



Chestnut Ridge Counseling Services, Inc.
HIPAA Detailed 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. PLEASE REVIEW IT CAREFULLY.

OUR OBLIGATIONS:

CRCSI is required by law to:

- Maintain the privacy of protected health information
- Give you notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

HOW CRCSI MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways CRCSI may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, CRCSI will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

For Treatment. CRCSI may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. As examples, CRCSI may disclose your medical information to a hospital if you need care at a hospital or to coordinate outpatient care with your physical health providers or pharmacies. Reasons for such disclosures may be to provide or obtain medical history information, diagnosis and/or current medications to coordinate care and provide appropriate treatment.

For Payment. CRCSI may use and disclose Health Information so that CRCSI or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, CRCSI may give your insurance information about you so that they will pay for your treatment.

For Health Care Operations. CRCSI may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, CRCSI may use your information to evaluate the quality of the treatment that our staff has provided to you.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. CRCSI may use and disclose Health Information to contact you to remind you that you have an appointment with us. CRCSI also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, CRCSI may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. CRCSI also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, CRCSI may use and disclose unidentifiable Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. CRCSI would ask for your consent before your participation in any research and before the release of your identifiable Health Information.

SPECIAL SITUATIONS:

As Required by Law. CRCSI will disclose Health Information when required to do so by international, federal, state or local law. Examples of this would be court orders, reporting child abuse, reporting to adult protective services, etc.

To Avert a Serious Threat to Health or Safety. CRCSI may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. CRCSI may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, CRCSI may use another company to provide and maintain our Electronic Medical Record. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, CRCSI may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, CRCSI may release Health Information as required by military command authorities. CRCSI also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. CRCSI may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. CRCSI may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if CRCSI believe a patient has been the victim of abuse, neglect or domestic violence. CRCSI will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. CRCSI may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the county, state and payers to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. CRCSI may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, CRCSI may disclose Health Information in response to a court or administrative order. .

Law Enforcement. CRCSI may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, warrant, or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, CRCSI are unable to obtain the person's agreement; (4) about a death CRCSI believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. CRCSI may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. CRCSI also may release Health Information to funeral directors as necessary for their duties.

National Security and Intelligence Activities. CRCSI may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. CRCSI may disclose Health Information 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.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, CRCSI may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. CRCSI may provide a limited amount of your health information to a family member, friend, or other person known to be involved in your care or in the payment for your care, unless you specifically tell us not to. If you are unable to agree or object to such a disclosure, CRCSI may disclose such information as necessary if CRCSI determine that it is in your best interest based on our professional judgment.

Emergency Contacts. CRCSI asked that you provide us with an emergency contact, unless you tell us otherwise, CRCSI will disclose certain limited information about you to your emergency contact or another available family member should you need admitted to a hospital or other emergency situation.

Disaster Relief. CRCSI may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. CRCSI will provide you with an opportunity to agree or object to such a disclosure whenever CRCSI practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and

2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and CRCSI will no longer disclose Protected Health Information under the authorization. However, disclosure that CRCSI made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information CRCSI have about you:

Right to Inspect and Copy. You have a right to inspect and receive a copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records. To review or receive a copy this Health Information, you must make your request, in writing, to the Medical Records Department. You may obtain a Health Information /Record Request Form from any CRCSI location or by requesting one be mailed to you. CRCSI have up to 30 days to make your Protected Health Information available to you and unless prohibited by your insurance, CRCSI may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. CRCSI may deny your request in certain limited circumstances. If CRCSI does deny your request, you have the right to re-consideration by having the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Information is maintained in an electronic format (known as an electronic medical record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. CRCSI will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. Unless prohibited by your insurance, CRCSI may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right and will be notified verbally or in writing upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information CRCSI has is incorrect or incomplete, you may ask us in writing to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. If CRCSI concludes that the original information is correct, you will be notified in writing. You may then submit a one page written disagreement to be included in record set. To request an amendment or submit a disagreement, you must make your request, in writing, to the Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures CRCSI made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Medical Records Department.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information CRCSI use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information CRCSI disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that CRCSI not share information about

a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to Medical Records. CRCSI are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If CRCSI agrees, CRCSI will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that CRCSI not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and CRCSI will honor that request.

Right to Request Confidential Communications. You have the right to request that CRCSI communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that CRCSI only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to Medical Records. Your request must specify how or where you wish to be contacted. CRCSI will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. When starting service you will be offered a Summary Notice and a Detailed Full Notice and may elect to take either, both, or neither. At any time, you may ask us to give you a copy of this notice. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our web site, www.crcsi.org. To obtain a paper copy of this notice, ask at any location or call Medical Records to have one mailed to you.

CHANGES TO THIS NOTICE:

CRCSI reserve the right to change this notice and make the new notice apply to Health Information CRCSI already has as well as any information CRCSI receives in the future. CRCSI will post a copy of our current notice at our offices and on our website. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the Privacy Officer 100 New Salem Road, Uniontown, PA 15401. All complaints must be made in writing. You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact the Privacy Officer or Security Officer at Chestnut Ridge Counseling Services, Inc., 100 New Salem Road, Uniontown, PA 15401 or telephone 724-437-0729.