



## NOTICE OF PRIVACY PRACTICES

Effective September 23, 2013

*This notice describes how health information about you may be used and disclosed, and how you can get access to this information.*

Stairways has written this document to provide some very important information. The law requires that we inform you about how we use and disclose your protected health information. Of course, your privacy is very important to us, and we will follow all laws involving the protection of your health information. Please review this information carefully.

***“What is included in my protected health information and why is it needed?”***

Protected health information may also be referred to as your medical record. It contains things like evaluations by a doctor, a record of any medications you take, and goals of what you would like to accomplish. Any information that can be used to identify you is also protected. Your protected health information is used to provide services to you. For example, when our staff is familiar with you, they are better able to plan your care with you as well as coordinate their work with other Stairways staff.

***“How will Stairways use and disclose my protected health information?”***

Stairways understands that your medical information is personal. We feel it is important to protect your medical information, and so we will use and disclose your health information only when necessary. For some of these uses or disclosures, we need your permission to specify what we can or cannot disclose. This permission is called an “authorization.” For example, we may need your specific authorization to release information about mental health disorders, drug and alcohol abuse, and / or HIV status. Stairways will not sell or profit from the use or disclosure of your protected health information.

There are different ways of how we may use and disclosure your information. These include:

**A. Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations.** Federal law allows us to use and disclose your health information for the following reasons:

- 1. For Treatment:** In order to provide quality services, we will use your medical information. We may also send your general health information to other health care providers who are involved in your care. For example, you may need medical attention while at our facility. We would send your medical history to the hospital so they are better able to treat your condition.
- 2. To Obtain Payment for Treatment:** When you receive service, we may bill and collect payment for that treatment from places like an insurance company, Medicare or Medicaid. For example, if you have Medicare, we may provide some health information to them as a part of our bill. Medicare will not provide payment without first receiving this information.
- 3. For Health Care Operations:** We may use and disclose your health information to run our organization. For example, we want to know if our staff is providing quality service to you. One way to do that is by reviewing your

health information. Also, we need to make sure we are following the law. Therefore, our accountants, lawyers and consultants may review some of your health information.

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

1. **When a Disclosure is Required by Law.** We may disclose your protected health information if ordered by a court or as a requirement of meeting federal, state or local laws.
2. **For Public Health Activities.** We are required to report to government agencies that collect information about death and some diseases. We may also give some health information to the coroner. Also, a funeral director may receive some limited information after a client's death if needed.
3. **For Health Oversight Activities.** The county and state may review your health information as they oversee the quality of our services. There are also government agencies that have the right to inspect our offices and investigate how we provide care.
4. **For Organ Donation.** A client may want to make a donation of an eye, organ or tissue after their death. We may be able to assist in the process by providing some information. If needed, we may disclose certain necessary health information to the appropriate organization receiving the donation.
5. **For Research Purposes.** We may be permitted to use or provide protected health information for a research study. This would only occur if certain criteria are met. For example, a Privacy Board or Institutional Review Board must approve the research. Approval is based on federal law.
6. **To Avoid Harm.** Our staff may believe that it is necessary to protect you, another person, or the general public. If this should occur, we may provide protected health information to the police or others. The information would be used to prevent or lessen the possible harm.
7. **For Specific Government Functions.** The U.S. military may require us to provide health information on active service persons or veterans. We may also disclose a client's health information for national security purposes. For example, we may be asked to provide information in the investigation of suspected terrorists. Also, we must report certain data to some government agencies and law enforcement. For example, the law requires us to report dog bites, suspected child abuse and gunshot wounds.
8. **For Workers' Compensation.** We may provide your health information as described under the workers' compensation law. This applies only if your condition was the result of a workplace injury and you are seeking workers' compensation.
9. **Appointment Reminders and Health-Related Benefits or Services.** We may use or disclose your information to provide you with appointment reminders. We may also give you information about alternative programs and treatments that may help you. You may tell us that you would prefer not to receive this information.
10. **Fundraising Activities.** Stairways may choose to raise funds to support one or more of our programs. Or, we may support some other charitable cause or community health education program. In these situations, we may use the information that we have about you to contact you. If you do not wish to be contacted, please inform our Director of Development at (814) 453-5806.

**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 people involved in your care. This includes family, friends or other person you have identified. It may also include anyone paying for your care. You may ask us not to provide information to these people. For example, a family member may come with you to an appointment. If you permit them to sit in on your meeting with our staff, we may disclose your protected health information that they would not normally receive.

2. **Disclosures to Notify a Family Member, Friend or Other Selected Person.** In case something should happen to you while you are at our facilities, we have asked that you provide us with an emergency contact person. Unless you tell us not to, we will disclose some health information such as how you are doing in general, your location, etc. For example, you may catch the flu and have a high fever. Staff would call your family to tell them you are not feeling well and you went to the hospital.

