

LENAPE VALLEY FOUNDATION NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY LENAPE VALLEY FOUNDATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE APPRECIATE YOUR TURNING TO LENAPE VALLEY FOUNDATION (LVF) FOR ASSISTANCE. IN TURN, WE AT LVF RECOGNIZE THE IMPORTANCE OF PROTECTING THE CONFIDENTIALITY OF YOUR HEALTHCARE INFORMATION. WE ARE COMMITTED TO PROTECTING PRIVACY SO THAT YOU WILL FEEL FREE TO SHARE WITH US ALL INFORMATION THAT MIGHT BE HELPFUL IN YOUR CARE.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision or payment of your 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, which is currently in effect. LVF reserves the right to change the terms of this Notice and our privacy practices at any time. Any such changes will comply with existing laws and regulations. If changes are made, they will apply to any of your health information that we already have. Before we make an important change to our policies, we will change this Notice and post a new Notice in public areas at all LVF sites. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from any LVF work force member.

This Notice answers some common questions concerning LVF's privacy practices:

QUESTION: HOW WILL LVF USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?

Answer: Several laws regulate LVF's use or disclosure of your health information. These include

both state and federal laws. LVF complies with the law that provides the greatest amount of protection of your health information. For mental health, drug and alcohol and HIV-related information, Pennsylvania law generally provides the greater protection. For other types of health-related information, federal law generally offers greater protection.

We use and disclose health information for many different reasons. For some of these 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.

- A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.** We may, by federal and/or state law, use and disclose your health information for the following reasons:
 - 1. For Treatment:** We may use and disclose your health information among LVF workforce members as necessary to provide you with appropriate and coordinated care. We also may use and disclose health information about you and your treatment as needed to refer you to other health care providers, so that care will be continuous and coordinated for your benefit. In emergency and urgent situations we may use and disclose information about you without your written authorization to appropriate healthcare providers to assure your safety and welfare. In more routine situations, such as keeping your primary care physician informed of your progress, we may use and disclose your health information but would do so after obtaining your written authorization.
 - 2. To Obtain Payment for Treatment:** We may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided you. For example, we may provide certain portions of your health information to

your health insurance company, Medicare or Medicaid, or others identified as payer or co-payer in order to get paid for taking care of you. Generally, this is identifying information (your name, address, social security and/or other identifying numbers), diagnosis and dates and types of services provided. Some third-party payers also require a treatment history and description of your continuing need for services. All third-party payers reserve the right to conduct or require an audit, in which the clinical record of services for which they have been asked to pay is reviewed, to confirm that the services were actually provided and that requirements for documentation were met.

- 3. For Health Care Operations:** We may, at times, need to use and disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of the treatment that our workforce member has provided to you. LVF may also need to provide some of your health information to consultants and/or auditors in order to assure LVF's compliance with law, regulations, certifications, and standards.

B. Certain Other Uses and Disclosures are permitted by Federal and/or State Law. We may use and disclose your health information without your authorization for the following reasons:

- 1. If you are younger than 14 years of age.** Your parent or legal representative will be given information as needed. Others will not be given information about you without your parent's or legal representative's permission.
- 2. When a Disclosure is Required by Law, or Legal 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 suspected child or elder abuse.
- 3. For Public Health Activities.** If required by law, we need to report information about certain diseases, or any deaths to government agencies that collect that information.
- 4. For Health Oversight Activities.** 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 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. For Organ Donation.** If one of our clients 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. For Research Purposes.** We want to assure you, however, that no LVF client will be included in any research without their express written permission
- 7. To Avoid Harm.** If a LVF workforce member believes you are a serious and imminent danger to yourself or others, 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 LVF because of the possibility of committing a particular type of dangerous behavior, we may not report your statements or provide protected health information about that particular possible behavior for purposes of avoiding harm, unless we believe you pose a serious and imminent danger to yourself or others.
- 8. For 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 a client's health information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation's residents.
- 9. For Workers' Compensation.** We may provide your health information as described under the workers' compensation law, 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 and/or send to you information about alternative programs and treatments that may help you.
- 11. Fundraising Activities.** For example, if LVF chose 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. You may ask to not be contacted for fundraising activities.

12. For individuals 14 through 17 years of age.

If a parent or guardian signs you into treatment under Act 147, limited information about your treatment can be shared with them and released by them to other health care providers.

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 at LVF or in the payment for your care at LVF, 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.

2. Disclosures to Notify a Family Member, Friend or Other Selected Person

Unless you tell us otherwise, if something should happen to you while at our facilities, we will disclose certain limited health information about you (your general condition, location, etc.) to an emergency contact you specify or to another available family member.

3. Disclosures for Disaster Relief Purposes

Unless you tell us otherwise, we may disclose certain limited health information about you to organizations providing emergency disaster relief.

4. Disclosure to Your Health Plan

Should you pay in full out of pocket for some services, you have the right to restrict this information from your health plan carrier.

D. Other Uses and Disclosures Require Your Prior Written Authorization.

In situations other than those categories of uses and disclosures mentioned above, information about your being a client of LVF, and about your treatment, is confidential. This means that no one will be given any information about you or your treatment here unless you give your permission (authorization) in

writing for this information to be shared with others and we consider it to be in your best interest to do so. If someone gives us information about you (example: a friend calls for you to tell us you will not be able to keep an appointment) we will listen, but we will not tell anyone anything about you without your permission.

If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

E. Payment for Authorized Disclosures

Under ordinary circumstances, LVF will not charge you for disclosing your information for treatment purposes. Under many other circumstances, however, if you authorize release of a copy of any portion of your protected health information, we will charge for the copy as allowed under Pennsylvania State Law. We require that payment be made in full before we will release the record. If you agree in advance, we may be able to provide a summary or an explanation of your records instead. There will be a charge for the preparation of the summary or explanation.

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. The Right 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 provided your request does not conflict with Federal and/or State law. We will certainly consider your request, but you should know that we are not required to agree to it. 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.

B. The Right 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 mail instead of telephone). We must agree to your request so long as we can easily do so.

C. The Right to See or to Get a Copy of Your Protected Health Information. In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. A request form can be obtained by contacting any LVF workforce member. 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 the 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 as allowed under Pennsylvania State Law. We 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. The Right to Receive a List of Certain Disclosures of Your Health Information 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 LVF 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 any LVF workforce member. We will respond to you within 60 days of receiving your request. The list that you receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), 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 a fee each additional request that year.

E. The Right to be Informed of a Breach of Your Protected Health Information. You will be informed of a breach of PHI within 60 days of discovery of the breach, unless law enforcement requests a delay in this notification.

F. 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 any LVF workforce member. 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.

G. The Right to Get a Paper Copy of This Notice. If you have agreed to receive this Notice via e-mail, you will always have the right to request a paper copy of this Notice, also.

QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT LVF'S PRIVACY PRACTICES?

Answer: If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, we encourage you to contact LVF at 215-345-5300 and ask for our Privacy Officer. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

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