

Jewish Family Service of Greater Harrisburg, Inc.

NOTICE OF PRIVACY PRACTICE

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

This notice will tell you how we handle information about you. It tells how we use this information in the office, how we share it with other professionals and organizations, and how you can see it. We are required to tell you about this because of the privacy regulation of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). Your contract for services provides a signed statement acknowledging this notice.

Uses and Disclosures

There are situations where JFS may use or disclose to another person or entities your confidential information. Certain uses and disclosures will require you to sign an Acknowledgement that you received our Notice of Privacy Practices, including treatment, payment and health care operations. Any use or disclosure of your protected health information (PHI) for anything other than treatment, payment or health care operations requires you to sign an Authorization. Certain disclosures required by law or under emergency circumstances, may be made without your Acknowledgement or Authorization. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your records to accomplish the intended purpose of the disclosure.

Treatment: We will use your information to make decisions about the provision, coordination or management of your care, including diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your medical information with another care provider whom we need to consult with respect to your care. We may also disclose certain information to a facility or other providers should you require hospital care. These are only examples of uses and disclosures of information for treatment purposes that may or may not be necessary in your case.

Payment: We may need to use or disclose information in your record to obtain reimbursement from you or your health insurance plan, or another insurer for our services rendered to you. This may also include determinations of eligibility or coverage under the appropriate health plan, pre-certification and preauthorization of services or review of services for purposes of reimbursement. This information may also be used for billings, claims management and collection purposes together with related health care data processing through our system.

Use and Disclosure Without Acknowledgement or Authorization

There are certain circumstances under which we may not use or disclose your information without first obtaining your Acknowledgement or Authorization. Those circumstances generally involve public health and oversight activities, law enforcement activities, judicial and administrative proceedings and in the event of death. We are required to disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We are also required to report instance of suspected or documented abuse, neglect or domestic violence. We are required to report to appropriate agencies and law enforcement official's information that you or another person are in immediate threat of danger to your health or safety as a result of a violent activity. We must also provide medical record information when ordered by a court of law to do so.

Authorization for Use or Disclosure

Except as outlined in the above sections, your information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to information concerning mental health treatment, drug and alcohol abuse, HIV/AIDS, or sexually transmitted diseases which may be contained in your records. We likewise will not disclose your information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to education authorities without your written authorization.

Access to PHI by Parents, Guardians, or Other Legally Authorized Personal Representatives

Commonwealth of Pennsylvania law permits or requires disclosure of protected health information under most circumstances to parents of minor children, guardians of children or adults, and to other persons acting in a similar legal capacity on behalf of an individual. We will act consistently with state law with respect to treatment and disclosure.

Additional Uses and Disclosures

We may contact you from time to time to provide appointment reminders or information about your care and/or other benefits or services that may be of interest to you.

Individual Rights

You have certain rights with respect to your medical record information, as follows:

1. You may request that we restrict the uses and disclosures of your records information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction
2. You have the right to request receipt of confidential communications of your information by an alternative means or at an alternative location.
3. You have the right to inspect copy and request amendment to your records. Access to your records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding or for which your access is otherwise restricted by law.
4. All request for inspection, copying and/or amending information in your records must be made in writing and be address to "Privacy Officer" at our address. We will respond to your request in a timely fashion.
5. You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health care operations, disclosures that require an Authorization, disclosures incidental to other permissible use or disclosure, and otherwise as allowed by law.
6. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically, and to take one home with you if you wish.
7. All requests related to your rights herein must be made in writing and addressed to "Privacy Officer" at the address noted below.

Our Duties

We have the following duties with respect to the maintenance, use and disclosure of your medical records:

1. We are required by law to maintain the privacy of the protected health information in your records and to provide you with this Notice of its legal duties and privacy practices with respect to that information.
2. We are required to abide by the terms of this Notice currently in effect.
3. We reserve the right to change the terms of this Notice at any time, making the new provisions effective for all health information and records we have and continue to maintain. All changes in this Notice will be prominently displayed and available at our office.

Complaints

You may file a written complain to us or to the Secretary of Health and Human Services if you believe your privacy rights with respect to confidential information in your records has been violated. All complaints must be in writing and must be address to the Privacy officer (in the case of a complaint to us) or to the person designated by the U.S. Department of Health and Human Services if we cannot resolve your concerns. You will not be retaliated against for filing such a complaint. More information is available about complaints online at the government's website:

<http://www.hhs.gov/ocr/hipaa>

Contact Person

All questions concerning this Notice or requests made pursuant to it should be addressed to:

Business Office Manager
Jewish Family Service of Greater Harrisburg, Inc.
3333 N. Front Street, Harrisburg, PA 17110
Or call 717-233-1681

Effective Date

This notice is effective **December 15, 2017** and applies to all protected health information contained in your records maintained by us.