**D. Other Uses and Disclosures Require Your Prior Written Authorization.** We will ask for your written authorization before using or disclosing any of your protected health information. Exceptions are listed above. In addition, we must ask for your written authorization to disclose information about your mental health, drug and alcohol abuse, or to disclose your HIV status.

By signing an authorization, you are allowing us to disclose your health information listed on the form. Even after you sign the authorization, you can cancel your permission for us to use it. This is referred to as “revoking” the authorization. To revoke the authorization, you must make your request in writing. The revoked authorization stops further uses and disclosures. It does not apply to use and disclosure that has already occurred.

*“What rights do I have concerning my protected health information?”*

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 follow them, except in the case of an emergency. Please note you cannot limit the uses and disclosures that we are required or allowed to make by law.

**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, information could be sent to your work address instead of your home address. You may also ask for information in a different format. For example, you may be contacted by mail instead of telephone. We must agree to your request if it is easy for us to do.

**C. The Right to See or to Get a Copy of Your Protected Health Information.** Requests to look at or get a copy of your health information must be made in writing. A request form is available from any Stairways caseworker, therapist or receptionist. We are required to respond within 30 days after receiving your written request, though we will respond as soon as possible. In certain situations, we may deny your request. If we do, we will tell you our reasons for the denial in writing. In certain circumstances, you may have a right to appeal the decision.

If you request a copy of any of your protected health information, we may charge you for the copy as allowed by state law. Payment must be made in full before we will provide the copy to you. We may also be able to provide you with a summary of your records instead of copies, if you agree. There will be a charge for the preparation of the summary or explanation. Please contact our director of the Health Information Department for a current list of charges. Contact information is listed at the end of this document.

**D. The Right to Receive a List of Disclosures That We Have Made.** You can get a list of some types of disclosures that we have made of your health information. This list would not include: 1) uses or disclosures for treatment, payment or healthcare operations; 2) disclosures to you or with your written authorization; or 3) disclosures to your family for notification purposes or due to their involvement in your care. This list also would not include: 1) any disclosures made for national security purposes; 2) disclosures to corrections or law enforcement authorities if you were in custody at the time; or 3) disclosures made prior to April 14, 2003. You may not request a list for more than a six (6) year period.

We require that you make your request in writing. A request form is available from any Stairways caseworker, therapist, or receptionist. We are required to respond to you within 60 days of receiving your request, though we will respond as soon as possible. The list that you may receive will include: 1) who the information was sent to (with their address, if available); 2) the date it was sent; 3) what information was sent; and 4) a brief reason of why it was sent. We will provide the list to you at no charge. However, if you make more than one request in the same calendar year, you will be charged for each additional request. Please refer to the maximum charges in the prior section of this document.

**E. The Right to Ask to Correct or Update Your Health Information.** If you believe that your health information is incorrect or is missing something, you have a right to ask that it be changed. You must make the request in writing, with the reason for your request. The request form is available from any Stairways caseworker, therapist, or receptionist. We must respond within 60 days of receiving your request, though we will respond as soon as possible. If we approve your request, we will: 1) make the change to your health information; 2) tell you when we have done so; and 3) 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) cannot be disclosed to you; or 4) is not part of our records. If your request is denied, we will give you a written notice that includes why your request was denied. The notice will also explain your right to file a written statement of disagreement with the denial. If you do not wish to file a statement of disagreement, 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.** You may have agreed to receive this Notice via e-mail or view it on our website. If so, you will always have the right to request a paper copy of this Notice, also.

**G. The right to be notified of a “breach” of your protected health information.** A “breach” is the use or disclosure of your protected health care information without the permission or authority to do so. We will notify you any time there is a breach of your information.

***“Will this privacy notice ever change? If it will, how will I be informed?”***

We can change the terms of this Notice at any time. Any changes will apply to all health information that we have. Changes will be noted in this Notice, which will be posted in the common area or waiting room of each of our service sites.

You may also request a copy of our Notice at any time. You can get a current or past version of the Notice from any Stairways caseworker. The receptionist at our main offices also keeps copies of the Notice. You may also view and download an electronic copy of this Notice on our web site at [www.stairwaysbh.org](http://www.stairwaysbh.org).

***“How do I complain or ask questions about this organization’s privacy practices?”***

If you have questions or concerns, or would like to know more about these rules, please contact our Privacy Officer at (814) 453-5806. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. No one will be upset with you or treat you differently if you have a complaint.

Contact Information:

**Stairways Behavioral Health**

2185 West 8<sup>th</sup> Street

Erie, PA 16505-4747

Phone: (814) 453-5806

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**Web Site:** [www.stairwaysbh.org](http://www.stairwaysbh.org)

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