



## Saint John Vianney Center

### NOTICE OF PRIVACY PRACTICES

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

“Medical information”, as used in the paragraph above, may not completely describe the type of information Saint John Vianney Center may use and disclose. Information about your past, present, or future health or condition, the provision of health care or other services to you, or payment for services rendered, if such information does or could be used to identify you, is considered “Protected Health Information” (“PHI”) under the Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and federal regulations issued thereunder (collectively, the “HIPAA Privacy Rule”). Included in your PHI, for example, are your treatment or service records, your name and address, and your insurance or other health benefit information. This Notice describes potential uses and disclosures of your PHI, as well as your rights with respect to your PHI.

You should read this Notice of Privacy Practices **before** signing the attached “Acknowledgement of Receipt of Notice of Privacy Practices”

**II. Our Duty to Safeguard Your Protected Health Information.**

Under the HIPAA Privacy Rule, **Saint John Vianney Center** is required to extend certain protections to your PHI, and to give you this notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum PHI to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time.** If we do so, we will post a new notice at the facility. You may request a copy of any new notice by contacting Milla Klimchuk at 610-269-2600. Any changes shall be effective for all protected health information that we maintain.

We are required to notify you of a breach of your unsecured protected health information.

### **III. How We May Use and Disclose Your Protected Health Information.**

We use and disclose PHI for a variety of reasons. For some uses and disclosures, we must have your written authorization, for others, no authorization is required. However, the law provides that we are permitted to make some uses/disclosures without your written authorization. The following offers more description and examples of our potential uses/disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**
  - **For Services:** We may disclose your PHI to facility staff members, volunteers, and other service delivery personnel who are involved in providing your services. We may also disclose your PHI to other affiliated facilities and service providers in order to ensure the provision of additional or modified services to you. For example, a doctor treating you for an injury asks another doctor about your overall health condition.
  - **To Obtain Payment:** We may use/disclose your PHI in order to bill and collect payment for your services. For example, we may release portions of your PHI to Medicaid, a private insurance plan, or a state office to get paid for services that we delivered to you.
  - **For Service Operations:** We may use/disclose your PHI in the course of operating our facility. For example, we may use your PHI in evaluating the quality of services provided, or disclose your PHI to our accountant or attorney for audit purposes. Since we are an integrated system, we may disclose your PHI to designated staff in our central office for similar administrative and operational purposes. Release of your PHI to the county, state, and/or the Medicaid agency might also be necessary to determine your eligibility for publicly funded services.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information require authorization. Other uses and disclosures not described in this notice will be made only with authorization from you. Should an authorization be required, you or your authorized representative will be asked to sign the facility's standard authorization form. Once signed, authorizations can be revoked in writing at any time to stop future uses/disclosures, except to the extent that we have already undertaken an action in reliance upon your authorization.

- **Uses and Disclosures Not Requiring Authorization:** The law provides that we may use/disclose your PHI without a written authorization in the following circumstances:
  - **When required by law:** We may disclose PHI when a law requires that we report information about a suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities who monitor compliance with these privacy requirements.
  - **For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
  - **For health oversight activities:** We may disclose PHI to an accrediting organization or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
  - **Related to decedents:** we may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye or tissue donations or transplants.
  - **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
  - **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.
  - **For data breach notification purposes:** We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.
- **Uses and Disclosures Requiring That You Have an Opportunity to Object:** In the following situations, we may disclose your PHI if we inform you about the disclosure in advance and you do not object. However, if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further disclosure as soon as you are able to do so.

- To families, friends, or others involved in your care: We may share with these people information directly related to your family's, friend's or other person's involvement in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death.

We may contact you to raise funds for Saint John Vianney Center unless you choose to opt out of receiving such communications.

**IV. Your Rights Regarding Your Protected Health Information.** You have the following rights relating to your protected health information:

- **To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law. To request a restriction, please contact our Medical Records Department.
- **To restrict disclosures for out of pocket, paid in full payments:** You have the right to restrict certain disclosures of protected health information to a health plan when you pay out of pocket the full cost of that health care item or service. To request a restriction, please contact our Medical Records Department.
- **To receive confidential communications:** You have the right to receive confidential communications of protected health information.
- **To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so. To request such a change, please contact our Medical Records Department.
- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented service/treatment reasons, or under applicable laws and regulations, you have a right to see your protected health information, excluding psychotherapy notes, if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give written reasons for the denial and explain any right to have the denial reviewed. If you want copies, or electronic copies of your PHI, a charge for copying (or for electronic media if an electronic copy is requested) may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. In order to request access to your PHI, please contact our Medical Records Department.

- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve the request for amendment, we will change the PHI and so inform you, and tell others that need to know about the change in the PHI. To request an amendment, please contact our Medical Records Department for an amendment request form, and return a completed form to that department.
- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave consent (i.e. for treatment, payment, operations, to you, your family, or the facility directory). The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests. To request a listing of disclosures, please contact our Medical Records Department for a disclosure request form, and return the completed form to that department.
- **To receive this notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by e-mail upon request. If you request an electronic copy via e-mail, you must sign a consent form to allow us to communicate with you in that manner.
- **To receive notification of a breach:** You have the right to be notified of any breach of your unsecured protected health information.

#### V. **How to Make a Complaint About a Violation of our Privacy Practices:**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section VI below. You also may file a written complaint with the Office for Civil Rights of the Federal Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

**VI. Contact Person for Information, or to Submit a Complaint:**

If you have questions about this Notice or any complaints about our privacy practices, please contact: Milla Klimchuk at 151 Woodbine Road, Downingtown, PA, 19335. The telephone number is 610-269-2600.

**VII. Effective Date:** This Notice was effective on April 13, 2003. Revised September 22, 2013.