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**NOTICE VERSION 1. 4/14/2003**

# NOTICE OF PRIVACY PRACTICES

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

### WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION.

We will protect the privacy of the health information that we maintain that identifies you, whether it deals with the provision of health care to you or the payment for health care. We must provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose your health information. With some exceptions, we will avoid using or disclosing any more of your health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect.

However, we reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and post a new Notice in the reception areas of Peoples Oakland. You may also request, at any time, a copy of Peoples Oakland Notice of Privacy Practices that is in effect at any given time, from Joel Heiney, Programs Coordinator, Peoples Oakland, 3433 Bates St. Pittsburgh PA 15213. Ph. 412-683-7140 or by going to our website at www.peoplesoakland.org.

We would like to take this opportunity to answer some common questions concerning our privacy practices:

**QUESTION: HOW WILLTHIS ORGANIZATION USE AND DISCLOSE MY PROTECTED HEALTH INFORMATION?**

Answer: We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each.

**A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations. We may, by federal law, use and disclose your health information for the following reasons:**

**1. For Treatment:** We may use health information about you to provide you with our services. We may disclose medical or behavioral health information about you to others who are involved in serving you at Peoples Oakland. For example, a rehabilitation specialist helping you with employment goals may need to know if you have certain health conditions that may affect your ability to hold a particular job placement.

Because many of our rehabilitation services are provided in group settings, your name and other details about your behavioral health may become known to other group members through the routine use of sign-in sheets and due to your own self-disclosures.

**2. To Obtain Payment for Treatment:** We may use and disclose your health information so that the services you receive at Peoples Oakland may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give Allegheny County Department of Human Services information about services you received at Peoples Oakland so they will pay us or reimburse you for the services you received. We may also tell a third-party payer about a service you are going to receive to obtain prior approval or to determine whether that payer will cover the cost of the service.

**3. For Health Care Operations:** We may, at times, need to use and disclose your medical or behavioral health information to run our organization. For example, we may use your health information to evaluate the quality of the services that our staff has provided to you. We may also combine health information about many members to decide what additional services Peoples Oakland should offer and what services are not needed. We may combine the health information with health information from other service providers to compare how we are doing and see where we can make improvements in the services we offer. We may remove information that identifies you from this set of health information so others may use it to study service delivery information without learning who the specific members are.

We will respond to you within 60 days of receiving your request. The list that you may receive will include the date of the disclosure, the person or organization that received the information (with their address, if available), a brief description of the information disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same calendar year, you will be charged for each additional request that year. 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

**E. The Right to Ask to Correct or Update Your Health Information.** If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your information.

You must make the request in writing, with the reason for your request, on a "Request to Correct/Update Health Information" form that is available from Joel Heiney, Programs Coordinator, Peoples Oakland, 3433 Bates St. Pittsburgh PA 15213. Ph. 412-683-7140. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

**F. The Right to Get A Paper Copy of This Notice.** If you have agreed to receive this Notice via e-mail, or have downloaded it from our website, you will always have the right to request a paper copy of this Notice. To obtain a paper copy of this notice or any other forms listed in this notice please contact Joel Heiney, Programs Coordinator, Peoples Oakland, 3433 Bates St. Pittsburgh PA 15213. Ph. 412-683-7140.

**QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THIS ORGANIZATION'S PRIVACY PRACTICES?**

Answer: If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact Allison Haley, Associate Director, Peoples Oakland, 3433 Bates St. Pittsburgh PA 15213. Ph. 412-683-7140. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We may not take any retaliatory action against you if you lodge any type of complaint.

**QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?**

Answer: This Notice takes effect on April 14, 2003.



**B. Certain Other Uses and Disclosures are Permitted by Federal Law. We may use and disclose your medical and behavioral health information without your authorization for the following reasons:**

**1. When a Disclosure is Required by Legal Proceedings or by Law Enforcement.** For example, we may disclose your protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of a missing person or fugitive or to report a crime at Peoples Oakland.

**2. For Public Health Activities.** Under the law, we need to report information about certain diseases to government agencies that collect that information.

**3. For Health Oversight Activities.** For example, we will need to provide your health information if requested to do so by Allegheny County and/or the Commonwealth of Pennsylvania when they oversee the programs at Peoples Oakland. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.

