

# ALLIES FOR HEALTH + WELLBEING NOTICE OF PRIVACY PRACTICES

WELCOME TO ALLIES FOR HEALTH + WELLBEING. WE UNDERSTAND THAT THAT INFORMATION ABOUT YOU AND YOUR HEALTHCARE IS PERSONAL. WE ARE COMMITTED TO PROTECTING HEALTH INFORMATION ABOUT YOU. WE WILL CREATE A RECORD OF THE CARE AND SERVICES YOU RECEIVE FROM US. WE DO SO TO PROVIDE YOU WITH QUALITY CARE AND TO COMPLY WITH ANY LEGAL OR REGULATORY REQUIREMENTS. THIS NOTICE APPLIES TO ALL OF THE RECORDS GENERATED OR RECEIVED BY ALLIES FOR HEALTH + WELLBEING, WHETHER WE DOCUMENTED THE HEALTH INFORMATION, OR ANOTHER DOCTOR FORWARDED IT TO US. THIS NOTICE WILL TELL YOU THE WAYS IN WHICH WE MAY USE OR DISCLOSE HEALTH INFORMATION ABOUT YOU. THIS NOTICE ALSO DESCRIBES YOUR RIGHTS TO THE HEALTH INFORMATION WE KEEP ABOUT YOU, AND DESCRIBES CERTAIN OBLIGATION WE HAVE REGARDING THE USE AND DISCLOSURE OF YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY.

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

The following information describes different ways that we may use or disclose health information about you. Unless otherwise noted each of these uses and disclosures may be made without your permission. For each category of use or disclosure, we will explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, unless we ask for a separate authorization, all of the ways we are permitted to use and disclose information will fall within one of the categories.

ALLIES MAY **USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI), FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS.** TO HELP CLARIFY THESE TERMS, HERE ARE SOME DEFINITIONS:

- **“PHI” (PROTECTED HEALTH INFORMATION):** INFORMATION IN YOUR HEALTH RECORD THAT COULD IDENTIFY YOU.
- **TREATMENT:** WHEN ALLIES PROVIDES, COORDINATES OR MANAGES YOUR HEALTH CARE AND OTHER SERVICES RELATED TO YOUR HEALTH CARE. AN EXAMPLE OF “DISCLOSURE FOR TREATMENT” WOULD BE CONSULTING WITH ANOTHER HEALTH CARE PROVIDER, SUCH AS YOUR FAMILY PHYSICIAN OR OTHER SPECIALIST.
- **PAYMENT:** WHEN ALLIES OBTAINS REIMBURSEMENT FOR YOUR HEALTHCARE. AN EXAMPLE OF “DISCLOSURE FOR PAYMENT” WOULD ENTAIL RELEASING YOUR PHI TO YOUR HEALTH CARE INSURER TO OBTAIN REIMBURSEMENT FOR SERVICES / HEALTH CARE OR TO DETERMINE ELIGIBILITY OR COVERAGE.
- **HEALTH CARE OPERATIONS:** ARE ACTIVITIES THAT RELATE TO THE PERFORMANCE AND OPERATIONS OF OUR PRACTICE. EXAMPLES OF “DISCLOSURE FOR HEALTH CARE OPERATIONS” INCLUDE QUALITY ASSESSMENTS AND IMPROVEMENT ACTIVITIES, BUSINESS-RELATED MATTERS SUCH AS AUDITS AND ADMINISTRATIVE SERVICES, CASE MANAGEMENT AND CARE COORDINATION.
- **“USE”:** APPLIES ONLY TO ACTIVITIES WITHIN ALLIES OFFICE, CLINIC, PRACTICE GROUP, ETC., SUCH AS SHARING, EMPLOYING, APPLYING, UTILIZING, EXAMINING, AND ANALYZING INFORMATION THAT IDENTIFIES YOU.
- **“DISCLOSURE”:** APPLIES TO ACTIVITIES OUTSIDE OF OUR OFFICE, CLINIC, PRACTICE GROUP, ETC., SUCH AS RELEASING, TRANSFERRING, OR PROVIDING ACCESS TO INFORMATION ABOUT YOU TO OTHER PARTIES.

**For Treatment:** We may use health information about you to provide you with healthcare treatment and services. We may disclose health information about you to doctors, nurses, technicians, health students, volunteers or other personnel who are involved in taking care of you. They may work at our offices, at a hospital if you are hospitalized under our supervision, or at another doctor's office, lab, pharmacy, or other health care provider to whom we may refer you for consultation, to take x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. For example, a doctor treating you may need to know if you have diabetes because diabetes may slow the healing process. We may provide that information to a physician treating you at another institution.

**For Payment:** We may use and disclose health information about you so that the treatment and services you received from us may be billed to and payment collected from you, an insurance company, a state Medicaid agency or a third party. For example, we may need to give your health insurance plan information about your office visit so your health plan will pay is for reimburse you for the visit. Alternatively, we may need to give your health information to the state Medicaid agency so that we may be reimbursed for providing services to you. In some instances, we may need to tell your health plan about a treatment you are going to receive to obtain prior to or determine whether your plan will cover treatment.

