



NOTICE OF PRIVACY PRACTICES

This Notice has been written with the primary goal of protecting your privacy. 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, Sandra Bonaduce at (484)454-8700 extension 1143.

This Notice of Privacy Practices (NPP) describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The confidentiality of mental health records is specifically protected by Pennsylvania regulations. Child Guidance Resource Centers is required to comply with these additional restrictions. This includes prohibition, with very few exceptions, on informing anyone outside of the facility that you are attending the facility or disclosing any information that identifies you as an alcohol or drug abuser.

We are required to abide by the terms of this NPP, violations of Federal laws or regulations regarding these privacy practices is a crime. If you suspect a violation, you may file a report to the appropriate authorities in accordance with Federal regulations. We reserve the right to change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised NPP by accessing our web site at cgrc@cgrc.org, calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based upon Your Written Consent

You will be asked by CGRC staff to sign a consent form. Once you have consented to use and disclosure of your PHI treatment, payment and health care operations by signing the consent form, CGRC will use or disclose your PHI as described in this section.

Your PHI may be used and disclosed by our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your PHI may also be used and disclosed to pay your health care bills and to support the operation of CGRC.

The following are examples of the types of uses and disclosures of your PHI that CGRC is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office once you have provided consent.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management for your health care with a

third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility of coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. Unless, the disclosure is for payment to Child Guidance Resource Centers and the PHI pertains solely to health care item or service that you or another person paid for without using any insurance plan funding.

Healthcare Operations: We may use or disclose, as-needed, your PHI in order to support the business activities of your physicians practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to students that see clients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician/therapist. We may also call you by name in the waiting room when your physician/therapist is ready to see you. We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you. We may also contact you concerning Child Guidance Resource Centers fundraising activities.

We will share your PHI with third party “business associates” that perform various activities for CGRC. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with our written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that CGRC has taken an action in reliance on the use or disclosure indicated in the authorization

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

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgement, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Emergencies: We may use or disclose your PHI in an emergency treatment situation. If this happens, CGRC shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirement of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We will disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we will disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products, to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. This law enforcement purposes include (1) legal processes and otherwise requiring by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that crime occurs on the premises of the practice, and (6) medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Deceased Clients: We may disclose PHI regarding deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to

permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research Purposes: We may disclose PHI to researchers if (a) an Institution Review Board reviews and approves the research and a waiver to the authorization requirement; (b) the researchers establish protocols to ensure the privacy of your PHI; (c) the researchers agree to maintain the security of your PHI in accordance with applicable laws and regulations; and (d) the researchers agree not to re-disclose your PHI except back to CGRC.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We will also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Court Order: We may disclose your PHI if the court issues an appropriate order and follows required procedures.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provisions of protective services to the President or others legally authorized.

Workers' Compensation: Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of PHI. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and CGRC uses for making decisions about you. Your request must be in writing. We may charge you a reasonable cost based fee for any copies.

If the record is electronic, we will provide you access to your electronic record in electronic format so long as it is readily producible in electronic form or format. If not, we will provide you with a paper copy. You may also request / authorize us to send a copy of your record to a third party designated by you when the request is in writing, signed by you, and you provide clear direction as to the person and their location who is to receive the record copy. We may charge you for postage, etc.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a

decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in the NPP. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to CGRC's Privacy Officer.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact CGRC's Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive and accounting of certain disclosures we have made, if any, of your protected health information. You may request an accounting of disclosures for a period of up to six years. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in the NPP. It excludes disclosures we may have made to you, as a result of your authorization, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. We may charge you a reasonable fee if you request more than one accounting in any 12 month period. Please contact our Privacy Officer if you have questions about accounting of disclosures.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Fundraising: Child Guidance Resource Centers must provide you with an opportunity to opt out of receiving information about Child Guidance Resource Center fundraising activities if we intend to contact you to solicit funds. We cannot discontinue your treatment on your choice not to participate in the receipt of fundraising communications. However, you may always change your mind and let us know that you have decided to accept fundraising communications.

Marketing and Sale of your PHI: We will not engage in any marketing activities, as that term is defined under HIPAA and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization.

Other uses of your PHI not addressed in this Notice will require your authorization.

Complaints

You may complain to CGRC or to the Secretary of Health and Human Services (200 Independence Avenue, S.W., Washington, DC 20201, (202-619-0257) if you believe your privacy rights have been violated by CGRC. You may file a complaint with CGRC by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Sandra Bonaduce, at (484) 454-8700 ext. 1143 or sbonaduce@cgrc.org.

