

UNCNEPA PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU, AS A PERSON SERVED BY UNITED NEIGHBORHOOD CENTERS, MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

We are dedicated to maintaining the privacy of “protected health information.” “Protected health information” includes individually identifiable health information, including demographic information, that relates to:

- The past, present, or future physical or mental health or condition of an individual;
- The provision of health care to an individual; or
- The past, present, or future payment for the provision of health care to an individual.

Beyond the requirements of law, we at United Neighborhood Centers (UNC) understand and respect your right to the confidentiality of your protected health information, and we maintain numerous safeguards to protect your privacy.

As required by law, this notice provides you with information about your rights to access and control your protected health information, and our legal duties and privacy practices, including the types of uses and disclosures we will make of your protected health information.

We are required to abide by the terms of this notice, although we reserve the right to change the terms of this notice from time to time and to make the new notice provisions effective for all protected health information we maintain. You can always request a copy of our most current *privacy notice* by asking the receptionist/administrative assistant at this location or by calling our **HIPAA Compliance Officer, 425 Alder Street Suite 2, Scranton PA 18505 (570-880-7130)**, or you can access it on our website at www.uncnepa.org. Also, please feel free to speak to the *Director of Community Health* at UNC should you have any questions about the notice.

How We May Use and Disclose Protected Health Information About You

We are permitted by law to use or disclose your protected health information for purposes of **treatment, payment, and health care operations**, which include the following:

For Treatment. This means the provision, coordination, or management of your health care and related services, including consultations between health care providers regarding your care, and referrals for health care from one health care provider to another. For example, another service or health care provider engaged by you may ask UNC to supply copies of records in our possession pertaining to services or treatment, or we may need to refer to your records in order to make a referral to an appropriate practitioner.

For Payment. This means activities we undertake to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment.

For Health Care Operations. This refers to the various support functions of United Neighborhood Centers related to **treatment** and **payment**, such as quality assurance activities, case management, care coordination, services review, compliance programs, audits, business planning, and management and administrative activities.

Appointment Reminders. We may contact you to remind you of an appointment.

Health-Related Benefits and Services. UNC may send you information to inform you of health-related benefits or services that may be of interest to you.

Release of Information to Family/Friends. UNC may release your protected health information to a friend or family member that is involved in your care, or who assists in taking care of you, or is involved in the payment of your care. For example, a parent or guardian may ask that a child care/sitter take their child to one of our programs for services. In this example, the childcare worker may have access to that particular child's private health information.

As Required By Law. We may use or disclose protected health information when required by law, limiting this use or disclosure to the relevant requirements of such law.

For Public Health Activities. We may disclose protected health information for public health activities and purposes, which generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To notify a person regarding potential exposure to a communicable disease, or regarding potential risk for spreading or contracting a disease or condition;
- To reporting reactions to drugs;
- To notify the appropriate government authority if we believe an individual served has been the victim of abuse, neglect or domestic violence. We will make this disclosure if the client agrees, or when required by law and the individual is incapacitated and thus unable to agree;
- To notify your employer under limited circumstances related primarily to workplace injury or illness or health surveillance;

Health Oversight Activities. We may disclose protected health information to a health oversight agency (including an accreditation oversight agency) for such authorized activities as audits, investigations, inspections, surveys, and licensure. These activities are necessary for UNC and the government to monitor the human service/health care systems, government programs, and compliance with civil rights laws.

For Legal Proceedings. We may disclose protected health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For Law Enforcement. We may disclose protected health information:

- In response to a court order, warrant, summons, subpoena or similar legal process;
- In response to a law enforcement official's request, to identify or locate a suspect, fugitive, material witness, or missing person;
- In response to a law enforcement official's request for information about the victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
- To alert law enforcement about a death that we believe may be the result of criminal conduct;
- To alert law enforcement about criminal conduct on our premises; and
- In an emergency, to alert law enforcement to the commission and nature of a crime; the location of the crime or victims; or the identity, description, and location of the person who committed the crime.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose protected health information to a coroner or medical examiner in order, for example, to identify a deceased person or determine the cause of death. We may also disclose protected health information about patients to funeral directors as necessary to carry out their duties.

For Research. Under certain circumstances, we may disclose protected health information for research purposes, after we have obtained your written authorization, except when: (a) our use or disclosure was approved by an Institutional Review Board or a Privacy Board; (b) we obtain the oral or written agreement of a researcher that the information being

sought is necessary for the research study and is being used only for the research, and that the protected health information reviewed does not leave our premises.

