

Effective Date: 4/14/03

**NOTICE OF PRIVACY PRACTICES FOR
LEBANON FAMILY HEALTH SERVICES (LFHS)**

- I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).**

LFHS is legally required to protect the privacy of your health information. We call this information protected health information, or PHI for short, and it includes information that can be used to identify you that we have created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. If/when a change occurs, we will change this document and post a new one in our waiting area. You can also request a copy of this notice from anyone in our office at any time or you can view it on our website at www.lebanonfhs.org.

- III. USES AND DISCLOSURES FOR TREATMENT, PAYMENT, AND OPERATIONS**

This section describes treatment, payment, and health care operation purposes. Not every possible use or disclosure for treatment, payment, and health care operation purposes will be listed. Some listed examples fall into more than one category – not just the category under which they are listed.

A. Treatment

Treatment includes the provision, coordination, or management of health care services to the patient by our practice or one or more other health care providers. We may disclose information to physicians, nurses, medical students, and other health care personnel who provide you with health care

services or are involved in your care. Treatment disclosures may include examples such as follows:

- < During an office visit, practice physicians and other staff involved in a patient's care review the patient's medical record and share and discuss the patient's medical information with each other.
- < We share and discuss a patient's medical information with an outside physician to whom we have referred the patient for care.
- < We share and discuss a patient's medical information with an outside physician with whom we are consulting regarding the patient.
- < We share and discuss a patient's medical information with another health care facility where we have referred the patient for testing and or treatment.

B. Payment

We may use and disclose information in order to bill and collect payment for treatment and services provided to you. Some examples include:

- < Sharing information with patient's health insurer to determine whether the patient is eligible for coverage or whether proposed treatment is a covered service.
- < Submission of a claim form to the patient's health insurer.
- < Provision of a bill to a family member or other person designated as responsible for payment for services rendered to the patient.
- < Providing medical records and other documentation to patient's health insurer to support the medical necessity of a health service.

IV. USES AND DISCLOSURES WITHOUT AUTHORIZATION

This section describes ways in which we may use and disclose a patient's protected health information without the patient's permission in the form of an authorization. Not every use or disclosure in a category will be listed.

A. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse or neglect, or when ordered in a judicial or administrative proceeding, such as received through a subpoena.

B. For public health activities. For example, we may disclose protected health information for filing communicable disease reports with public

health agencies or for notifying a person who could have been exposed to a communicable disease.

- C. **Health oversight activities.** We may disclose protected health information to a health oversight agency for oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings.
- D. **For Research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research.
- E. **Correctional institutions and other law enforcement custodial situations.** We may disclose protected health information to a correctional institution or a law enforcement official having custody of a patient when they request the information for a purpose such as health care, safety, or security.
- F. **For specific government functions.** We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.
- G. **To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.
- H. **Workers' compensation and similar programs.** We may disclose a patient's protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. established by law, that provide benefits for work – related injuries or illness without regard to fault.
- I. **Appointment reminders and health-related benefits or services.** We may use PHI to provide appointment reminders or give you information about treatment alternatives or other health care services or benefits we offer.
- J. **Fundraising activities.** We may use PHI to raise funds for our organization. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community.
- K. **Disclosures to family, friends, or others.** We may provide your PHI to a family member, friend, or other person that you indicate is involved in you care or the payment for you health care, unless you object in whole or in

part. This may include your designee picking up prescriptions, or making payments on you account.

V. USE AND DISCLOSURE WITH AUTHORIZATION

For all other purposes that do not fall under a category listed above we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

VI. WHAT RIGHTS YOU HAVE REGARDING YOUR PHI.

You have the following rights with respect to your PHI:

- A. **The right to request limits on uses and disclosures of your PHI.** You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request restrictions, you must make your request in writing to the Privacy Officer. 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.
- B. **The right to request confidential communications.** You have the right to ask that we communicate your PHI to you by alternative means or at alternative locations. For example, sending information to your work address rather than you home address. We will honor your request so long as we can easily provide it in the format your requested. To request confidential communications, you must make your request to the responsible party that will be contacting you with information. Your request must specify how or where you wish to be contacted.
- C. **The right to request to see and get copies of your PHI** In most cases, you have the right to look at or get copies of your PHI that we have. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and/or receive copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. We will respond to you within 30 days after receiving your written request. If you request copies of PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. We reserve the right to require advance payment of any copying or mailing charges.

- D. **The right to request a listing of the disclosures we have made.** You have the right to get a list of certain instances in which we have disclosed your PHI. The list will not include uses or disclosures as described previously. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or before April 14, 2003. To request this list of instances in which we have disclosed your PHI, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will respond within 60 days of receiving your request. The list we will give you will include the date of the disclosure, to whom PHI was disclosed (including their address, if known), a description of the information disclosed, and the reason for disclosure.
- E. **The right to request a correction or an update to your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing to the Privacy Officer. We will respond within 60 days of receiving your request. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, (iv) not part of our records, or (v) was created by an individual who is not longer an employee of the practice. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of you PHI. If we approve your request, we will make the change to you PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.
- F. **The right to request a paper copy of this notice.** You have the right to request a paper copy of the notice. If you have received this notice electronically, you may still receive a paper copy by contacting the Privacy Officer. You may also obtain a copy of this notice at our website, www.lebanonfhs.org.

VII. **HOW TO COMPLAIN ABOUT OUR PRIVACY PRACTICES**

It is the policy of Lebanon Family Health Services, Inc. to address all complaints with regard to protecting the privacy of confidential patient information. If you think we may have violated your privacy rights, you may file a complaint with the Privacy Officer. All complaints must be in writing. You may also submit a complaint to the Office for Civil Rights, US Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. Complaints must identify the entity about which the complaint is being made, must

describe the situation that gives rise to the complaint, and must be filed within 180 days of the date when the complainant knew, or should have known, of the event that gave rise to the complaint. We will take no retaliatory action against you if you file a complaint about our privacy practices.

VIII. PERSONS TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO COMPLAIN ABOUT OUR PRIVACY PRACTICES.

If you have any questions about this notice or any complaints about our privacy practices, please contact:

Privacy Officer
Lebanon Family Health Services, Inc.
615 Cumberland Street
Lebanon, PA 17042
717 273-6741

IX. LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.