



## PENNSYLVANIA HIPAA NOTICE FORM

### Notice of Peer Associates LLC's Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PEER SUPPORT / PSYCHOLOGICAL / PSYCHIATRIC / THERAPEUTIC / DRUG AND ALCOHOL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### Uses and Disclosures for Services, Payment, and Health Care Operations

- a. We may *use* or *disclose* your *protected health information (PHI)* for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:
- b. "*PHI*" refers to information in your health record that could identify you. "*Treatment, Payment and Health Care Operations*"
  - i. *Treatment* is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician or another psychologist/psychiatrist/therapist.
  - ii. *Payment* is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer, managed care organization, Medical Assistance or Medicaid/Medicare to obtain reimbursement for your health care or to determine eligibility or coverage.
  - iii. *Health Care Operations* are activities that relate to the performance and operation of the practice. Examples of healthcare operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- c. "*Uses*" applies only to activities within the office, clinic, practice group, etc. such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you. "*Disclosure*" applies to activities outside of the [office, clinic, practice group, etc.], such as releasing, transferring, or providing access to information about you to other parties.

#### Uses and Disclosures Requiring Authorization

- a. We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your peer support encounter notes or progress notes and Individual Service Plans (collectively, “Progress Notes”). “*Progress Notes*” are notes we have made about our conversation during a private, group, joint, or family peer support session. You may revoke all such authorizations at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage or payment, and the law provides the insurer or payee the right to contest the claim under the policy.

#### Uses and Disclosures with Neither Consent nor Authorization

- a. We may use or disclose PHI without your consent or authorization in the following circumstances:
  - i. **Child Abuse:** If we have reasonable cause to suspect abuse of children, we may be required by law to report this to the Pennsylvania Department of Public Welfare or similar agencies.
  - ii. **Adult and Domestic Abuse:** If we have reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), we may report such to the local agency which provides protective services.
  - iii. **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the services we provide you or the court records thereof, such information is privileged under state law, and we will not release the information without your written consent, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
  - iv. **Serious Threat to Health or Safety:** If you express a serious threat, or intent to kill or seriously injure an identified or readily identifiable person or group of people, and we determine that you are likely to carry out the threat, we must take reasonable measures to prevent harm. Reasonable measures may

include directly advising the potential victim of the threat or intent.

**Worker's Compensation:** If you file a worker's compensation claim, we may be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

#### Patient's Rights and Psychologist/Psychiatrist/Therapist Duties

a. Patient's Rights:

- iv. *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
- v. *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* - You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- vi. *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in your mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- vii. *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- viii. *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
- ix. *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from us upon request even if you have agreed to receive the notice electronically.

#### Peer Specialist and Supervisor Duties

We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. We reserve the right to change the privacy policies and practices description in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. If we revise our policies and procedures, we will send a revised notice to each patient by mail.

## Records Relating to Mental Health Services

Under Pennsylvania law (55 Pa Code Chap 5100), records concerning persons receiving or having received mental health treatment shall be kept confidential and shall not be released nor their content disclosed without the consent of a person given under § 5100.34 (relating to consensual release to third parties), except that relevant portions or summaries may be released or copied as follows:

(1) To those actively engaged in treating the individual, or to persons at other facilities, including professional treatment staff of State Correctional Institutions and county prisons, when the person is being referred to that facility and a summary or portion of the record is necessary to provide for continuity of proper care and treatment.

(2) To third party payors, both those operated and financed in whole or in part by any governmental agency and their agents or intermediaries, or those who are identified as payor or copayor for services and who require information to verify that services were actually provided. Information to be released without consent or court order under this subsection is limited to the staff names, the dates, types and costs of therapies or services, and a short description of the general purpose of each treatment session or service.

(3) To reviewers and inspectors, including the Joint Commission on the Accreditation of Hospitals (JCAH) and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services.

(4) To those participating in PSRO or Utilization Reviews.

(5) To the administrator, under his duties under applicable statutes and regulations.

(6) To a court or mental health review officer, in the course of legal proceedings authorized by the act or this chapter.

(7) In response to a court order, when production of the documents is ordered by a court under § 5100.35(b) (relating to release to courts).

(8) To appropriate Departmental personnel § 5100.38 (relating to child or patient abuse).

(9) In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death. Only specific information pertinent to the relief of the emergency may be released on a nonconsensual basis.

(10) To parents or guardians and others when necessary to obtain consent to medical treatment.

(11) To attorneys assigned to represent the subject of a commitment hearing.

(c) Information made available under this section shall be limited to that information relevant and necessary to the purpose for which the information is sought. The information may not, without the patient's consent, be released to additional persons or entities, or used for additional purposes. Requests for information and the action taken should be recorded in the patient's records.

## Records Relating to Drug and Alcohol Abuse and Dependence

We will comply with Pennsylvania law (71 P.S. sec. 1690.108) and federal law (42 CFR Part 2) regarding the confidentiality of records related to drug and alcohol abuse and dependence. All such records shall remain confidential, and may be disclosed only

with the patient's consent and only (i) to medical personnel exclusively for purposes of diagnosis and treatment of the patient or (ii) to government or other officials exclusively for the purpose of obtaining benefits due the patient as a result of his drug or alcohol abuse or drug or alcohol dependence except that in emergency medical situations where the patient's life is in immediate jeopardy, patient records may be released without the patient's consent to proper medical authorities solely for the purpose of providing medical treatment to the patient. Disclosure may be made for purposes unrelated to such treatment or benefits only upon an order of a court of common pleas after application showing good cause therefor, but not for any civil, criminal, administrative, or legislative proceedings conducted by any federal, state, or local authority.

### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact our Director Program Integrity and Compliance at (814) 515-2699.

You can also complain to the federal government, Secretary of Health and Human Services, by writing to: U.S. Department of Health & Human Services, Office for Civil Rights, 150 S. Independence Mall West - Suite 372, Philadelphia, PA. 19106-3499.

Your services will not be affected by any complaint made to Peer Associates LLC, Secretary of Health and Human Services or Office of Civil Rights.

### Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on January 1, 2019, We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice on this website and/or by mail.

Rev Jan 2019