

NOTICE OF PRIVACY PRACTICES

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

PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US

OUR LEGAL DUTY:

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required, under the Health Insurance Portability and Accountability Act (HIPAA), to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect May 6, 2016 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain including health information we created or received before we made the changes. If we make significant changes in our privacy practices, we will notify our patients of those changes via US mail unless you have provided us with a preferred alternate contact method. It is our policy that where a conflict exists between HIPAA and state or other federal law which may prohibit a disclosure which is permitted by HIPAA, we will follow the more stringent state or federal law. This Notice and any updates to it will be prominently displayed at our offices. You may also access a copy of this Notice of Privacy Practices at our website: www.sphs.org. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. For example, we may need to disclose health information, such as your medical history to another provider to which we are referring you. This could be for the purpose of coordinating your care or scheduling necessary testing.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid in order to get paid for your treatment.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. We may need to use your health information to evaluate the quality of the treatment you have received from our staff. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

We may use or disclose your protected health information in the following situations without your authorization, however where a state or federal law prohibits disclosure of the following without your authorization, it is our policy to follow the more stringent law:

Required by Law: We may use or disclose your health information when we are required to do so by law. 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 information if ordered by a court or if the law requires reporting of that type of information to a government agency or law enforcement agency.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, or neglect, or domestic violence or the possible victim of other crimes.

Public-Health: We are required by law to report information about certain diseases and about any deaths to government agencies that collect that information. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Health Oversight: For example, we will need to provide your health information if requested to do so by a county or 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 health care practices.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counter intelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of protected health information of an inmate or consumer under certain circumstances.

Death and Organ Donation: We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Worker's Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Required Uses and Disclosures: We must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance.

We may contact you to provide appointment reminders: We may use or disclose Protected Health Information to contact you to provide a reminder to you about an appointment you have for service or medical care.

Business Associates: We may share your health information with other individuals or entities called "business associates," who perform services on our behalf. The business associate must agree in writing to protect the confidentiality of the information. For example, we may share your health information with an outside billing company that we contract with to perform a billing function.

Marketing: We may contact you with information about treatment, services or products. We may use or disclose Protected Health Information to manage or coordinate your healthcare. This may include telling you about treatment, services or products. For example, if you are diagnosed with diabetes we may tell you about nutritional and other counseling services that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort. We will limit our use and disclosure to your demographic information and the dates of your service. We may disclose this information to a business associate or foundation as part of our fundraising activities. For example, you may receive a letter from us, a business associate or foundation asking for a donation to support enhancing consumer care and treatment. Any fund-raising materials will explain how you can tell us, a business associate, or a foundation that you do not want to be contacted in the future.

To Your Family and Friends: We must disclose your health information to you, as described in the Consumer Rights section of this Notice. If you agree that we may do so, we may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment to your healthcare provider.

Persons Involved in Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgement disclosing only health information that is directly relevant to the persons involved in your healthcare. We will also use our professional judgement and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Your Authorization: For uses and disclosures other than for treatment, payment or healthcare operations, and those listed above, you may give us your authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice. You may also authorize us to share information with certain individuals who assist in or who are responsible for your care.

Psychotherapy Notes: We must obtain an authorization for any use or disclosure of psychotherapy notes, except to carry out the following treatment, payment, or health care operations: (1) use by the originator of the psychotherapy notes for treatment; (2) use or disclosure by the covered entity for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (3) use or disclosure by the covered entity to defend itself in a legal action or other proceeding brought by the individual. We may also use or disclose psychotherapy notes when required or permitted under law to the oversight of the originator of the psychotherapy notes.

YOUR CONSUMER RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. Generally, you may not see or receive a copy of psychotherapy notes or information that may not be released to you under other law. If we deny your request for protected health information, we will provide you a written explanation for the denial and your rights regarding the denial.

You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you the prevailing fee allowed by law for copying, staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee allowed by law.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). When you have paid for your services out of pocket in full, we must grant your request for restricting information about those services with a health plan for purposes of payment or health care operations.

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. For example, you may prefer to communicate with us via email or you may prefer to have us call you at work. Your request must be in writing. You must specify the alternative means or location and tell us how payments will be handled under the alternative communication plan you request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our website or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

Violation of Privacy Rights: In the event of a breach of your protected health information, you will be provided with written notification as required by law.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights; you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information; or you would like to have us communicate with you by alternative means or at alternative locations, you may contact us using the following contact information:

Privacy Officer:	Katie Ainsworth
Mailing Address:	300 Chamber Plaza Charleroi, PA 15022
Telephone:	(724) 489-9100, ext. 4205
Fax:	(724) 483-9372

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.