

## The federal privacy regulations require us to:

- keep personal information about you private,
- give you notice of our legal duties and privacy practices,
- follow the terms of the notice currently in effect,
- notify you if we are unable to agree to a requested restriction,
- accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address,
- provide an accounting of disclosures of your protected health information.

We will not use or disclose your health information without your authorization, except as described in this notice.

*The CILCP reserves the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us.*

*If you believe your privacy rights have been violated, you can file a complaint with the CILCP Privacy Officer or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.*

*This brochure is available in alternate format.*

Your local resource for  
**LIVING WELL**  
WITH A DISABILITY®  
*One Call. Countless Resources. Endless Opportunities.*

[www.cilcp.org](http://www.cilcp.org)  
[livingwell@cilcp.org](mailto:livingwell@cilcp.org)  
[www.facebook.com/cilcp](http://www.facebook.com/cilcp)

### MAIN OFFICE:

207 House Avenue, Suite 107, Camp Hill, PA 17011  
(717) 731-1900 • 1-800-323-6060  
Fax: (717) 731-8150 • TTY: (717) 737-1335

### NEWPORT OFFICE:

100 North 2nd Street, Newport, PA 17074  
(717) 567-0306 • Fax: (717) 567-0308

For questions regarding Privacy Practices,  
contact the CILCP Privacy Officer  
at Extension 219.

If you, a family member, or friend  
want to learn more about living your  
best, please call our hotline for a free  
survey at 1-877-865-4893.



**The Center for Independent Living of Central PA (CILCP)** is committed to providing services, making referrals and taking employment actions without regard to age, ancestry, color, disability, national origin, race, religious creed, sex, veteran status or any other characteristic protected by applicable federal, state or local laws or ordinances.



## How We Use and Disclose Your Health Information

Center for Independent Living  
of Central Pennsylvania

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# How CILCP Uses & Discloses Your Health Information

The Center for Independent Living of Central PA (CILCP) considers personal information to be confidential. We protect the privacy of that information in accordance with federal and state privacy laws, as well as our own company privacy policies.

As a consumer, the CILCP may use your protected health information and disclose it to other health and human services programs to:

- plan and provide your service,
- communicate with health care professionals,
- describe the service you receive,
- obtain reimbursement from private insurers or other government programs,
- verify that services billed were actually provided,
- educate health professionals,
- inform public health officials charged with improving healthcare,
- assess and improve the services provided and the outcomes achieved,
- pay for services you receive,
- inform you about other public programs and services.



# Your Legal Rights

## You have the right to:

- request a restriction on certain uses and disclosures of your protected health information,
- request amendments to your protected health information,
- obtain an accounting of disclosures of your protected health information,
- request communications of your protected health information by alternative means or at an alternative address,
- revoke your consent to use or disclose protected health information to the extent that it has not already been relied upon,
- file a complaint to the Privacy Officer and/or the Secretary of U.S. Department of Health and Human Services if you believe your privacy rights have been violated.

# Others Who May Receive Your Health Information:

**Business Associates:** to persons who provide services to us such as auditors, business consultants, and who enter an agreement assuring us they will protect your information.

**Industry Regulation:** to government/entities that regulate us.

**Law Enforcement:** in response to a request from federal, state and local law enforcement officials

**Correctional Institution:** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof any health information necessary for your health and the health and safety of other individuals, or for the administration of the institution.

**Legal Proceedings:** in response to a court order or other lawful process.

## Examples of Disclosures for Treatment, Payment & Health Operations:

### We may use your health information for services.

For example: Information obtained through your service plan will be recorded in your file and used to schedule services.

### We may use your health information for billing.

For example: A bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

### We may use your health information for regular business operations.

For example: Members of a quality assurance 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 service we provide.