

**THE ARC OF MERCER COUNTY
NOTICE OF PRIVACY PRACTICES**

Revised: November 15, 2019

Issued: April 14, 2003

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

I. THIS NOTICE DESCRIBES HOW MEDICAL AND OTHER HEALTH CARE INFORMATION ABOUT YOU MAINTAINED BY THE ARC OF MERCER COUNTY MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. COMBINED NOTICE: The Arc of Mercer County and its affiliated companies: MCAR, Inc., Arc Foundation, MCRA, Inc., and Fun in the Sun. These companies provide residential and day programs; and other related counseling, habilitative and medical services for individuals with Intellectual/ Developmental disabilities and/or Autism Spectrum Disorders. The Arc affiliated companies agree to abide by the terms of the Notice. We may disclose information about you to our affiliated companies. Such disclosure will be made in connection with our services, your treatment, and other health care operations of our affiliated companies.

III. PURPOSE: This Notice describes our privacy practices. This Notice tells you how we may use and disclose your health information. This Notice also describes your rights and how you may exercise your rights.

A. Your Protected Health Information. We refer to your mental, behavioral, medical and other health care information as "protected health information" or "**PHI**". "**PHI**" is health information (including information that identifies you in our records) we have collected in our records from you or received from other health care providers, health plans, or the County Administrative Entities. It may include information about your past, present or future physical or mental health or condition. For example, PHI in your records could include your diagnosis, treatment plan, habilitation plans, or evaluations. PHI also includes information about payment for services.

B. Confidentiality of Your PHI. Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

1. The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Department of Health and Human Services issues the following regulations: "Standards for Privacy of Individually Identifiable Health Information". We call these regulations the "HIPAA Privacy Regulations". We may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.

C. Why this Notice is Important. The HIPAA Privacy Regulations require that we provide you with this Notice. The issue and effective date of this Notice is April 14, 2003 and revised November 15, 2019. We will post a current copy of the Notice at our program offices and on our website. A copy of our Notice is available upon request at each program. We reserve the right to change the terms of this Notice at any time. The revised Notice will be posted at our program offices, our website, and available to you upon request. The new Notice will be effective for all PHI that we maintain at that time and for information we receive in the future.

IV. AUTHORIZATION TO DISCLOSE YOUR PHI: Except as described in this Notice, it is our practice to obtain your authorization before we disclose your PHI to another person or party. You may revoke an authorization, at any time, in writing. If you revoke an authorization, we will no longer use or disclose your PHI. However, we cannot undo any disclosures we have already made.

This notice provides the ways in which the Arc may use and disclose your protected health information. It also describes your rights and certain rights of the Arc's obligations regarding use and disclosure of your protected health information.

The Arc is required by law to:

- safeguard your protected health information;
- give you this notice of our legal duties and privacy practices with respect to your protected health information
- follow the terms of this notice as currently in effect; and
- notify you of any changes to this notice.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we "use" and "disclose" your protected health information. Each category is followed by an explanation and in some instances an example. For purposes of this notice, the term "use" refers to protected health information that is used within the Arc for your treatment, the Arc's operations, or the payment of your care. The term "disclose" refers to protected health information that is given to outside entities for one of the purposes described in this notice. Whether your protected health information is used or disclosed, the use or disclosure will fall within one of the categories listed below and will be used or disclosed only in the minimal amount necessary to carry out the purpose. The term "may" means that the Arc is permitted under federal law to use or disclose this information without obtaining an additional or specific authorization from you to do so. Even though the Arc may be permitted to use or disclose information in a given instance, it does not mean that we will use or disclose the information. We will still try to assure that any use or disclosure is in your interest or is consistent with practices in the health care field.

