

## Jewish Family Service of Northeastern Pennsylvania

### Notice of Privacy Practices Effective Date: April 14, 2003

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment and health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by the clinical staff, our agency staff and others outside of our agency that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and other required operational expenses to support your services.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a hospital or agency that provides care to you.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan (including Medicare and Medicaid) may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of Jewish Family Service of Northeastern Pennsylvania. These activities include, but are not limited to, quality assessment activities, employee review activities and licensing. We will share your protected health information with third party "business associates" that perform various activities (e.g., transcription services) for the organization. Whenever an arrangement between our organization and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

#### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION**

**Marketing** -Jewish Family Service of Northeastern Pennsylvania occasionally asks clients and/or families to share their stories and the care they received for our marketing brochures.

**Fund Raising** -Jewish Family Service of Northeastern Pennsylvania may contact you, family member(s) or friends asking for support of our work by donating goods or services, or making a monetary contribution.

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your social worker or Jewish Family

Service of Northeastern Pennsylvania has taken an action relying on the use or disclosure indicated in the authorization. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information.

### **OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT AUTHORIZATION OR OPPORTUNITY TO OBJECT**

We may use or disclose your protected health information in the following situations without your authorization. These situations include:

- a. The disclosure is permitted by an appropriate court order.
- b. The disclosure is made to medical personnel in a medical emergency.
- c. The disclosure is made to qualified personnel and grantees for research, or for program audit or program evaluation including peer review and utilization reviews of client records.
- d. The information disclosed relates to a report of child or elder abuse and/or neglect. Jewish Family Service of Northeastern Pennsylvania employees are required by law to report to the proper authorities any abuse or neglect incident that may be disclosed to staff.

**Right to Request a Restriction of Protected Health Information:** You have the right to ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. 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 Privacy Officer at the address listed at the completion of this Notice. Your request must state the specific information to be restricted; if you want to limit our use, disclosure or both; and to whom you want the restriction to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**Right to Amend Protected Health Information:** You have the right to request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please make any request for amendment in writing to our Privacy Officer.

**Right to Receive an Accounting of Certain Disclosures:** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made with your authorization to you, to family members, or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit any request for an accounting of disclosures in writing to our Privacy Officer. We may charge you a fee for the cost of providing the accounting.

### **COMPLAINTS**

You may complain to us or to the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201, if you believe your privacy rights have been violated by us. You may file a complaint with us by sending a letter addressed to our Privacy Officer, Jewish Family Service of Northeastern Pennsylvania, 615 Jefferson Avenue, Suite 204, Scranton, PA 18510. We will not retaliate against you for filing a complaint.