



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NOTICE IS EFFECTIVE FOR ALL HYNDMAN AREA HEALTH CENTER, INC. SITES. **PLEASE REVIEW IT CAREFULLY.**

### USES AND DISCLOSURES

There are a number of situations where the Hyndman Area Health Center, Inc. (HAHC) may use or disclose to other persons or entities your confidential medical information. Certain uses and disclosures will require your specific authorization. Certain disclosures required by law or under emergency circumstances, may be made without your consent. Under any circumstances, we will use or disclose only the minimum amount of information necessary from your medical/dental records to accomplish the intended purpose of the disclosure.

### USE AND DISCLOSURE *WITHOUT* PATIENT CONSENT

We *are not required* to obtain your general consent to use and disclose your confidential medical/dental information for the following purposes:

- **Treatment:** We will use your medical/dental information to make decisions about the provision, coordination, or management of your health/dental care, including diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your medical/dental information with another health/dental care provider whom we need to consult with respect to your care. We may also disclose certain information to a pharmacist for the purpose of filling a prescription for you, to a physical therapist to provide physical therapy under appropriate circumstances, or to a facility or other providers should you require surgery or other hospital care. These are only examples of uses and disclosures of medical/dental information for treatment purposes which may or may not be necessary in your care.
- **Payment:** We may need to use or disclose information in your medical/dental record to obtain reimbursement from you or your health/dental insurance plan, or another insurer for our services rendered to you. This may also include determination of eligibility or coverage under the appropriate health/dental plan, pre-certification and pre-authorization of services or review of services for purposes of reimbursement. This information may also be used for billing, claims management, and collection purposes together with related health/dental care data processing through our system.

- **Operations:** Your medical/dental records may be used in our business planning and development operations, including improvement in our methods of operations, and general administrative functions. We may also use the information in our overall compliance planning, medical/dental review activities, and arranging for legal and auditing functions.

### **USE AND DISCLOSURE WITHOUT CONSENT**

There are certain circumstances under which HAHc may use or disclose your medical/dental information without first obtaining your authorization. Those circumstances generally involve public health and oversight activities, law enforcement activities, judicial and administrative proceedings and in the event of death. Specifically, we are required to report information concerning certain communicable diseases, sexually transmitted diseases, and HIV/AIDS status. We are also required to report instances of suspected or documented abuse, neglect or domestic violence. Furthermore, we are required to report to appropriate agencies and law enforcement officials information that you or another person are in immediate threat or danger to your health or safety as a result of violent activity. We must also provide medical/dental record information when ordered by a court of law to do so.

### **AUTHORIZATION FOR USE OR DISCLOSURE**

Except as outlined in the above sections, your medical/dental information will not be used or disclosed to any other person or entity without your specific authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to mental health treatment, drug or alcohol abuse, HIV/AIDS, or sexually transmitted diseases information which may be contained in your medical/dental records. We likewise will not disclose your medical/dental record information to an employer for purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in a automobile accident or to educational authorities, without your written authorization.

### **ADDITIONAL USES AND DISCLOSURES**

We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

### **INDIVIDUAL RIGHTS**

You have certain rights with respect to your medical/dental record information, as follows:

1. You may request that we restrict the uses and disclosures of your medical/dental record information for treatment, payment and operations, or restrictions involving your care of payment related to that care. We are not required to agree to the restrictions; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.

2. You have the right to request receipt of confidential communications of your medical/dental information by an alternative means or at an alternate location. If you require such an accommodation, you will be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.
3. You have the right to inspect, copy, and/or request amendments to your medical/dental records. Access to your medical/dental records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding, or for which your access is otherwise restricted by law. We will charge a reasonable fee for records, at your request, which includes the cost of copying and preparation of an explanation or summary of the information.
4. All requests for inspection, copying and/or amending information in your medical/dental records must be made in writing and be addressed to:

Director of Operations  
Hyndman Area Health Center, Inc.  
PO Box 706  
Hyndman, PA 15545

We will respond to your request in a timely fashion.

5. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically.
6. All requests related to your rights herein must be made in writing and address to:

Director of Operations  
Hyndman Area Health Center, Inc.  
PO Box 706  
Hyndman, PA 15545

### **Hyndman Area Health Center, Inc. (HAHC) Duties**

HAHC has the following duties with respect to the maintenance, use and disclosure of your medical/dental records:

1. HAHC is required by law to maintain the privacy of the protected health/dental information in your medical/dental records and to provide you with this Notice of its legal duties and privacy practices with respect to that information.
2. HAHC is required to abide by the terms of this Notice currently in effect.
3. HAHC reserves the right to change the terms of this Notice at any time, thereby making the new provisions effective for all health information and medical/dental records it has and continues to maintain. All changes in this Notice will be prominently displayed and available at any HAHC site.

### **COMPLAINTS**

You may file a written complaint to HAHC or to the Secretary of Health and Human Services if you believe your privacy rights with respect to confidential information in your medical/dental records have been violated. All complaints must be in writing and must be addressed to:

Chief Executive Officer (CEO)  
Hyndman Area Health Center, Inc.  
PO Box 706  
Hyndman, PA 15545

or to the person designated by the U. S. Department of Health and Human Services, if HAHC cannot resolve your concern. You will not be retaliated against for filing such a complaint.

### **CONTACT PERSON**

All questions concerning this Notice or request made pursuant to it should be addressed to:

Chief Executive Officer (CEO)  
Hyndman Area Health Center, Inc.  
PO Box 706  
Hyndman, PA 15545  
Telephone: 814-842-3206  
Fax: 814-842-9169

### **Notice of Privacy Practices:**

We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.

### **Notice of Privacy Practices Acknowledgement Page:**

We participate in the CRISP health information exchange (HIE) to share your medical records with your other health care providers and for other limited reasons. You have rights to limit how your medical information is shared. We encourage you to read our Notice of Privacy Practices and find more information about CRISP medical record sharing policies at [www.crisphealth.org](http://www.crisphealth.org).

### **EFFECTIVE DATE**

This Notice is effective as of **April 14, 2003** and applies to all protected health/dental information contained in your medical/dental records maintained by Hyndman Area Health Center, Inc. now existing or subsequently created at any Hyndman Area Health Center, Inc. site.

Revision dates: May 2007, June 2010, February 2012, March 2017