This notice was published and becomes effective on April 14, 2003.

Breach Notification

Business Associate Breach Notification

Business Associate agrees to report to Covered Entity within three (3) days of becoming aware of such use or disclosure of the PHI in violation of this Agreement by Business Associate or its employees or agents, or by a third party to which Business Associate disclose PHI pursuant to Section 5.

Business Associate agrees to include in all contracts with any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, the same restrictions and conditions on the use and disclosure of PHI that apply through this Agreement to Business Associate with respect to such information.

Business Associate agrees to provide access, within five (5) days of a request by Covered Entity and at a reasonable location, to PHI in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an individual who is the subject of the PHI in order to meet the requirements under 45 CFR 164.524.

Business Associate agrees to make PHI available for amendment and to incorporate any amendment to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR 164.526 at the request of Covered Entity or an individual, within five (5) days of a request.

Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Covered Entity, available to the Covered Entity, or at the request of the Covered Entity to HHS or its agents, within five (5) days of a request, for the purpose of determining Covered Entity's compliance with the HIPAA Privacy Rule.

Business Associate agrees to document such disclosures of PHI and information related to such disclosure as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528. Business Associate agrees to provide to Covered Entity or an individual, within five (5) days of a request, information collected to permit Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR 164.528.

- a) **“At a minimum, Business Associate shall provide Covered Entity with the following information:
(i) the date of the disclosure; (ii) the name of the entity or person who received the Protected**

Health Information,, and if known, the address of such entity or person; (iii) a brief description of the Protected Health Information disclosed; and (iv) a brief statement of the purpose of such disclosure which includes and explanation of the bases for such disclosure. In the event the request for an accounting is delivered directly to Business Associate, Business Associate shall within two (2) days forward such request to Covered Entity. It shall be Covered Entity's responsibility to prepare and deliver any such accounting requested. Business Associate hereby agrees to implement an appropriate record keeping process to enable it to comply with requirements of this Section."

Breach Notification

Deadline for Notice.

CGRC must provide all notifications of a breach of unsecured PHI as soon as practicable and in no case later than sixty (60) calendar days after the discovery of a breach.

Methods of Notice

Individual Notice

Notice of a breach provided to an individual must meet the following requirements:

- (a) The notice must be written and delivered to the individual by first-class mail addressed to the individual (or the next of kin of the individual if the individual is deceased) at the individual's (or next of kin's) last known address. In the alternative, if the individual (or next of kin) has so specified, the notification may be delivered by electronic mail. The notification may be provided in one or more mailings as information becomes available.
- (b) In the case in which there is insufficient, or out-of-date contact information (including a phone number, email address, or any other form of appropriate communication) that precludes direct written (or, if specified by the individual, electronic) notification, a substitute form of notice must be provided, including, in the case that there are ten (10) or more individuals for which there is insufficient or out-of-date contact information, a conspicuous posting for a period (determined by the Secretary) on the home page of the website of CGRC or notice in major print or broadcast media, including major media in geographic areas where the individuals affected by the breach likely reside. Such a notice in media or web posting will include a toll-free number where an individual can learn whether or not the individual's Unsecured PHI is possibly included in the breach.
- (c) If CGRC determines that immediate notification is required because of possible imminent misuse of unsecured PHI, CGRC may provide information by telephone or other means, as appropriate, in addition to the written notification required.

Media Notice

Notice shall be provided to prominent media outlets in Pennsylvania, following the discovery of a breach of unsecured PHI, if the unsecured PHI of more than 500 residents is, or is reasonably believed to have been, accessed, acquired, or disclosed during such breach.

Notice to Secretary

Notice shall be provided to the Secretary of unsecured PHI that has been acquired or disclosed in a breach. If a distinct breach was with respect to 500 or more individuals, such notice must be provided immediately. If a distinct breach was with respect to less than 500 individuals, CGRC may maintain a log of any such breach occurring and annually submit the log to the Secretary documenting the breaches occurring during the year involved.

Content of Notification

Regardless of the method by which notice is provided to individuals as set forth above, notice of a breach shall include, to the extent possible, the following:

- (a) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
- (b) a description of the types of unsecured PHI that were involved in the breach (such as full name, social security number, date of birth, home address);
- (c) the steps individuals should take to protect themselves from potential harm resulting from the breach;
- (d) a brief description of what CGRC is doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and
- (e) contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, website, or postal address.

Delay of Notification

Notification may be delayed if a law enforcement official determines that a notification, notice or posting would impede a criminal investigation or cause damage to national security.

This notice was revised on July 1, 2013.