

Patient Rights

Although your medical record is our property, you have the following rights concerning your medical record and health information:

- 1. Right to Request Restrictions on the Use and Disclosure of Your Health Information.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment and health care operation. If, however, we agree to the requested restriction, it is binding on us.
- 2. Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your own health information upon request. However, we are not required to provide you access to all the health information that we maintain. For example, this right does not extend to information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Access may also be denied if disclosure would reasonably endanger you or another person.
- 3. Right to Verbally Object.** You have the right to verbally object to certain disclosures that are routinely made for treatment, payment or healthcare operations or for other purposes without an Authorization. For example, we are required to give you an opportunity to object to the sharing of your health information with a person or family member accompanying you for treatment.
- 4. Right to Seek an Amendment of Your Health Information.** You have the right to request an amendment of your health information. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover, we will provide you with a written explanation of the reasons for the denial and the procedures for filing appropriate complaints and appeals.
- 5. Right to an Accounting of Disclosure of Your Health Information.** You have the right to receive an accounting of disclosures made by us of your health information within (7) years prior to the date of your last appointment. The accounting of disclosures shall include the date of each disclosure, name and address of the person or organization who received your health information, a brief description of the person or organization who received your health information, a brief description of the information disclosed, and the purpose for the disclosure.
- 6. Right to Confidential Communications.** You have the right to receive confidential communications of your health information by alternative means or alternative locations. For example, you may request that we only contact you at work or by mail.
- 7. Right to Revoke Your Authorization.** You have the right to revoke a validly executed authorization for the use of disclosure of your health information. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.
- 8. Right to Receive Copy of this Notice.** You have the right to receive a copy of this Notice.

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Contact Information and How to Report a Privacy Rights Violation

If you have questions and would like additional information regarding the uses and disclosures of your health information, you may contact Sharon L. Hodge at 724-657-3303.

Moreover, the Agency has established an internal complaint process for reporting privacy rights violations. If you believe that your privacy right has been violated, you may file a complaint with us or:

**The Secretary of the Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201**

To file a complaint with us, please contact Sharon L. Hodge at 724-657-3303.

All complaints must be submitted to the Agency in writing at:

**People In Need
2703 W. State Street
New Castle , PA 16101**

There will be no retaliation for filing a complaint.

Effective Date

The effective date of this Notice is

April 15, 2003



**People In Need is a registered
501-C (3) non profit organization**

**Notice of Protected Health Information
Practices**

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

PURPOSE OF NOTICE

OUR RESPONSIBILITIES

Under the federal health care privacy regulations pertaining to the Health Insurance Portability and Accountability Act of 1996 set forth at 45CFR-160.101 et seq. (the "Privacy Regulations"), People In Need, Inc. ("the Agency") is required to protect the privacy of your individually identifiable health information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history. We are also required to provide you with this Notice of Protected Health Information Practices regarding our legal duties, policies and procedures to protect and maintain the privacy of your health information ("the Notice"). We will not use or disclose your health information except as provided for in this Notice.

Changes To The Terms Of This Notice

However, we reserve the right to change the terms of this Notice and make new notice provisions for all your health information that we maintain. Should such terms change, we will mail a revised Notice to the mailing address most recently listed in your patient record.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Permitted Uses and Disclosures of Your Health Information

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/index.html

1. Uses and Disclosures with Patient Consent. Under the Privacy Regulations, after having made good faith efforts to obtain your acknowledgement of receipt of this Notice, we are permitted to use and disclose your health information for the following purposes:

a. Treatment. We are permitted to use your health information in the provision and coordination of your health care. We may disclose information contained in your medical record to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment. For example, your therapist may disclose your health information when consulting with a physician regarding your medical condition.

b. Payment. We are permitted to use your health information for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. This information may be released to an insurance company, third party payor or other authorized entities involved in the payment of your medical bill and may include copies or portions of your medical record which are necessary for payment of your account. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis and the procedures used in your treatment.

c. Health Care Operations. We are permitted to use and disclose your health information during the Agency's routine health care operations, including, but not limited to, quality assurance, utilization reviews, auditing, accreditation, certification, licensing or credentialing activities and for education purposes.

2. Uses and Disclosures with Patient Authorization. Under the Privacy Regulations, we can use and disclose your health information for purposes other than treatment, payment or health care operations with your written authorization. For example, with your authorization we can provide your name and medical condition to Disability Determination or your attorney. Under the Privacy Regulations, you may revoke your authorization; however, such revocation will not have any effect on uses or disclosures of your health information prior to our receipt of the revocation.

3. Uses and Disclosures With Patient Opportunity to Verbally Agree or Object. Under the Privacy Regulations, we are permitted to disclose your health information without your written consent or authorization to a family member, a close personal friend or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. You must be notified in advance of the use or disclosure and have the opportunity to verbally agree or object.

4. Uses and Disclosures Without an Acknowledgement, Authorization or Opportunity to Verbally Agree or Object. Under the Privacy Regulations, we are permitted to use or disclose your health information with out your consent, authorization or the opportunity to verbally agree or object with regard to the following:

a. Uses and Disclosures Required by Law. We will disclose your health information when required to do so by law.

b. Public Health Activities. We may disclose your health information for public health reporting, reporting of communicable diseases and vital statistics and similar other circumstances.

c. Abuse and Neglect. We may disclose your health information if we have a reasonable belief of abuse, neglect or domestic violence.

d. Regulatory Agencies. We may disclose your health information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs and compliance with civil rights.

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e. Judicial and Administrative Proceedings. We may disclose health information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request or similar legal request.

f. Law Enforcement Purposes. We may disclose your health information to law enforcement officials when required to do so by law.

g. Coroners, Medical Examiners, Funeral Directors. We may disclose your health information to a coroner or medical examiner. This maybe necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.

h. Research. Under certain circumstances, we may disclose your health information to researchers when their clinical research study has been approved by an institutional review board that has reviewed the research proposal and provided that certain safeguards are in place to ensure the privacy and protection of your health information.

i. Threats to Health and Safety. We may use or disclose your health information if we believe, in good faith, the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

j. Military/Veterans. If you are a member of the armed forces, we may disclose your health information as required by military command authorities.

k. Workers' Compensation. We may use or disclose your health information to make a marketing communication to you, if such communication is conducted face-to-face, concerns products or services of nominal value, or identifies us as the communicating party and that we will receive remuneration for making the communication and, where required by the Privacy Regulations, instructions describing how you may verbally object to receiving future communications.

l. Appointment Reminders. We may use and disclose your health information to remind you of an appointment for counseling at our agency.

m. Other Uses and Disclosures. In addition to the reasons outlined above, we may use and disclose your health information for other purposes permitted by the Privacy Regulations.

5. Uses and Disclosures to Business Associates. With an acknowledgement or a proper authorization, we are permitted to disclose your health information to Business Associates and to allow Business Associates to receive your health information on our behalf. A Business Associate is defined under the Privacy Regulations as individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your health information. Examples of business associates include, but are not limited to, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. We require all Business Associates to protect the confidentiality of your health information.

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