**4. For Research Purposes.** In certain limited circumstances (for example, where approved by Peoples Oakland research approval process), we may be permitted to use or provide protected health information for a research study.

**5. To Avoid Harm.** If one of our counselors believes that it is necessary to protect you, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm.

**6. For Specific Government Functions.** We may disclose your medical or behavioral health information for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.

**7. For Workers' Compensation.** We may provide your health information as described under the workers' compensation law, if your condition was a result of a workplace injury for which you are seeking workers' compensation.

**8. Appointment Reminders and Health-Related Benefits or Services.** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with appointment reminders, outreach calls and letters or to give you information about alternative programs and treatments that may help you. For example, we will mail you the activities calendar and House Meeting minutes each month as long as we have your current address.

**9. Fundraising Activities.** For example, if Peoples Oakland chooses to raise funds to support our programs or facilities, or some other charitable cause or community health education program, we may use the information that we have about you to contact you. If you do not wish to be contacted as part of any fundraising activities, please contact Joel Heiney, Programs Coordinator, Peoples Oakland, 3433 Bates St. Pittsburgh PA 15213 in writing.

**C. Certain Uses and Disclosures Require you to Have the Opportunity to Object**

**1. Disclosures to Family, Friends or Others Involved in Your Care .** We may provide a limited amount of your health information to a family member, friend or other person known to be involved in your care or in the payment for your care unless you tell us not to. For example, if a family member comes with you to an Intake appointment and you allow them to come into the interview, we may disclose otherwise protected health information to them during the appointment, unless you tell us not to.

**2. Disclosures to Notify a Family Member, Friend or Other Selected Person.** When you first start in our program, we ask you to provide us with an emergency contact person in case something should happen to you while you are attending Peoples Oakland activities. Unless you tell us otherwise, we will disclose certain limited health information about you (your general condition, location, etc.) to your emergency contact or another available family member should you need to be admitted to the hospital, for example.

**3. Disclosure of your identity in order to receive personal phone calls.** As a service to members attending Peoples Oakland, we allow members to make and receive phone calls while they are attending Peoples Oakland. Unless you tell us otherwise, we will contact you to receive a phone call possibly, by using the public address system, and/or take a message for you from a caller.

**4. Other Uses and Disclosures Require Your Prior Written Authorization.** In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information.

If you chose to sign an authorization to disclose any of your health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

**QUESTION: WHATRIGHTS DOIHAVE CONCERNINGMYPROTECTED HEALTH INFORMATION?**

Answer: You have the following rights with respect to your protected health information:

**A. The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.

To request restrictions, you must make your request in writing on a "Member Request to Place Restrictions on Release of Health Care Information Form" to Joel Heiney, Programs



Coordinator, Peoples Oakland, 3433 Bates Street, Pittsburgh, PA 15213. 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, for example, disclosures to your spouse or employer.

**B. The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address) or by alternate means (for example, by [e-mail/mail] instead of telephone). We must agree to your request so long as we can easily do so. You must make your request for alternative contact by using the "Request for Restriction of Uses/Disclosures of Private Health Information or for Confidential Communications" form available from Andrea Tempalski, Quality Assurance and Documentation Manager, Peoples Oakland, 3433 Bates Street, Pittsburgh, PA 15213.

**C. The Right to See or to Get a Copy of Your Protected Health Information.** In most cases, you have the right to look at or get a copy of your health information that we have, but you must make the request in writing. We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have the right to appeal the decision.

To inspect and copy your medical or behavioral health information, you must submit your request in writing on a "Member Request to Review or Obtain Copy of Health Information Form" to Joel Heiney, Programs Coordinator, Peoples Oakland, 3433 Bates Street, Pittsburgh, PA 15213.

We will charge you for the copy on a per page basis, only as allowed under Pennsylvania state law. We need to require that payment be made in full before we will provide the copy to you.

**D. The Right to Receive a List of Certain Disclosures of Your Health Information That We Have Made.** You have the right to get a list of certain types of disclosures that we have made of your health information. This list would not include uses or disclosures for treatment, payment or healthcare operations, disclosures to you or with your written authorization, or disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period.

To make such a request, we require that you do so in writing. A " Request for Accounting of Disclosures" form is available upon contacting Joel Heiney, Programs Coordinator, Peoples Oakland, 3433 Bates St. Pittsburgh PA 15213.