

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW BEHAVIORAL, MEDICAL, AND OTHER HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS CAREFULLY.

What is a Notice of Privacy Practices?

Your health record contains personal information about you and your health. State and federal law protects the confidentiality of this information. Protected Health Information ("PHI") 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 services.

We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision or payment of your health care. We are legally required to follow the privacy practices that are described in this notice, which is currently in effect.

How We Will Use and Disclose your Protected Health Information (PHI)

With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), there are different reasons why we use and disclose health information. We will follow all Federal and Pennsylvania laws requiring special privacy protections for certain sensitive information about you. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

1. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations

- For Treatment: We may disclose your general health information to other providers who are involved in your care. For example, we may disclose your treatment to your primary care physician for the purpose of coordinating care.
- To Obtain Payment for Treatment: We may use and disclose necessary health information in order to bill and collect payment for treatment that we have provided to you. For example, we may provide some health information to your health insurance company, Medicare or Medicaid, in order to get paid for your care.
- For Health Care Operations: We may, at times, need to use and disclose your health information to run our organization. For example, we may use your health information to evaluate the quality of care you have received. We may also need to provide some of your health information to our accountants, attorneys and consultants in order to make sure that we're complying with law.

2. Certain Other Uses and Disclosures are Permitted by Federal Law. We may use and disclose your health information without your authorization for the following reasons:

- When a Disclosure is Required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement. For example, we may disclose your health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of suspected child abuse.
- For Public Health Activities. Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collect that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we are also permitted to provide some health information to the coroner or a funeral director, if necessary, after a client's death.
- For Health Oversight Activities. We will need to provide your health information if requested to do so by the County and/or the State when they oversee the program in which you receive care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.
- For Organ Donation. If one of our clients wished to make an eye, organ or tissue donation after their death, we may disclose certain necessary health information to assist the appropriate organ procurement organization.
- For Research Purposes. In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study.
- To Avoid Harm. If one of our providers believes that it is necessary to protect you or someone else, we may provide protected health information to the police or others who may be able to prevent or lessen the possible

harm.

- For Specific Government Functions. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose the health information of military personnel or veterans where required by U.S. military authorities and for national security purposes.
- For Workers' Compensation. We may provide your health information as described under the workers' compensation law, if your condition was the result of a workplace injury for which you are seeking workers' compensation.
- Appointment Reminders and Health-Related Benefits or Services. Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders or to provide other information that may help you.
- Fundraising Activities. If our Organization chose to raise funds to support one or more of our programs or facilities, or some other charitable cause or community health education program, we may use the information that we have about you to contact you. If you do not wish to be contacted as part of any fundraising activities, please contact our Institutional Advancement Department.

3. *Certain Uses and Disclosures Require You to Have the Opportunity to Object.*

- Disclosures to Family, Friends or Others Involved in Your Care. We may provide a limited amount of your health information to a family member, friend or other person known to be involved in your care or in the payment for your care, unless you tell us not to. For example, if a family member comes with you to your appointment and you allow them to come into the treatment room with you, we may disclose otherwise protected health information to them during the appointment, unless you tell us not to. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)
- Disclosures to Notify a Family Member, Friend or Other Selected Person. When you first started in our program, we asked that you provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)

4. *Other Uses and Disclosures Require Your Prior Written Authorization.* In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your mental health, drug and alcohol abuse and/or treatment, or to disclose your HIV status. If you choose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

5. *Health Information Exchange.* We may participate in Health Information Exchange (HIE), a secure electronic data sharing network. In accordance with applicable law, health care providers participate in HIE to exchange patient information to facilitate health care, avoid duplication of services, and reduce the likelihood of medical errors. All providers participating in HIE have agreed to a set of standards related to the use and disclosure of information available through the HIE. You may opt-out of HIE at any time by notifying us at the phone numbers or mailing address set forth below that you do not wish for your health information to be available through HIE.

IN ALL OTHER WAYS, WE WILL REQUIRE YOUR WRITTEN PERMISSION BEFORE YOUR HEALTH INFORMATION IS USED OR SHARED WITH OTHERS.

Your Rights Regarding Your Protected Health Information

1. ***The Right to Request Limits on Uses and Disclosures of Your Health Information.*** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. Please know that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.
2. ***The Right to Choose How We Send Health Information to You or How We Contact You.*** You have the

right to ask that we contact you at an alternate address or telephone number or by alternate means. We must agree to your request so long as we can easily do so.

3. ***The Right to See or to Get a Copy of Your Protected Health Information.*** In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. An authorization is available on our website. We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision. If you agree in advance, we may be able to provide you with a summary or an explanation of your records instead. There will be a charge for the preparation of the summary or explanation.
4. ***The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.*** You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period. To make such a request, we require that you do so in writing. We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged for each additional request that year.
5. ***The Right to Ask to Correct or Update Your Health Information.*** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information. You must make the request in writing with the reason for your request. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change. We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.
6. ***The Right to Get A Paper Copy of This Notice.*** If you have agreed to receive this Notice via email, you will always have the right to request a paper copy of this Notice, also.

Violation of Privacy Rights

In the event a breach of your PHI occurs, you will be notified as required by law. If you believe your privacy has been violated by us, you may file a complaint directly with us. You can do this verbally or in writing:

Phone:

Compliance/Privacy Officer at 412-420-2193
Compliance Hotline at 412-420-2111

Mailing Address:

Attn: Compliance/Privacy Officer
The Children's Institute of Pittsburgh
1405 Shady Avenue, Pittsburgh, PA 15217

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Changes to This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Questions About This Notice

If you have any questions about this Notice, please contact the Compliance/Privacy Officer at 412-420-2193.