**For Healthcare Operations:** We may use and disclose health information about you for operations of our healthcare practices. These uses and disclosures are necessary to run out practice and make sure that all of our patients received quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many patients to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing with others and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study healthcare delivery without learning who our specific patients are.

**As Required By Law:** We will discuss health information about you 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 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 other person. Any disclosure, however, would only be to someone who can help prevent the threat.

**Military and Veterans:** If you are a member of the armed forces or are separated/discharged from military services., we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.

**Workers Compensation:** We may release health information about you for workers compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

**Public Health Risk:** We may disclose health information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls or products they may be using;
- To notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease or condition;

- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when 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 include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights law.

**Lawsuit and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to an order issued by a court or administrative tribunal. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing persons;
- If you are the victim of a crime and we are unable to obtain your consent;
- About a death we believe may be the result of criminal conduct;
- In an instance of criminal conduct at our facility; and
- In an emergency circumstance to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Such releases of information will be made only after efforts have been made to tell you about the request and you have time to obtain an order protecting the information requested.

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

## **II. USES AND DISCLOSURES REQUIRING AUTHORIZATION:**

We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “**authorization**” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for your PHI for purposes outside of treatment, payment and health care operations and the other conditions listed, we will obtain an authorization from you before releasing this information. This includes any uses and disclosures for marketing purposes and disclosures that constitute the sale of PHI. Any other type of use and disclosure of your PHI not described in this Notice of Privacy Practices will be made only with your consent. **\*You may revoke all such authorizations of PHI at any time by informing your case manager, clinician or Allies Privacy Officer, Sara Luby, 412-345-7456.** It is illegal for a treatment facility to act in reliance of a consent that it knows to have been revoked.

The HIPAA Privacy Rule established national minimum standards with respect to the collection, maintenance, access, use, and disclosure of individually identifiable health information. The federal law pre-empts state and local law only where state, local and federal laws are “contradictory” and the federal regulation is judged to establish “more stringent” privacy protections than state or local laws.

### III. Patient's Rights and Clinician's Responsibilities and Duties:

#### Patient's Rights

- **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of protected health information about yourself. Also, any individual who pays out of pocket in full for a health care item or services has the right to restrict disclosures of PHI to their health plan.
- **Right to "opt out" of Fund Raising Communications:** It is your right to "opt out" of receiving fund raising communications from Allies, if Allies contacts you to solicit a financial or any other type of donation.
- **Right to Receive Confidential Communications by Alternative Means and at Alternative Locations:** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
- **Right to Inspect and Copy:** You have the right to inspect or obtain a copy (or both) of PHI in our medical and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
- **Right to Amend:** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting:** You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). We will discuss with you the details of the accounting process. For substance abuse treatment clients, you will be informed immediately when a release is issued without your consent. We will include the following: who the information is released to, why the information was released, and what information was released.
- **Right to a Paper Copy:** You have the right to obtain a paper copy of the notice from us upon verbal or written request, even if you have agreed to receive the notice electronically.

#### ALLIES Responsibilities and Duties:

- We are required by law to maintain the privacy of PHI and to provide you with a notice of our legal duties and privacy practices with respect to PHI. If a breach of your PHI was to occur you will be notified by Allies immediately.
- We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect. We comply with all federal and state regulations.
- If we revise our policies and procedures, we will notify you in writing if the revision applies to you.

#### IV. Changes to this notice:

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future.

#### V. Questions and Complaints

If you have questions about this notice, disagree with a decision we make about access to your records, or have any other concerns about your privacy rights, you may contact **Allies Privacy Officer, Sara Luby, 5913 Penn Ave., Pittsburgh, Pa. 15206**. You may also send a written complaint to the Secretary of the U. S. Department of Health and Human Services.

**Acknowledgment by Individual or Personal Representative  
of Receipt of Notice of Privacy Practices**

I acknowledge receiving a copy of the Notice of Privacy Practices given to me by Allies for Health + Wellbeing.

I understand this notice explains how Allies for Health + Wellbeing is permitted to use and disclose my protected health information and how Allies for Health + Wellbeing must protect the confidentiality of my health information.

I understand I should keep the notice and refer to it if I have questions. I also understand I should call the Allies for Health + Wellbeing Privacy Officer, Sara Luby at 412-345-7456 if I have a question or concern about my privacy rights.

\_\_\_\_\_  
Print name of Individual

\_\_\_\_\_  
(If applicable) Print name of Individual's Personal Representative and Relationship to Individual

\_\_\_\_\_  
Signature by Individual or Individual's Personal Representative

\_\_\_\_\_  
Date

**OFFICE STAFF USE ONLY IF ACKNOWLEDGMENT NOT SIGNED**

**The following attempt(s) were made to obtain a written Acknowledgment of Receipt:**

- NPP given to Individual, who refused to sign.
- NPP was mailed to Individual's home address as stated in records.
- NPP was mailed to an alternate address, at Individual's request.
- NPP was faxed or emailed to Individual, at Individual's request.

Other reason(s) why written acknowledgment not obtained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person attempting to obtain signed Acknowledgment

\_\_\_\_\_  
Date

**ORIGINAL MAINTAINED IN FILE**