



# NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how to get access to this information. Please read carefully.

**Sadler Health Center (Sadler)** respects the privacy of your personal health information and is committed to maintaining your confidentiality. Sadler gathers, creates and maintains a record of your care in order to improve quality and comply with legal requirements. This Notice applies to all information and a record related to your care, including information received or created by our employees, staff, volunteers and physicians, and includes any individuals undergoing student training or shadowing at one of our facilities. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- Maintain the privacy of your personal health information;
- Provide you with this detailed Notice of our legal duties and privacy practices relating to your personal health information; and
- Abide by the terms of this notice.

If you have any questions regarding this notice, you may contact the SHC Privacy Officer by calling 717-218-6670.

## Your Health Information

**We may use and disclose your personal health information for treatment, payment, and health care operations.** We have described these uses and disclosures below and provided examples. Not every possible use or disclosure for treatment, payment, or healthcare operations purpose will be listed.

### Treatment

We may use and disclose your medical information to provide you with medical treatment and services. We may share medical information about you with physicians, dentists, and other medical and dental providers; staff such as nurses and medical assistants; and other employees or personnel of SHC that are involved in your care.

SHC is required by law to protect the privacy of certain information more strictly if it involves HIV/AIDS, mental health conditions, or Drug/Alcohol addiction or treatment.

### Payment

We may use and disclose your personal health information to bill and receive payment for treatment and services you receive at SHC. For billing and payment purposes, we may disclose your personal health information to your health insurance plan, Medicare, Medicaid or other third party payer.

### Health Care Operations

We may use and disclose your protected health information for practice operations. This information helps us to be efficient and improve quality of care.

## Uses and Disclosures for Other Purposes Not Requiring Approval

**We may also use and disclose personal health information about you for other specific purposes.** This section describes other ways in which we may use and disclose your personal health information without your written authorization. Not every use and disclosure is listed.

**Appointment Reminders** - We may use or disclose personal health information to remind you about your appointments. You will be receiving automated SMS text message/email reminder about your upcoming appointments. If you would rather opt-out, please notify us.

**Individual Involved in Your Care or Payment for Your Care** - Unless you object, we may, in certain circumstances, disclose your personal health information to your personal representative such as a family member, a close personal friend, an attorney, or a clergy member who is involved in your care. Any objection must be noted on the Authorization to Release Personal Health Information form you received and signed when you first registered as a patient at SHC.

**Disaster Relief** - We may disclose your personal health information to an organization assisting in a disaster relief effort.

**Public Health Activities** - We may disclose your personal health information for public health activities, including but not limited to maintenance of vital records such as birth and death, notifying a person who may have been exposed to a disease or may spread a disease to others, and notification of product recalls. SHC may also release data, including identifying information, when required by law and/or federal/state mandates or requirements.

**Reporting Abuse, Neglect, or Domestic Violence** - If we believe that you have been a victim of abuse, neglect, or domestic violence, we may use and disclose your personal health information to notify a government authority as required or authorized by law.

**To Avert a Serious Threat to Health or Safety** - We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

**Health Oversight Activities** - We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include: audits, investigations, inspections, and licensure actions or other legal proceedings.

**As Required By Law** - We will disclose your personal health information when required by law to do so.

**Required by Law Enforcement** - We may disclose your personal health information when required by federal, state, or local law enforcement, including to comply with reporting requirements; to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; to identify or locate a suspect, fugitive, material witness, or missing person; when information is requested about the victim of a crime if the individual agrees or under other limited circumstances; to report information about a suspicious death; to provide information about criminal conduct occurring at the Sadler; to report information in emergency circumstances about a crime; or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

**National Security and Intelligence Activities** - We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or to conduct certain special investigations.

**Research** - We may allow personal health information to be used or disclosed for research purposes, provided that the researcher adheres to certain privacy protections.

**Coroners, Medical Examiners, Funeral Directors, Organ and Tissue Donation Organizations** - We may release your personal health information to a coroner, medical examiner, or funeral director; and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

**Military and Veterans** - If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authority, or in the case of foreign military personnel as required by the appropriate foreign military authority.

**Business Associates** - We may disclose personal health information to our business associates for the purpose of providing care to you.

**Workers' Compensation** - We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

**Judicial and Administrative Proceedings** - We may disclose your personal health information in response to a court or administrative order, subpoena, discovery request, or other lawful process. We will make a good faith effort to contact you about the request, or to give you an opportunity to obtain an order or agreement protecting your information.

**Fundraising Activities.** Unless you object, we may release contact information, such as your name, address and phone number to contact you as part of a fund-raising campaign to raise money for Sadler. Such as fundraising communications shall provide, in a clear and conspicuous manner, the opportunity for you to opt out of receiving future fundraising communications.

