

NOTICE OF PRIVACY PRACTICES

I. **Who We Are.** This Notice describes the privacy practices of Eagleville Foundation, and its affiliate organization, Eagleville Hospital, and their physicians, residents, nurses, therapists, case managers, volunteers and other personnel (collectively, “Eagleville”). It applies to services furnished to you at any of our locations covered by this Notice.

II. **Our Privacy Obligation.** We are required by law to maintain the privacy of your health information (“Protected Health Information” or “PHI”) and to provide you with this Notice of our legal duties and privacy practices with respect to your Protected Health Information. When we use or disclose your Protected Health Information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

Federal and State law and regulations protect the confidentiality of alcohol and drug abuse patient records maintained by us (42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal Laws; 42 CFR Part 2 for Federal Regulations; 71 PS § 1690.108 for State Law and 4 PA Code § 255.1 et seq. 28 PA Code Chapters 701, 709, 711, 713 for State Regulations). Additional State laws and regulations protect HIV/AIDS-related information and mental health information. They are more restrictive than the Health Insurance Portability and Accountability Act (“HIPAA”).

III. **Uses and Disclosures Without Your Written Authorization**

A. **Substance Abuse Information:** Generally, we may not disclose to persons outside our facilities that a patient is being or has been treated at our facilities, or disclose any PHI about a patient or identifying a patient as an alcohol or drug abuser, unless (1) the disclosure is allowed by court order, (2) the disclosure is made to medical personnel in a medical emergency, (3) the disclosure is made to the patient or representative, at his or her request, or (4) the disclosure is made to the Secretary of the Department of Health and Human Services to investigate our compliance with HIPAA.

B. **Public Health Activities:** We may disclose your PHI for the following public health activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; and (2) to report information about suspected child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports.

C. **Use Within Eagleville:**

1. **For Treatment.** We may use health information about you to provide you with medical treatment. We may share health information about you with doctors, nurses, therapists or other Eagleville Personnel who are involved in taking care of you, or provide services to you at Eagleville. Different departments of Eagleville also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays.

2. **For Payment.** We may use health information about you so that the treatment and services you receive at Eagleville may be billed to you, an insurance company or a third party. For example, our billing department will use your health information to prepare claims; however we will obtain your permission before disclosing your PHI to an outside party such as an insurance company.

3. **For Healthcare Operations.** We may use your PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our physicians, nurses and other health care workers. We may use PHI for our patient satisfaction survey process. We will limit our use of your PHI to the minimum amount necessary to achieve a permissible purpose.

D. **Geriatric Psychiatry Patients:** We may disclose limited health information pertaining to patients in our geriatric psychiatry program who are not receiving substance abuse treatment in a few additional circumstances, including to those engaged in providing treatment for the person; the county mental health administrator; a court or mental health review officer in connection with commitment proceedings; reviewers and inspectors for purposes of obtaining certification as an

eligible provider of services; persons participating in utilization review; appropriate personnel in connection with child or patient abuse; attorneys assigned to represent the subject of a commitment hearing; in response to a medical emergency situation when release of information is necessary to prevent serious risk of bodily harm or death; and to third party payors. Written authorization will not be required for these disclosures.

E. *Other Permissible Uses and Disclosures*

1. HIV Disclosure: Our physicians may disclose confidential HIV-related information without written authorization if all of the following conditions are met: (1) the disclosure is made to a known contact of the subject; (2) the physician reasonably believes disclosure is medically appropriate, and there is a significant risk of future infection to the contact; (3) the physician has counseled the subject regarding the need to notify the contact, and the physician reasonably believes the subject will not inform the contact or abstain from sexual or needle-sharing behavior which poses a significant risk of infection to the contact; and (4) the physician has informed the subject of his intent to make such disclosure. When making such disclosure to a contact, the physician shall not disclose the identity of the subject or any other contact. Disclosure shall be made in person except where circumstances reasonably prevent doing so. A physician shall have no duty to identify, locate or notify any contact, and no cause of action shall arise for nondisclosure or for disclosure in conformity with this section. Eagleville may also disclose HIV-related information, in certain limited circumstances, to the victim of a rape, sexual assault, or other sexual offense.
2. Treatment Alternatives: We may use health information to tell you about possible treatment options or alternatives that may be of interest to you.
3. Health-Related Benefits and Services and Reminders: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
4. Fundraising Activities: We may use health information to contact you in an effort to raise money as part of a fundraising effort. We will only use contact information, such as your name, address and phone number and the dates you received treatment or services at Eagleville.
5. As Required by Law: We will disclose health information about you when required to do so by Federal, State or local law.