To Avert a Serious Threat to Health or Safety. We may disclose protected health information when necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Any disclosure, however, would only be made to someone able to help prevent or lessen the threat.

With Regard to Armed Forces Personnel. We may disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities. We may also use and disclose the protected health information of individuals who are foreign military personnel to the appropriate foreign military authority.

For National Security and Intelligence Activities; For protective Services for the President and Others. We may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by law; for the provision of protective services to the President or other authorized persons, or the foreign heads of state; or for conduct of authorized investigations.

For Workers' Compensation. We may disclose protected health information about you as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law to provide benefits for work-related injuries or illness.

To Your Health Insurance Company. We may disclose protected health information about you to your insurer as required for billing/reimbursement purposes.

Other Uses and Disclosures

Except for the situations set forth above, we will not use or disclose your protected health information for any other purpose unless you provide written authorization. You may revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we have already taken action in reliance on your authorization.

Your Rights Regarding Protected Health Information About You

Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information and related issues in a particular way or at a certain location if disclosure of all or part of that information could endanger you. For Example, you may ask that we contact you at work, rather than at home. To request confidential communications, you must make your request in writing to either the Director of Community Health at UNC, or you may submit a written request to the UNC HIPAA Compliance Officer, 425 Alder Street Suite 2 Scranton PA 18505 (570-80-7130), including a statement that the disclosure could endanger you.

Your request must specify where or how you wish to be contacted. We will accommodate all reasonable requests.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of protected health information about you for treatment, payment or health care operations. You also have the right to request restrictions on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

We are not required to agree to your request; however, if we do agree, we will not use or disclose protected health information about you in violation of such restriction, unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to either the Director of Community Health at UNC, or you may submit a written request to UNC HIPAA Compliance Officer, 425 Alder Street Suite 2 Scranton PA 18505 (570-880-7130). In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply.

Our agency will accommodate **reasonable** requests. You do not need to give a reason for your request.

Right to Inspect and Copy. You have the right to inspect and obtain a copy of protected health information about you that may be used to make decisions about your care. Usually this includes enrollment, payment, claims and billing records, and case management records. There are a few exceptions to the sorts of protected health information available to you, such as psychotherapy notes and information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

To inspect and copy protected healthcare information that may be used to make decisions about you, you must make your request in writing to either the Director of Community Health, or you may submit a written request to the UNC HIPAA Compliance Officer, 425 Alder Street Suite 2 Scranton PA 18505 (570-880-7130).

In certain very limited circumstances, we may deny your request to inspect and copy, but in those cases, not including those types of exceptions noted above, you have the right to have the denial reviewed. A licensed health care professional who did not participate in the original decision to deny will be designated by United Neighborhood Centers to review the denial. We will comply with the outcome of the review.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, you must make your request in writing to either the Director of Community Health, or you may submit a written request to the UNC HIPAA Compliance Officer, 425 Alder Street Suite 2 Scranton PA 18505 (570-880-7130). You must provide us with a reason that supports your request for amendment.

We may deny your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request to amend protected health information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by United Neighborhood Centers; Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of protected health information about you within the six years prior to the date on which you request the accounting, or such shorter time period as you request. There are some few exceptions to the disclosures we must account for. Examples include disclosures to carry out treatment, payment, and health care operations; those made to you; those made pursuant to an authorization by you; those made for national security or intelligence purposes; and those that occurred prior to April 21, 2014.

To request this list or accounting of disclosures, you must make your request in writing to either the Director of Community Health at UNC, or you may submit a written request to UNC HIPAA Compliance Officer, 425 Alder Street Suite 2 Scranton PA 18505 (570-880-7130). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, you must make your request in writing to either the Director of Community Health at UNC, or you may submit a written request to the UNC HIPAA Compliance Officer, 425 Alder Street Suite 2 Scranton PA 18505 (570-880-7130).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with United Neighborhood Centers or with the Secretary of the Department of Health and Human Services. You may contact the Secretary at:

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll Free: (877) 696 – 6775 or (202) 619 – 0257

HHSMail@hhs.gov

You may file your complaint with United Neighborhood Centers by contacting:

UNC HIPAA Compliance Officer

425 Alder Street Suite 2

Scranton PA 18505

(570-880-7130)

Effective Date

This notice is effective April 21, 2014, Rev.1 February 1, 2018