## **Your Health Information Rights**

**Right to Access Personal Health Information** - You have the right to request, either orally or in writing, your medical , dental or billing records, or other written information that may be used to make decisions about your care, except for psychotherapy notes which may be restricted in accordance with Pennsylvania regulations. If we maintain your information in an electronic record, you may obtain from us a copy of such information in an electronic format and direct us to transmit such copy directly to an entity or person designated by you. We must allow you to inspect your records within 24 hours of your request. If you request copies of your records, we must provide copies within 2 days of your request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

**Right to Request Restrictions** - You have the right to request restrictions on our use or disclosure of your personal health information to a family member, friend or other person who is involved in your care or the payment for your care, or for treatment, payment or health care operations. We are not required to agree to your requested restriction unless the release of records is required by law, or the release of information is needed to provide you with emergency treatment.

You may list what restrictions, and to whom, on the Authorization to Release Health Information form you are required to complete when you register for care at SSHC. Should you wish to amend such restrictions, you may request and complete a new Authorization to Release Health Information from the Front Office staff.

**Right to Request Amendment** - You have the right to request SHC amend any personal health information maintained by SHC for as long as the information is kept by or for SHC. You must make your request in writing to the Privacy Officer and state the reason for the requested amendment. **We may deny your request for amendment if the information if it:**

- Was not created by SHC, unless the originator of the information is no longer available to act on your request;
- Is not part of the personal health information maintained by or for SHC;
- Is not part of the information to which you have a right of access;
- Is already accurate and complete, as determined by SHC.

If we deny your request for amendment, we will provide you with a written explanation for the denial. You will have the right to submit a written statement disagreeing with the denial.

**Right to an Accounting of Disclosure** - You have the right to request an "accounting" of our disclosures of your personal health information or by others on our behalf, excluding disclosures for treatment, payment, and health care operations or certain other exceptions. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. To request an accounting of disclosures, you must submit a request in writing to the Privacy Officer. The first accounting provided within 12-month period will be free; for further requests, we may charge a fee.

**Right to a Paper Copy of This Notice** - You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

## **DUTY TO NOTIFY YOU OF A BREACH INVOLVING YOUR PHI**

### **Duty to Notify**

SHC is required to notify you in the event that your protected health information (PHI) is breached. A "breach" is defined as the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI, but does not include unintentional acquisition, access or use of such information, inadvertent disclosure of such information, and disclosure to a person not reasonably able to retain it. "Unsecured protected health information" refers to PHI that is not secured through the use of a valid encryption process approved by the Secretary of Health and Human Services or the destruction of the media on which the PHI is recorded or stored.

### **Timing and Method of Notification**

SHC will notify you no later than 60 days after discovery of such breach via first-class mail, or e-mail if specified by you as your preference.

### **Contents of Notification**

Our notification to you will include:

- A brief description of what happened, including the date of breach and date of discovery (if known);
- A description of the types of PHI that were involved in the breach;
- Any steps you should take to protect yourself from potential harm resulting from the breach;
- A brief description of what we are doing to investigate the breach, mitigate harm to the resident, and protect against further breaches; and
- Contact procedures for you to ask questions or learn additional information, which must include a toll- free telephone number, an e-mail address, Web site, or postal address.

## **Uses and Disclosures with Authorizations**

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose personal health information, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

## **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint in writing with Sadler or with the Office of Civil Rights in the U.S. Department of Health Services. To file a complaint with Sadler, contact our Privacy Officer at 717-218-6670. **We will not retaliate against you if you file a complaint.**

## **Changes to this Notice**

We will make available for review this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information we receive in the future. We will post a copy of the current Notice in the Sadler lobby. At your request, we will provide you with a copy of the revised Notice.

*If you have any questions about this Notice or would like further information concerning your privacy rights please contact our Privacy Officer at 717-218-6670.*

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Name of Patient: \_\_\_\_\_

SSN: \_\_\_\_\_

I acknowledge receipt of Sadler Health Center's Notice of Privacy Practices.

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF RESPONSIBLE PERSON IF PATIENT  
UNABLE TO SIGN

\_\_\_\_\_  
DATE

**FOR INTERNAL USE ONLY:**

If unable to obtain a written Acknowledgement from \_\_\_\_\_ [Name of Patient] or  
\_\_\_\_\_ [Name of Responsible Person], please indicate the reason for the failure below:

\_\_\_\_\_ Patient or Responsible Person refuses to sign this Acknowledgment.

\_\_\_\_\_ Other (please discuss more fully below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_