



Effective Date: 5/1/2017

HIPAA 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.**

If you have any questions about this notice, please contact our Privacy Officer at (412) 390-3801.  
2304 Jane Street  
Pittsburgh, PA 15203

This notice describes how **Partners for Quality, Inc., Allegheny Children's Initiative, Inc., Citizens Care, Inc., Lifeways, Inc. (d/b/a Exceptional Adventures), and The Partners for Quality Foundation** (collectively, the "Organizations" or "we") use and disclose your medical information. The Organizations are under the common ownership and control of Partners for Quality, Inc., and are designating themselves as affiliated entities for purposes of complying with the federal Health Information Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").

This notice applies to the records we create and maintain about your care and explains how we may use and disclose your medical information, including genetic information about you or a family member. This notice also describes your rights and our obligations regarding your medical information.

We are required by law to:

- safeguard your medical information;
- give you this notice of our legal duties and privacy practices with respect to your medical information;
- follow the terms of the notice that is currently in effect;
- notify you of material changes to this notice; and
- notify you in the event the privacy of your medical information we maintain is breached.

In some situations, federal and state laws provide privacy protections to your medical information in addition to the protection that HIPAA provides. Examples of medical information that sometimes receives additional protection include information related to mental health, HIV / AIDS, reproductive health, or chemical dependency. We may refuse to disclose such medical information, or we may contact you to obtain an express written authorization before disclosing it.

## **HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe different ways which we use and disclose your medical information. With the exception of uses and disclosures to provide treatment for you, we will use and disclose the minimum amount of your medical information necessary. In some cases we may also disclose your medical information without your authorization to individuals or entities (called "business associates") that assist us in performing these permitted functions (such as a billing service, accountant, lawyer, etc.). We enter into agreements with our business associates to ensure that the privacy of your medical information is protected.

The following explanation describes the instances in which we can use and disclose your medical information without your authorization.

- **For Treatment.** We may use or disclose your medical information to provide you with medical treatment or services. We may disclose your medical information to doctors, nurses, technicians, medical students, or other Organization personnel who are involved in providing services to care for you. We may also share your medical information among the Organizations to coordinate the different treatment and services you need.
- **For Payment.** We may use and disclose your medical information so that the treatment and services you receive from us, or, in certain circumstances, the treatment and services you receive at other providers with a direct treatment relationship with you, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about services you received from us so your health plan will pay us.
- **For Health Care Operations.** We may use and disclose your medical information for our operations, or in certain circumstances, the operations of another entity that has a direct treatment relationship with you. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- **Appointment Reminders.** We may use and disclose your medical information to contact you with a reminder that you have an appointment with us for treatment or medical care.
- **Treatment Alternatives.** We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

- **Fundraising Activities.** We may use *contact* information, such as your name, address and phone number, to contact you regarding our fundraising efforts. If you do not want to receive these communications, you must notify the Privacy Officer in writing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose your medical information to your family members, relatives or close personal friends or to any other person identified by you, but we will only disclose information which we feel is relevant to that person's involvement in your care or the payment of your care.
- **As Required By Law.** We will disclose your medical information when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of the public or another person.

### **SPECIAL SITUATIONS**

- **Military and Veterans.** If you are a member of the armed forces, we may release your medical information as required by military command authorities.
- **Workers' Compensation.** We may release your medical information for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose your medical information for public health activities, including, but not limited to, reporting suspected child abuse or neglect.
- **Health Oversight Activities.** We may disclose your medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official in certain limited situations.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your medical information to a coroner or medical examiner. We may also release medical information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose your medical information to authorized federal officials so they may provide protection to the

President, other authorized persons or foreign heads of state or conduct special investigations.

- **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. In addition, your written authorization is required for us to use your medical information for marketing, to release psychotherapy notes, or to sell your medical information. If you provide an authorization, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons specified in the written authorization. You understand that we are unable to take back any disclosures we have already made based on your written authorization.

### **YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION**

- **Right to Inspect and Copy**. You have the right to inspect and copy medical information we use to make decisions about your care except for psychotherapy notes or information we may have compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To inspect or copy your medical information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we customarily charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances; however, you may request that our denial be reviewed. A licensed health care professional not involved in the denial will review your request and our denial. We will comply with the outcome of the review.

- **Right to Append and Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend it. To request an amendment, you must submit your request in writing to the Privacy Officer and explain why your information should be amended. We may deny your request if the medical information (i) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the medical information kept by or for us; (iii) is not part of the information which you would be permitted to inspect and copy; or, (iv) is accurate and complete. If we deny your request, you may add a supplemental statement to your records indicating why you believe the information should be changed. We will append or otherwise link your statement to your records.
- **Right to an Accounting of Disclosures**. You have the right to request a list of the disclosures we made of your medical information other than disclosures made for treatment, payment, or health care operations purposes.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than the prior six years. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. ***We are not required to agree to your request*** unless your request pertains to a service you have paid for in full out-of-pocket and the disclosure would otherwise be made to a health plan for payment purposes. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

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.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to Complain.** You have the right to file a complaint with us and with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, you must submit it in writing to the Privacy Officer. We will not retaliate against you for filing a complaint.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact us at 412-390-3802.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at our facilities.