foundation we are committed to treating and using protected health information about you in a responsible manner. We are required by federal and Pennsylvania law to treat your health information confidentially.

As a sign of our respect and appreciation to you for choosing Penn Foundation, we have developed a privacy program that is directed at protecting the confidentiality of your health information. Your health information exists in many forms, including verbal, written, and electronic forms. This Notice describes the health information we collect, how and when we disclose that information, and your rights.

### **Understanding Your Health Record Information**

Each time you have contact with Penn Foundation either in person, by phone, or e-mail, we create a record of your contact. Typically, this record contains your symptoms, diagnosis, progress toward your recovery goals, and a plan for your future care. Your medical record is a valuable tool that serves a number of purposes, such as:

- planning your care and recovery;
- communicating with those who provide your care;
- allowing your insurer to verify that services billed were actually provided;
- assessing our own performance so that we can continue to improve our care.

### **Our Legal Duty**

We are required by law to restrict the uses and disclosures of your protected health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights

concerning your health information. We reserve the right to change the terms of this Notice and our privacy practices at any time. We will follow the privacy practices that are in this Notice while it is in effect.

## **Uses and Disclosures of Your Health Information**

Much of your health information is “highly confidential” because it is specially protected under Pennsylvania law. “Highly confidential” information includes mental health treatment information; treatment information about drug or alcohol abuse or dependence; and HIV-related information. We are generally not permitted to disclose your highly confidential health information unless you authorize us to do so. State and federal law does permit us to disclose your highly confidential health under certain circumstances described below.

### **Treatment, Payment and Health Care Operations Activities (“TPO”)**

We may use or disclose your health information without the need to get your written authorization in order to provide treatment or rehabilitative services, receive payment of provided treatment, and conduct day to day operations. For example, doctors, counselors and care managers who are involved in your care will have access to your health information. In order for us to receive payment for the care we provide to you, we will need to tell your insurance company about that care. We may also use your health information for our own purposes, such as monitoring, planning and developing our care and services and educating our staff.

We may also disclose or release information from your medical record for the treatment activities of another healthcare provider. For example, we may disclose the name and dosage of your medications to a hospital if you need emergency medical attention.

## Other Uses and Disclosures Not Requiring Your Authorization

We may use your health information for marketing purposes to tell you about **alternative treatment options, health-related benefits or services** that we think may be of interest to you. We may use your health information to provide you with **appointment reminders**, in the form of voicemail, text messages or letters. We may disclose your health information to our **Business Associates**, which are individuals or organizations that perform certain key functions or processes for us. Before we disclose your health information to Business Associates, we require them to give us written assurance that they will safeguard and protect the privacy of your health information.

We may contact you with information about Penn Foundation sponsored **fundraising** activities and events. We would only use limited information about you for that purpose. Limited information includes demographics, dates of service, department of service, treating clinician, outcome information, and health insurance status. You have no obligation to respond to these communications, and you may choose not to receive them in the future. Please contact our Public Relations Department at 215-257-6551 if you wish to be removed from our mailing list. We will disclose your health information when we are **required to do so by law**; for **health oversight** activities conducted for or by government agencies; and for **public health** activities, such as to **report suspected child abuse**, communicable diseases or certain types of injuries. We may use or disclose your health information for **worker's compensation** or similar programs as permitted and required by law. We may use your health information for our **research** purposes, but only if we are sure that your privacy will be protected.

If you are or were a member of the armed forces, we may release your health information to **military** command authorities as required by law. We may release your health information for **law enforcement** purposes, but only if we are permitted to do so by law, e.g., to report a crime committed on our premises. We may also use or disclose your health information in order to **prevent or lessen a serious threat to your health and safety** or that of someone else. We may disclose your health information to authorize federal officials for purposes of **national security and intelligence activities**.

We may disclose your health information if we are directed to do so by a **subpoena or court order**. In some circumstances, we may disclose your health information to a **coroner or medical examiner**.

### **Other Uses and Disclosures Requiring your Permission**

Other uses and disclosures of your health information not covered by the Notice will be made only with your written permission. You can revoke that permission, verbally or in writing; but if you do, we are unable to take back any disclosures already made with your permission.

In order to share health information with **family, friends, or other third parties involved in your care**, such as your family doctor or clergyman, we must have your specific written authorization to do so. This disclosure may be face to face, by phone or by electronic mail. You should be aware that if you attend **group therapy**, other group members will hear your confidential health information. Your counselor will explain to all group members that these discussions are confidential, and information should never be shared outside the group setting.

