

Effective Date: 09-23-2013

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

I. Our Duty to Safeguard Your Protected Health Information

Stairways Behavioral Health Systems (SBH) understands that you or your child's health information is personal. We create and maintain a record with information about the medical care and services that each client receives at SBH. We need this information to provide quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that SBH may create, maintain, or receive, including information we receive from other treatment providers and facilities that are not part of SBH, but that we keep to help give you better care. This Notice tells you about the ways we may use and share your health information, as well as the legal duties we have concerning your health information. This Notice also tells you about your rights under the laws of the United States and Pennsylvania. This Notice describes SBH's practices at all of its locations and that of all departments, units, and staff within our facilities, all health care professionals permitted by us to provide services to you, trainees, volunteers, and others involved in providing your care. These places and people may share your health information with each other for the treatment, payment, or health care operations that this Notice describes. All these places and people follow this Notice.

We are required by law to make sure that information that identifies you is protected. We are also required to make available to you the Notice of Privacy Practices that describes how we use and share your health information, as well as your rights under the law about your health information and to follow the Notice of Privacy Practices that is currently in effect. We are required to notify you following a breach of unsecured protected health information if you are affected by the breach. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. Please be aware, that in the case of HIV, mental health, and drug and alcohol abuse services, a more stringent standard for use and disclosure will be followed in accordance with the Pennsylvania Confidentiality in HIV-related Information Act, the Pennsylvania Mental Health Procedures Act and its regulations, and Pennsylvania and federal laws and regulations regarding drug and alcohol abuse.

We reserve the right to change this Notice at any time and to make revised or changed Notice effective for Protected Health Information (PHI) that we already have about you, as well as any information we receive in the future. You may obtain the latest Notice of Privacy Practices by accessing our website at www.beacon-light.org or by contacting the Health Information Management Department.

II. How We May Use and Disclose Your Protected Health Information

The law permits us to use and share your health information in certain ways. The list below tells you about different ways that we may use your health information and share it with others, as well as some examples. When sharing this information with others outside of SBH, we share only what is reasonably necessary, unless we are sharing information to help treat you, or in response to your written permission, or as the law requires. In these three cases, we share all information that you, your health care provider or the law has asked for. We will use health information that does not identify you whenever possible. Every possible example of how we may use or share information is not listed; however, all of the ways we are permitted to use and share this information fall into one of the groups below.

1. **Treatment.** We may use your health information to give you medical treatment or services. We may share your health information with doctors, nurses, counselors, therapists and other personnel who are involved in providing your health care at SBH. For example, we may disclose your PHI to a hospital if you need medical attention while at our facility or to another treatment program we are referring you to. We may share health information about you with other providers, agencies or facilities outside of SBH who may be involved in your continuing treatment, such as to a hospital if you need medical attention while at our facility, or to another treatment program. Reasons for such disclosure may include sharing the necessary health information about you they need to treat you, or to coordinate your care, or to schedule necessary testing. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

2. **Payment.** We may use and share your health information with your insurance company or a third party payment agency in order to receive payment for the services we provide to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to get paid for taking care of you. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company, or a third party payment agency. For example, some health plans require your health information to be pre-authorized for treatment services before they pay us. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

3. **Healthcare Operations.** We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may disclose information while conducting or arranging medical review, legal services, or auditing functions in order to assure that we are complying with the law. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV

status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

4. **Business Associates.** We may share your health information with others who perform services on our behalf that we call “Business Associates.” The Business Associate must agree in writing to protect the confidentiality of your information. Examples may include those companies providing auditing, consulting, and billing services. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

5. **Fundraising Activities.** We may contact you to provide information to you about SBH-sponsored activities, including fundraising programs and events. The following information may be used for fundraising purposes or disclosed to a business associate: (i) demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to an individual; (iii) department of service information; (iv) treating therapist or counselor; (v) outcome information; and (vi) health insurance status. These disclosures may be further limited by the requirements of Pennsylvania law, which include, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you. For example, you may receive a letter from SBH contacting you about fundraising activities supported by our organization. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

6. **Research in Certain Cases.** We may use and share your health information for research in certain circumstances, and under the supervision of an appropriate Privacy Board or Institutional Review Board (IRB) as required by law. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

7. **Special Situations:** In the following situations, the law permits, and under some circumstances requires us to use or share your health information with others. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

a. **Required by Law.** We may share your health information when a law requires that we report information about suspected abuse, or neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose health information to authorities that monitor compliance with these privacy requirements.

