



## Family Practice & Counseling Network & Education Plus Health School-Based Health Center Collaborative

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### DETAILED NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH 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:**

- **Emily Nichols, Privacy Contact Person, at 267-597-3604**

#### **THE SBHC COLLABORATIVE PLEDGE REGARDING PROTECTED HEALTH INFORMATION:**

We understand that information about you and your health is personal, and are committed to keeping your health information secure and private. We are also required by law to maintain the privacy of health information that identifies you or that could be used to identify you (known as “protected health information”).

The law also requires that we provide you with this Notice of Privacy Practices. This notice will tell you about the ways in which we may use and disclose your protected health information. This notice also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to comply with the provisions of this notice currently in effect, although we reserve the right to change the terms of this notice from time to time in accordance with federal and state laws and to make the revised notice effective for all protected health information we maintain. Should we make such a change, you may obtain a revised notice from the Privacy Officer or Privacy Contact Person listed above.

#### **HOW MAY WE USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:**

##### **A. Routine Permitted Uses and Disclosures Without Written Authorization**

We may use and disclose your protected health information for the purposes of treatment, payment, and healthcare operations. For each of these categories, we have explained what we mean and given some examples below.

- **For Treatment** – We may use and disclose your protected health information to provide you with behavioral and/or primary health treatment or services. For example, we may disclose your protected health information to doctors, nurses, counselors, healthcare professionals in training, or other personnel who are involved in taking care of you through any program providing service to you. All locations may also share your protected health information to coordinate getting you the different things you need, such as prescriptions, counseling, and/or residential support.
- **For Payment** – We may use and disclose your protected health information so that the treatment and services you received at the program may be billed to, and payment may be collected from, you, an insurance company, a governmental agency, or another appropriate third party. For example, we may need to give the state, county, or city information about services you received at so that a government agency will pay us for the services we provided.
- **For Healthcare Operations** – We may use and disclose your protected health information for healthcare operations. These uses and disclosures are necessary to run the organization and make sure that all of our clients receive quality care. For example, we may use your protected health information to review our treatment and service, and to evaluate the performance of our staff in caring for you. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health professionals in training, and other organization personnel for review and learning purposes.

## B. Other Permitted Uses and Disclosures Without Written Authorization

- **Appointment Reminders** – In some cases, we may use and disclose your protected health information to contact you as a reminder that you have an appointment for treatment or services at the school.
- **Treatment Alternatives** – We may use and disclose your protected health 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 your protected health information to tell you about health-related benefits or services that may be of interest to you.
- **Research** – Under certain and special circumstances, we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **Required By Law** – We must and will disclose your protected health information when required to do so by federal, state and local law. For example, we must disclose to a public health or other appropriate government authority certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease) as required by law.
- **Health Oversight Activities** – We may use and disclose your protected health information in connection with audits, government inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system.
- **Legal Proceedings** – We may use and disclose your protected health information for judicial and administrative proceedings as required by a court or administrative order, or in response to a subpoena or a discovery request.
- **Business Associates** – We may disclose your protected health information to persons who perform functions, activities, or services for us or on our behalf that require the use or disclosure of protected health information. To protect your health information, we require such business associates of ours to appropriately safeguard your information.
- **Other Special Circumstances**
  - a) Workers' compensation purposes and in compliance with related laws.
  - b) To avert a serious threat to the health and safety of a person or the public at large.
  - c) For military, national defense and security, and other government functions.
  - d) For law enforcement purposes in limited situations, such as when information is needed to locate a suspect or stop a crime.

## C. Uses and Disclosures That May be Made Either With Your Agreement or Opportunity to Object

- If we obtain your verbal agreement, or give you an opportunity to object and you do not, we may disclose to a member of your family, a relative, a close friend, or any other person you identify your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or other person that is responsible for your care of your location or general condition

## D. Uses and Disclosures Based Upon Your Written Authorization

- **Psychotherapy Notes** – We must obtain your written authorization for most uses and disclosures of psychotherapy notes.
- **Marketing** – We must obtain your written authorization to use and disclose your protected health information for most marketing purposes.
- **Sale of Protected Health Information** – We must obtain your written authorization for any disclosure of protected health information that constitutes a sale of protected health information.
- **Other Uses and Disclosures** - Any other use or disclosure of your protected health information, other than those listed above, will only be made with your written authorization (unless otherwise permitted or required by law). **Authorizations may be revoked at any time, in writing, except to the extent that we have already used or disclosed health information in reliance on that authorization.**

## YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU



You have the following rights regarding health information we maintain about you. Please contact the Privacy Officer or Privacy Contact Person identified above if you have any questions about your rights:

- **Right of Access to Inspect and Copy:** You have a right to inspect and copy health information that is contained in a designated record set (e.g., medical and billing records). You must submit your request in writing to the Privacy Contact Person identified above. All requests to inspect and copy health information will be responded to within 30 days of the written request (with up to a 30-day extension if needed). As permitted by federal or state law, we may charge you a reasonable fee for a copy of your records. If you request an electronic copy and we maintain your protected health information in the form and format you request, then we will provide you with an electronic copy in such form and format. There are situations in which we may deny your request for access to your protected health information. Depending on the circumstances of the denial, you have a right to have such decisions reviewed.
- **Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, then you have the right to request an amendment to the information for as long as we maintain this information. You must submit your request in writing to the Privacy Contact Person identified above. The request must include the reason for the request and any supporting documentation. If we deny your request for amendment, you have the right to file a statement of disagreement with us.
- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures we have made, if any, of your protected health information. This right applies only to disclosures for purposes other than for treatment, payment, or health care operations as described in this Notice of Privacy Practices. You must submit your request for an accounting of disclosures in writing to the Privacy Contact Person identified above, and your request must be for a period no longer than 6 years. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period.
- **Right to Request Restrictions:** You have the right to request that we restrict how we use and disclose your health information that we have for treatment, payment, or healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your care. We are not required to agree with your request, except we must agree not to disclose your protected health information to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service that you paid for in full yourself. If we agree to the requested restriction, we may not use or disclose your protected health information unless it is needed to provide emergency treatment. You must submit your request to restrict disclosures of your protected health information in writing to the Privacy Contact Person identified above. Your request must state the specific restriction requested and to whom you want the restriction to apply.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you by telephone or by mail or that we only contact you at work or at home. We will accommodate all reasonable requests. You must submit your request for confidential communications in writing to the Privacy Contact Person identified above.
- **Right to Notification in the Case of a Breach:** We will notify you if you are affected by a breach of unsecured protected health information.
- **Right to Obtain a Paper Copy of This Notice:** You have the right to receive a paper copy of the *Notice of Privacy Practices*. To obtain a paper copy, contact the Privacy Contact Person identified above.
- **Right to Opt Out of Fundraising Communications:** We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

If you believe your privacy rights have been violated, then you may file a complaint by contacting the Privacy Officer at 267-597-3604, 4700 Wissahickon Avenue, Suite 126, Philadelphia, PA 19144. You may also file a complaint with the Secretary of the United States Department of Health and Human Services, 200 Independence Avenue S.W., Washington, D.C. 20201. We will not retaliate against you in any way for filing a complaint.