

Scranton Primary Health Care Center, Inc.

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: Nov 02, 2020

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

The terms of this Notice of Privacy Practices (“Notice”) apply to Scranton Primary Health Care Center, Inc. (SPHCC) and its affiliates. SPHCC will share protected health information (PHI) of patients as necessary to carry out treatment, payment, and health care operations as permitted by law.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by SPHCC.

OUR USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION:

Treatment: We will use your health information and share it with other professionals that are treating you. To promote quality care, SPHCC operates an electronic health record called the “EHR”. This is an electronic system that keeps medical information about you. If you see multiple SPHCC providers, your health information (including Medical, Behavioral Health, and Dental) will be shared between providers and authorized staff to achieve continuity of care. The privacy obligations of your health information rights set forth in this Notice also apply to information stored in the EHR and on paper. We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time.

Payment: We use your health information to bill and receive payment from health plans or other entities. For instance, we forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you. We may also use your information to prepare a bill to send to you or to the person responsible for your payment.

Health Care Operations: We use your health information as necessary, and as permitted by law, for our health care operations, which may include clinical improvement, professional peer review, business management, or accreditation, etc. For instance, we may use and disclose your protected health information for purposes of improving clinical treatment and patient care.

Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times it may be necessary for us to provide your health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these associates to appropriately safeguard the privacy of your information.

Appointments and Services: We may contact you by phone, text, mail or email to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you.

Research: In limited circumstances, we may use and disclose your health information for research purposes. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements.

OTHER USES AND DISCLOSURES

We are permitted or required by law to make certain other uses and disclosures of your health information without your consent or authorization for the following:

- Any purpose required by state or federal law;
- To avert a serious threat to health or safety;
- To public health authorities authorized by law to collect information for preventing and controlling disease, injury, or disability;
- If we suspect child abuse or neglect; if we believe you to be a victim of abuse, neglect or domestic violence;
- To the FDA to report adverse events, product defects, or to participate in product recalls;
- To a health oversight agency for activities authorized by law;
- To law enforcement officials as required by law, or in compliance with a court order or subpoena;
- To medical examiners or funeral directors;
- As necessary to arrange an organ or tissue donation from you or a transplant for you;
- For essential government functions such as military, national security, and presidential protective services;
- To workers' compensation agencies for workers' compensation benefit determination.

DISCLOSURES REQUIRING AUTHORIZATION:

Individuals Involved in Your Care: We may from time to time disclose your health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

If you are unavailable, incapacitated or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Telehealth: We may use your information to provide you with patient care utilizing telehealth services. We take great care to safeguard your health information when using telehealth and electronic communication. Our telehealth platform is HIPAA, GDPR, PHIPA/PIPEDA and HITECH compliant, meeting worldwide security requirements. Communicating with us from an unsecure location or via unsecure electronic device may result in certain risks such as interception by others or storage of your information on devices that are unsecured. If you choose to participate in a telehealth visit or communicate with us via unsecure electronic communication or location, you are agreeing to accept these risks.

Other uses and disclosures of health information will be made only with your consent, authorization or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

Fundraising: We may use your information to contact you for fundraising purposes. We may disclose this contact information to a related foundation so that the foundation may contact you on our behalf for similar purposes. You may elect to opt out of receiving fundraising communications.

RIGHTS THAT YOU HAVE REGARDING YOUR PROTECTED HEALTH INFORMATION:

Access to Your Health Information: You have the right to obtain a copy and/or inspect your health information whether in paper or electronic format, with limited exceptions. For health information that we maintain in any electronic record set, you may request a copy of such health information in a reasonable electronic format, if readily producible. Requests for access must be made in writing and signed by you or your legal representative. You will be charged a reasonable copying fee and actual postage and supply costs. If you request additional copies you will be charged a fee for copying and postage.

Amendments to Your Health Information: You have the right to request that health information that we maintain about you be amended or corrected. We are not obligated to make requested amendments, but we will give each request careful consideration. All amendment requests must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request. If an amendment or correction request is made, we may notify others who work with us if we believe that such notification is necessary.

Accounting for Disclosures of Your Health Information: You have the right to receive an accounting of disclosures made by us of your health information, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations and certain other disclosures for a period of six years prior to the date of the request. Requests must be made in writing and signed by you or your legal representative. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

Confidential Communications: You have the right to request we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail to a post office. We will accommodate reasonable requests. With such request, you must provide an appropriate alternative address or method of contact.

Restrictions on Use and Disclosure of Your Health Information: You have the right to request restrictions on uses and disclosures of your information for treatment, payment, or health care operations. We are not required to agree to most restriction requests, but will attempt to accommodate reasonable requests. You have the right to restrict disclosure of your health information to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the health information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf, has paid SPHCC in full.

Notice of Breach: We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself.

Paper or Electronic Copy of this Notice: You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To do so, please submit a written request to the Privacy Officer at the address below.

Personal Representative: You have the right to identify a personal representative. A personal representative is a person legally authorized to make choices about your health information. We require legal documentation of this authority prior to taking any action at the direction of your personal representative.

Additional Rights Under Pennsylvania Law: Pennsylvania law may further limit how we use and share your health information including HIV-related records, records of alcohol or substance use disorder, mental health records and mandatory outpatient mental health treatment records. If Pennsylvania law applies to your health information, we will use and disclose your information in compliance with these more restrictive laws.

Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services

Office for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/hipaa/filing-a-complaint/

For Further Information: If you have questions, need further assistance, or would like to submit a request pursuant to this Notice, you may contact the Scranton Primary Health Care Center, Inc. Privacy Officer by phone at (570) 344-9684 or at the following address: 959 Wyoming Avenue, Scranton, PA 18509.

This Notice of Privacy Practices is also available on our web page at

www.scrantonprimary.org.