- b. **Public Health Activities.** We may disclose your health information when we are required to collect information about disease or injury or to report vital statistics to the public health authority.
- c. **Health Oversight Activities.** We may disclose your health information to a protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- d. **Law Enforcement.** We may disclose your PHI to a law enforcement office for purposes of providing information to locate a missing person or to make a report concerning a crime or suspected criminal conduct.
- e. **To Avert a Serious Threat to Health or Safety.** In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- f. **Military and Veterans.** We may disclose health information of military personnel or veterans where required by military command authorities. We also may release health information about foreign military personnel to appropriate foreign military authority.
- g. **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counter-intelligence, and other security activities authorized by law.
- h. **Protective Services for the President and others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- i. **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- j. **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information relating to an individual's death to coroners or medical examiners. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.
- k. **Immunization Records.** We may disclose proof of immunization to a school, if the school is required by state law to obtain such information to admit the student. Prior to making such a disclosure, we must obtain oral agreement to the disclosure from the student's parent or guardian (or student, if age 18 or older) and the disclosure must be limited to proof of immunization.

III. Disclosures to Notify a Family Member, Friend, or Other Selected Person

We may ask you to provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health

information about you, such as your general condition and location, to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. This information may not contain information about mental health disorders or treatment, drug and alcohol abuse or treatment, and HIV status, without your specific authorization.

IV. Uses and Disclosures Requiring Your Written Authorization

Certain uses of your health information, such as the use or disclosure for marketing purposes (other than in a face-to-face communication by SBH with you, or a promotional gift of nominal value provided by SBH), require your written permission. We cannot sell your health information without your permission. We cannot disclose mental health treatment information, drug and alcohol treatment information, or HIV status to family, friends, or others involved in your care without written permission by you. For mental health treatment information, we will disclose information to them with your written permission if you are 14 years of age or older, or from your legal guardian if you are under the age of 14. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission on an authorization form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

V. Your Rights Regarding Your Protected Health Information

1. **Right To Inspect and Receive a Copy.** You have the right to inspect and receive a copy of PHI that may be used to make decisions about care. Unless your access is restricted for clear and documented reasons, you have the right to see and copy the health information we used to make decisions about your care. To inspect and receive a copy of PHI, a request must be made in writing to the Health Information Management Department. If patients request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with a patient's request. We have up to thirty (30) days to make your PHI available to you. We may deny a request to inspect and copy information in certain circumstances. For example, if a licensed clinician determines that a review or inspection of the medical record may upset or harm the patient, the request can be denied. In certain circumstances, you may have a right to appeal the decision. You have a right to request an electronic copy of your health information that is maintained in an electronic record and may direct that the electronic copy be provided directly to your designee as long as the request is clearly documented.

2. **Right to Request Restrictions.** You have the right to request that we limit how we use or disclose your PHI for treatment, payment, and healthcare operations. You also have the right to request a limit on the PHI we disclose about to you to someone who is involved in your care. Should you wish a restriction placed on the use and disclosure of your PHI, you must submit such a request in writing. We are not required to agree to your restriction request. If we accept your request, we will comply not to release such information unless the information is needed to provide emergency care or treatment to you or your child. We cannot agree to limit uses/disclosures that are required by law.

3. Right to Restrict Information to Health Plans. You have the right to restrict certain information given to your health plan if the information is for payment or health care operations and is about a health care service or item that you fully pay for out of your pocket. If you pay in full for services out of your own pocket, you can request that the information regarding the services not be disclosed to your health plan.

4. Right to Amend or Correct Your Protected Health Information. You have the right to request that your PHI be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. Your request must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request. If we approve your request, we will make such amendments/corrections. We may deny your request if the PHI: (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. If the request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your PHI.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may request that we not send any information to you at your home address, but instead to your work address. We will agree to your request as long as it is reasonable for us to do so.

6. Right to Request an Accounting of Disclosures of Protected Health Information. You have the right to request that we provide you with an accounting of disclosures. This is a list of those people outside of SBH who have received your health information, except for information shared for treatment, payment, or healthcare operations. Your request must be submitted to us in writing and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2003). Your request may not include releases for more than six (6) years prior to the date of your request. We will respond to your request within sixty (60) days of the receipt of your written request. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

7. Right to Receive a Paper Copy of This Notice. You have the right to receive a paper copy of this notice. You may request a paper copy of this notice at any time by contacting the Health Information Management Department or you may obtain a copy of this notice from our website at www.stairwaysbh.org.

8. How to File a Complaint. If you have reason to believe your privacy rights have been violated, you have the right to file a complaint with SBH or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at 814-817-1400. All complaints must be submitted in writing and should be submitted within one-hundred-eighty (180) days of when you knew or have known that the alleged violation occurred. You will not be retaliated against for filing a complaint.