IV. Uses and Disclosures Requiring Your Written Authorization

Use or Disclosure with Your Authorization: For any purpose other than the ones described above, we may only use or disclose your PHI when you grant us your written authorization on a release form that is in compliance with the Federal and State law and regulations. Even with your written authorization, State law applicable to drug and alcohol treatment providers limits our ability to make certain disclosures.

Qualified Service Organizations: Eagleville contracts with qualified service organizations (providing data processing, bill collecting, laboratory analyses, legal, medical, accounting, or other professional services) as necessary for its operation and provision of services. Each qualified service organization agrees in writing to abide by the same privacy and confidentiality obligations that apply to Eagleville under HIPAA and applicable Federal and State laws and regulations. When you authorize us to use your PHI for medical treatment or to obtain insurance eligibility or benefits, you are also authorizing Eagleville's disclosure to the necessary qualified service organizations.

V. Your Rights Regarding Your Protected Health Information

For Further Information; Complaints: If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your PHI, you may contact our Privacy Official at the address provided in this Notice. You may also file written complaints with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. Also upon request, the Privacy Official can provide you with the

additional contact information for the Director. We will not retaliate against you if you file a complaint with the Director or us.

B. *Right to Receive Confidential Communications:* You may request, and we will accommodate, any reasonable written request for you to receive your PHI by alternative means of communication or at alternative locations. If you wish to make a request, please contact our Privacy Official in writing.

C. *Right to Revoke Your Authorization:* You may revoke any of your authorizations except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Official identified below.

D. *Right to Inspect and Copy Your Health Information:* You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Medical Records Department and submit the completed form to the Privacy Official. If you request copies, we will charge you in accordance with Pennsylvania law. If you are denied access, you may request that the denial be reviewed.

E. *Right to Amend Your Records:* You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Medical Records Department and submit the completed form to the Privacy Official. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.

F. *Right to Receive An Accounting of Disclosures:* Upon request, you may obtain an accounting of certain disclosures of your PHI made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. The accounting will not include disclosures to you or disclosures pursuant to an authorization you have provided. If you request an accounting more than once during a twelve (12) month period, we will charge you \$1.00 per page for the accounting statement. We will also charge you for our postage costs, if you request that we mail the copies to you.

G. *Right to Request Restrictions:* You have the right to request a restriction or limitation on the health information about you that we use or disclose about you. Your request must be in writing. Please be aware that we are not required to agree to your request for restrictions. If we agree to your request for a restriction, we will comply with it unless the information is needed for emergency treatment.

H. *Right to Receive a Paper Copy of this Notice:* Upon request, you may obtain a paper copy of this Notice, even if you have agreed to receive such notice electronically.

I. *Drug & Alcohol Abuse Information:* The confidentiality of alcohol & drug abuse patient records maintained by Eagleville is protected by Federal and State law and regulations. Generally, Eagleville may not say to a person outside Eagleville that a patient is being treated by Eagleville or disclose any information identifying a patient as an alcohol or drug abuser unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency. Violation of the Federal law and regulations is a crime. Suspected violations may be reported to appropriate authorities in accordance with government regulations. Federal and State law does not protect information about suspected child abuse or neglect from being reported to appropriate authorities. Federal and State law prohibits further disclosure of this information without express written consent of the person to whom it pertains, or as otherwise permitted by applicable regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. State and Federal law restricts the use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

J. *HIV Information:* If PHI pertaining to HIV has been disclosed, Pennsylvania law prohibits the recipient from making any further disclosure of the information unless expressly permitted by your written consent or is authorized by the Confidentiality of HIV-Related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose. (35 P.S. § 7601 et. seq.)

K. **Right to be informed of a Breach of your PHI:** In the event that there is an improper use, access of, or disclosure of your PHI, you have the right to be informed on the Breach by us.

VI. Effective Date and Duration of This Notice

A. **Effective Date:** This Notice is effective on January 1, 2016.

B. **Right to Change Terms of this Notice:** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting areas and on our Internet site at www.eaglevillehospital.org. You also may obtain any new notice by contacting the Privacy Official.

VII. Privacy Official

You may contact the Privacy Official at:

Eagleville Hospital c/o Rick Reed
100 Eagleville Road, P. O. Box 45
Eagleville, PA 19408
Telephone Number: (610) 635-7457

E-mail rreed@eaglevillehospital.org