- **For Treatment** – We may use and disclose protected health information about you to provide you with medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, and Provider personnel who are involved in taking care of you at the Arc. For example, a doctor treating you for an injury may need to know if you have diabetes because diabetes may slow the healing process. In addition, the Arc may need to tell the dietician if you have diabetes so that the dietician can arrange for appropriate meals. Different departments of the Arc also may share protected health information about you in order to coordinate the different things you need. We also may disclose protected health information about you to people outside the Arc who may be involved in your medical care when you are absent from the Arc, such as family members, clergy, providers of day services, volunteers, Independent Support Coordinators, case managers, respite care workers and others we have engaged to provide services that are part of your care. Upon admission you will be asked what persons you want information to be shared with regarding your care and services.
- **For Payment** – We may use and disclose protected health information about you so that the treatment and services you receive from the Arc or other providers may be billed to and payment may be collected from you, the government, an insurance company or a third party. For example, we may disclose information to the county or state mental health and/or I/DD agency in order to receive payments for your treatment. We may also tell your insurer or governmental payor about a treatment you are going to receive to obtain prior approval or to determine whether your plan or the government will cover the cost of the treatment.
- **For Health Care Operations** – We may use and disclose protected health information about you for Arc operations or operations of another provider or payor. These uses and disclosures are necessary to run the Arc and make sure that all of our clients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many Provider clients to decide what additional services the Arc should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, direct care providers, behavioral therapists, special therapists, and other provider personnel for review and learning purposes. We may also disclose information in order to comply with our incident reporting requirements under state, local, or federal law. We may also combine the protected health information we have with protected health information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific clients are.
- **Health Care Quality Units and Other Quality Review Organizations** – We may disclose information to the Pennsylvania Department of Public Welfare, the Office of Developmental Programs, Bureau of Human Service Licensing, and other state and county agencies through their appointed agents, including Health Care Quality Units and

independent monitoring groups, in order to comply with Federal, state, and local laws and regulations.

- **Appointment Reminders** – We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at the Arc.
- **Treatment Alternatives** – We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** – We may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities** - We may be in communication with you regarding fundraising activities which we are engaging to benefit our own nonprofit. You can specifically request to be excluded from these activities.
- **Individuals Involved in Your Care or Payment for Your Care** – We may disclose protected health information about you to your family members, your personal friends or any other person identified by you, but we will only disclose information that we feel is relevant to that person’s involvement in your care or the payment for your care. If you are feeling well enough to make decisions about your care, we will follow your directions as to who is sufficiently involved in your care to receive information. If you are not present or cannot make these decisions, we will make a decision based on whether we believe it is in your best interest for a family member or friend to receive private health information and how much information they should receive. Obviously, we are inclined to provide greater information to close family members than to friends.

We may also disclose information to disaster relief agencies or to family, friends or others in an effort to locate or identify family members or personal representatives.

- **Business Associates** – We provide some services through contacts with business associates such as consultants, attorneys, accountants. When such services are contracted, we may disclose information about you to our business associates so that they can perform the needed tasks to provide you with best possible service. Business associates are required to safeguard health information about you.
- **As Required By Law** – We will disclose protected health information about you when required to do so by federal, state or local law. For instance, the Arc is obligated to report to public health officials the occurrence of certain communicable diseases, or acts of violence. Additionally, the Arc is required to report certain incidents to the Pennsylvania Department of Public Welfare.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose protected health information about you when necessary to prevent a serious threat to

your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Public Health Risks** – We may disclose protected health information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report child abuse or neglect;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using;
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - to notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities** – We may disclose protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The federal government has determined that it must have access to this information to adequately monitor beneficiary eligibility for government programs (for example, Medicare or Medicaid), compliance with program standards, and/or civil rights laws.

- **Lawsuits and Disputes** – If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if appropriate efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement** – We may release protected health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Provider; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

YOU'RE RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding protected health information we maintain about you:

- **Right to Inspect and Copy** – You have the right to inspect and copy protected health information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to the Chief Compliance Officer using the form *Individual Request to Inspect Health Information*. If you request a copy of the information, we customarily charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you will receive the denial on the form *Arc of Mercer County's Response to Inspection Request* form and then you may request that the denial be reviewed. Another licensed health care professional chosen by the Arc will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Append and Amend** – If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to append or amend the information. You have the right to request an amendment for as long as the information is kept by or for the Arc. If we do not agree to amend your information, you may add a supplemental statement to your records indicating why you believe the information should be changed. We will append or otherwise link your statement to your records.

To request an amendment, your request must be made in writing and submitted to the Chief Compliance Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for the Arc;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

This denial will be on the form *Arc of Mercer County's Response to Amendment or Correction Request*.

- **Right to an Accounting of Disclosures** – You have the right to request an “accounting of disclosures”. This is a list of several types of the disclosures we made of protected health information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years. Your request should indicate in what for you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Chief Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to a Paper Copy of This Notice** – You have the right to a paper copy of this notice. You may ask us to give a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.mercerarc.org.
- **Right to Receive Notice of Breach** – We will notify you if your protected health information has been breached.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Arc or with the Secretary of the Department of Health and Human Services. To file a complaint with the Arc, contact Brian Engelmores, Chief Compliance Officer, at 724-981-2950 x 219.

You will not be penalized for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.