We will always require your permission related to marketing communication that is paid for by a third party about a product or service to encourage you to

purchase or use the product or service. Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment. For all other disclosures that are not described in this Notice, we will seek your consent.

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

You have the right to look at or get copies of your health information. This process will be kept confidential. This right is not absolute. In certain situations we can deny access. If we do, we will explain the reasons to you, and in most cases you may have the denial reviewed. To view or get copies of your health record, you must submit your request in writing to the Privacy Officer of Penn Foundation. We charge a reasonable fee to cover the labor costs and postage to provide you with requested copies.

You have the right to request a copy of your health information in the form and format of your choosing. You may request an electronic copy maintained in an electronic health record, as available. If we are unable to provide information in your preferred format, we can discuss alternatives or provide you with a paper copy.

You have the right to request that we make corrections or add to incomplete information in your health record. Your request must be in writing, and it must explain the reason that supports the request. We may deny your request under certain circumstances; and if we do, we will explain the reasons to you. For example, we may deny a request if the information was not created by us or the information is accurate and complete.

With certain exceptions, you have the right to know the times (after April 14, 2003) when we have disclosed your health information without your authorization. We

will provide you with a listing of these disclosures if you request it. If you request the listing more than once in a 12-month period, we may charge you a fee for the additional requests. This accounting does not include the disclosures we have made for purposes of treatment, payment and operations.

You have the right to request that we restrict or limit some of our uses or disclosures of your health information. You have the right to which we must agree to request that we not disclose to your health plan information about treatment that we provide to you so long as you have separately paid us privately for the service. Unless the request involves disclosures to your health plan for which you have paid, we are not required to agree to those restrictions.

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 contact you at work or by mail. Your request must be in writing, and you must tell us where or how to contact you. We may require you to explain how payments will be handled under the alternative means or location you requested.

If you received this Notice on our website or by electronic mail (e-mail), you have the right to receive this Notice in written form. To obtain a paper copy of this Notice, use the contact information at the end of this pamphlet.

Please be advised that our counselors do not keep separate psychotherapy notes; all conversations are documented in your official file.

You have the right to be notified of a breach of confidentiality. If we improperly permit acquisition, access, use or disclosure of protected health information about you in a harmful manner, we are required to send, and you have a right to receive a

notice from us informing you about the circumstances involved.

### **Electronic Mail (E-Mail) Communication**

Penn Foundation may provide persons the opportunity to communicate by e-mail for your convenience. Transmitting confidential health information by e-mail, however, has a number of risks that persons should consider before using e-mail:

- User's can easily misaddress an e-mail;
- E-mail is easier to falsify than handwritten or signed documents;
- Back-up copies of e-mail may exist even after the sender or recipient has deleted his or her copy;
- If you send or receive e-mail from your place of employment, you may risk having your employer read your e-mails. Insurers and employers may discriminate against an individual who has a mental health or drug and alcohol problem;
- E-mail can be immediately broadcast worldwide and be received by many intended and unintended persons.
- Persons have no way of anticipating how soon Penn Foundation and its employees will respond to a particular e-mail.

It is the practice of Penn Foundation that all e-mail messages that concern the care or treatment, with certain exceptions, will be considered part of the medical record, and we will treat such e-mail messages with the same degree of confidentiality as other paper portions of the medical record.

If you elect to communicate with Penn Foundation by e-mail for your convenience, you agree to the following conditions:

- As a part of the medical record, other Penn Foundation employees will have access to e-mail communications contained in the file.
- Penn Foundation may forward e-mail messages within our organization or to an external third party as necessary for treatment, payment and operations.
- If you send an e-mail, we will try to read the message promptly and respond promptly. Because Penn Foundation cannot assure you that we will read each message promptly, **you must not use e-mail to communicate a crisis or life-threatening emergency.**
- If your e-mail requires or invites a response, and we do not respond within a reasonable time, we ask that you follow-up with a phone call to determine whether we received the e-mail and when we will respond. From time to time our system may be down, which could result in delays or interruptions to timely communications.
- You are responsible for protecting your password or other means of access to e-mail sent or received by Penn Foundation to protect your privacy.
- Any use of e-mail by you that discusses diagnosis, treatment or services constitutes informed consent. You may withdraw consent to use e-mail at any time by e-mail or verbal or written communication.

For questions regarding your privacy rights, you may contact the Privacy Officer of Penn Foundation, Marianne Gilson at 215-257-6551 or in writing to P.O. Box 32, 807 Lawn Ave, Sellersville, PA 18960.

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