

# EXTON BEHAVIORAL HEALTH & REHABILITATION, LLC

THE COMMONS AT OAKLANDS\*766 WEST LINCOLN HIGHWAY\*EXTON, PA\*19341

PHONE: (610) 873-2233 • FAX: (610) 873-2235

## PENNSYLVANIA NOTICE OF PATIENT PRIVACY

### Notice of Policies and Practices of Exton Behavioral Health and Rehabilitation to Protect the Privacy of Your Health Information

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

#### I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Exton Behavioral Health and Rehabilitation (EBHR) 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:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment, and Health Care Operations*"
- *Treatment* is when EBHR provides, coordinates, or manages your health care and other services related to your health care. An example of treatment would be when your EBHR therapist consults with another health care provider, such as your family physician or another psychologist.
- *Payment* is when EBHR obtains reimbursement for your healthcare. Examples of payment are when EBHR discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
- *Health Care Operations* are activities that relate to the performance and operation of EBHR. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- "*Use*" applies only to activities within EBHR, such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of EBHR, such as releasing, transferring, or providing access to information about you to other parties.

#### II. Uses and Disclosures Requiring Authorization

EBHR 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 EBHR is asked for information for purposes outside of treatment, payment, and health care operations, we will obtain an authorization from you before releasing this information. EBHR will also need to obtain an authorization before releasing your psychotherapy notes. "*Psychotherapy notes*" are notes your provider has made about your conversations during a private, group, joint, or family counseling session, which, when these exist, are kept separate from the rest of your clinical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided such revocation is in writing. You may not revoke an authorization to the extent that (1) EBHR has relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

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

EBHR and its mental health care providers may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If an EBHR provider has reasonable cause, on the basis of his/her professional judgment, to suspect abuse of children with whom the provider comes into contact in his/her professional capacity, or who are treated by another EBHR provider, the provider is required by law to report this to the Pennsylvania Department of Public Welfare.
- **Adult and Domestic Abuse:** If an EBHR provider has reasonable cause to believe that an older adult is in need of protective services (regarding abuse, neglect, exploitation or abandonment), the provider may report such to the local agency which provides protective services.
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the professional services you received at EBHR, or the records thereof, such information is privileged under state law, and EBHR 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.
- **Serious Threat to Health or Safety:** If you present or express a serious threat or intent to kill or seriously injure an identified or readily identifiable person or group of people, and your EBHR provider determines that you are likely to carry out the threat, the provider 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, EBHR will be required to file periodic reports with your employer which shall include, where pertinent, history, diagnosis, treatment, and prognosis.

#### IV. Patient's Rights and EBHR's Duties

##### Patient's Rights:

- *Right to Request Restrictions* - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, EBHR is not required to agree to a restriction you request.
- *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 being seen at EBHR. Upon your request, EBHR will send your bills to another address.)
- *Right to Inspect and Copy* - You have the right to inspect or obtain a copy (or both) of PHI in EBHR's clinical and billing records used to make decisions about you for as long as the PHI is maintained in the record. EBHR may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, EBHR staff will discuss with you the details of the request and denial process.
- *Right to Amend* - You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. EBHR may deny your request. On your request, EBHR staff will discuss with you the details of the amendment process.
- *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, EBHR staff will discuss with you the details of the accounting process.
- *Right to a Paper Copy* - You have the right to obtain a paper copy of this Notice from EBHR upon request, even if you have agreed to receive the Notice electronically.

##### EBHR's Duties:

- EBHR is required by law to maintain the privacy of PHI and to provide you with a Notice of its legal duties and privacy practices with respect to PHI.

- EBHR reserves the right to change the privacy policies and practices described in this Notice. Unless EBHR notifies you of such changes, however, it is required to abide by the terms currently in effect.
- If EBHR revises its policies and procedures, it will provide clients with a revised notice by mail.

V. Amendments to Privacy Notice effective 09/23/2013

- If there is a breach of your confidentiality, then EBHR must inform you as well as Health and Human Services. A breach means that information has been released without authorization or without legal authority unless EBHR can show that there was a low risk that the PHI has been compromised because the unauthorized person did not view the PHI or it was de-identified.
- If you are self-pay, then you may restrict the information sent to insurance companies.
- Most uses and disclosures of psychotherapy notes and of protected health information for marketing purposes and the sale of protected health information require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization. You must sign an authorization (release of information form) for releases that are not mentioned in this Privacy Notice (such as mandated reporting of child abuse, reporting of elder abuse, reporting of impaired drivers, etc.).

VI. Questions and Complaints

If you have questions about this notice, disagree with a decision EBHR makes about access to your records, or have other concerns about your privacy rights, you may contact Leah Greenwood, Ph.D., Privacy Officer, at 610-873-2233.

If you believe that your privacy rights have been violated and wish to file a complaint with EBHR, you may send your written complaint to Exton Behavioral Health & Rehabilitation, Privacy Officer, The Commons at Oaklands, 766 West Lincoln Highway, Exton, PA 19341.

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The privacy officer listed above can provide you with the appropriate address upon request.

You have specific rights under the Privacy Rule. EBHR will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice will go into effect on September 23, 2013.

Restrictions to this policy: None.

EBHR reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. In such case, EBHR will provide you with a revised notice by US mail.

\_\_\_\_\_  
Signature of Patient  
(or authorized patient representative)

\_\_\_\_\_  
Date