



## Patient Privacy Policy

### Notice of Health Information 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.

### Introduction

At Erie Family Health Center, we are committed to treating and using protected information about you responsibly. This Notice of Health Information Privacy Practices ("Notice") describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to this protected health information. This Notice is effective September 23, 2013, and applies to all protected health information as defined by federal regulations.

### Understanding Your Health Record/Information

Each time you visit Erie Family Health Center, a record of your visit is created. This record normally contains your symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment. This information, often referred to as your health or medical record, serves to plan, communicate, educate and provide legal documentation for the many professionals who contribute to your case, including the Case Management programs personnel.

Understanding what is your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

You have a right to all of the following actions, each of which may be exercised at Erie Family Health Center by contacting the Privacy Officer. Each of the following rights may be limited in certain circumstances, please contact the Privacy Officer for additional details.

- Obtain a copy of this Notice;
- Request to inspect or obtain copies of your medical record;
- Suggest changes or corrections to your medical record;
- Obtain a list of disclosures of your health information;
- Request confidential communications of your health information at alternative locations;
- Request restrictions on certain uses and disclosures of your information (Erie Family Health Center is not required to agree to any such restrictions except for certain disclosures to a health plan, as described in the "Our Responsibilities" section); and
- Revoke your authorization to disclose health information.

### Our Responsibilities

Maintain the privacy of your health information;

- Provide you with this Notice;
- Abide by the terms of this Notice;
- Comply with your request to restrict disclosure of your protected health information to a health plan if the information pertains solely to a health care item or service for which you, or any person other than the health plan on behalf of you, has paid Erie Family Health Center in full;
- Notify you if we are unable to agree to any other requested restriction;
- Accommodate reasonable requests you have for confidential communication at alternative locations; and
- Notify you of a breach of unsecured protected health information that affects you.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will have all changes posted at all treatment centers and will post such changes to the website.

### For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Erie Family Health Center's Privacy Officer, Luz Jimenez, RN, BSN, at (312) 432-7323.

If you believe your privacy rights have been violated, you can file a complaint with Erie Family Health Center's Privacy Officer at the phone number above or with the Office for Civil Rights, U.S. Department of Health and Human Services at the address below. You will not be retaliated against for filing a complaint. The address for the Office for Civil Rights is listed below:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

The following categories describe the different ways that Erie Family Health Center uses and discloses health information. For each category, we will explain what we mean and add an example. However, not every use or disclosure within a category will be listed.

### Examples of Disclosures for Treatment, Payment and Health Operations

**Appointment Reminders:** We may use and disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at Erie Family Health Center.

**Information Regarding Treatment Alternatives or Health-Related Benefits and Services:** With your permission we may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. We also may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.

**We will use your health information for treatment:** Any health information obtained by a nurse, physician or other member of Erie Family Health Center's patient care service team will be recorded in your medical record and used to determine the most effective treatment for you. Your physician will document your treatment plan and record his or her expectations for the members of Erie Family Health Center's patient care service team. Staff members will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide other physicians and health care providers (including case managers) with copies of various reports to assist them with coordination of your treatment, such as lab work.

**We will use your health information to obtain payment:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

**We will use your health information for our routine health care operations:** We may disclose your health information to medical students, residents and other trainees that see patients at Erie Family Health Center. Members of the Quality Improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care services we provide.

**Business Associates:** There are some services provided in our organization through contracts with outside business associates such as physician services in the emergency department, radiology, certain laboratory tests, auditors and a company that stores inactive medical records. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for the services rendered. We require the business associate to safeguard your information.

#### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object:**

##### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

**Specific Uses and Disclosures That Require Your Authorization:** Uses and disclosures of your psychotherapy notes, if any, uses and disclosures of your protected health information for marketing purposes and disclosures that constitute a sale of your protected health information only will be made with your written authorization, unless otherwise permitted or required by law, as described in this Notice.

**Other Uses and Disclosures:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except authorization for those actions your physician took while relying on the authorization.

##### **Uses and Disclosures as Permitted or Required by Law**

**Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care, including information regarding your medical condition. We may do this with your permission, or if you have appointed the person as your medical power of attorney, or if the person is your next of kin or surrogate decision-maker. We may also give information to someone who helps pay for your care. Additionally, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation:** If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military command authorities. Additionally, if you are foreign military personnel, we may release health information about you to the appropriate foreign military authority.

**Workers' Compensation:** We may release health information about you for workers' compensation or similar programs.

**Public Health Risks:** We may disclose health information about you for public health activities. These activities generally include the following: (i) preventing or controlling disease, injury or disability; (ii) reporting births and deaths; (iii) reporting child abuse or neglect; (iv) reporting reactions to medications or problems with products, or notifying people of recalls of products they may be using, subject to the jurisdiction of the Food and Drug Administration; (v) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (vi) notifying the appropriate government authority if it is believed that a patient has been the victim of abuse, neglect or domestic violence. (This last type of disclosure will only be made if you agree, or as required or authorized by law.)

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

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official under the following circumstances: (i) in response to a court order, administrative request authorized under law, subpoena, warrant, summons or similar process; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) to report information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) to report information about a death that we believe may be the result of criminal conduct; (v) to report information about criminal conduct at Erie Family Health Center; and (vi) in emergency circumstances, to report a crime, the location of the crime or its victims or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine cause of death. We may also disclose health information about patients of Erie Family Health Center to funeral directors as necessary to carry out their lawful duties.

**Government Functions:** Information about you may be used and disclosed for specialized government functions, such as protection of public officials or reporting to various branches of the armed services.

**Fundraising Purposes:** We may contact you for the purpose of fundraising for the benefit of Erie Family Health Center. You have the right to opt out of receiving any fundraising communication received from, or on behalf of, Erie Family Health Center.

**As Required by Law:** We will disclose health information about you when required to do so by federal, state or local law.

**Additional Rights.** This Notice has been prepared to reflect your rights under the Health Insurance Portability and Accountability Act. If state law provides you with greater access to information, or provides greater protection to that information, than as described in this policy, then we shall follow the provisions of state law. Examples of such state laws are the Mental Health and Developmental Disabilities Confidentiality Act, the AIDS Confidentiality Act and the Genetic Information Privacy Act. In addition, if a Federal law creates greater protection for the information described in this Policy, Erie Family Health Center shall follow the provisions of such federal law. An example of such a Federal law is the Federal Drug Abuse, Prevention, Treatment and Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment, and Rehabilitation Act of 1970.