



## **Notice of Privacy Practices**

### **Your Information • Your Rights • Our Responsibilities**

We are required by law to maintain the privacy of our clients' protected health information (PHI). PHI is information related to any medical condition, treatment, diagnosis, records or digitalized or electronic health information (EHI) that identifies you. We are also required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of the Notice of Privacy Practices currently in effect. The privacy of your personal information is very important to CONCERN and we take our duty to guard your privacy very seriously.

This notice describes how CONCERN will use and disclose your health information. Please review this notice carefully and if at any time you have a question or would like something explained to you in more detail please speak with the CONCERN representative working with you.

### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get an electronic or paper copy of your medical record**

You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. Ask us how to do this either verbally or in writing.

We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your record**

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We will provide you with a document for you to write your changes or we can help you with this.

We may say "no" to your request, but we will tell you why in writing within 60 days.

### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

If you pay for a service out-of-pocket in full, you can ask us not to share that information or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, as well as who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time even if you agreed to receive the notice electronically, and it will be provided promptly.

### **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will verify the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by telling any staff member, supervisor or contacting CONCERN’s Privacy Office by using the information contained in this notice. You may do this in writing or verbally.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

## **Your Choices**

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

*If you are not able to tell us your preference we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

## **Marketing and Fundraising**

We never share your information for marketing purposes without your written permission.

We do not sell or fund raise through the use of client protected health information, nor do we seek donations from clients.

## **Our Uses and Disclosures**

### **Authorization to Disclose your PHI**

Except as described in the Notice, it is our practice to obtain your consent or authorization before we disclose your PHI to any other person or party. When you are receiving mental health services, the law states that you are entitled to inspect the PHI and that you may revoke authorization at any time, in writing. If you revoke an authorization, we will no longer use or disclose your PHI, however we cannot undo any disclosure that we have already made.

## **Use of Disclosure of your PHI without your authorization**

The HIPPA Privacy Regulations permit us to use and disclose your PHI without your authorization in order to provide treatment, get payment for services and in our Healthcare operations.

### **Treat you (Treatment)**

We can use your health information and share it with other professionals (employees, therapists, counselors, nurses, physicians, dentists, and contractors who supply or facilitate foster care and foster parents) who are treating you in order to help you. This includes supervision of staff and interns, case consultation and interdisciplinary teams. Only the minimum amount of information necessary for treatment will be disclosed.

### **Bill for your services (Payment)**

We can use and share your health information to bill and get payment from health plans or other entities. Before you receive services, we may disclose PHI to your insurance company, health plan, county or other third party payer to permit them to make a determination of eligibility or coverage, review the medical necessity of your services, review your coverage or review the appropriateness of care or our charges.

### **Run our organization (Healthcare operations)**

We can use and share your health information to run our practice, improve your care, and contact you when necessary. Operations can include employee review activities, business planning, development and management and general administrative duties, quality assurance and improvement activities (including assessing your care and outcomes of your care), medical, legal and accounting reviews, and licensing or accreditation activities and training.

## **Conditional Uses and Disclosures**

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes, such as obtaining written authorization from you in advance.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## Comply with the law

We will share information about you if applicable state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in other limited, regulated circumstances.

## Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

## Work with medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order or in response to a subpoena.

## Disclosure to Business Associates

We may disclose medical information to third party contractors, or “business associates,” who provide contracted services for us, such as accounting, legal representation, claims processing, consulting and claims auditing. If we disclose medical information to a business associate, we will do so under a contract that requires the business associate to appropriately safeguard and restrict the use of your medical information to the purposes of the arrangement, as required under HIPAA and its regulations.

## Our Responsibilities

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

We are required by state and federal regulations to obtain your written permission to share drug and/or alcohol related treatment information.

The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing. The disclosure is allowed by a court order or in other limited, regulated circumstances.

For more information visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

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