**NOTICE OF PRIVACY PRACTICES**

**FOR**

**Center for Independent Living of Central PA**

**Effective Date: November 9, 2017**

**THIS NOTICE DESCRIBES HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Our Commitment to you:**

Each time you receive services from the Center for Independent Living of Central PA (CILCP), a record of such services is created and kept on file. This information is necessary in order for our organization to provide you with the highest quality care and services and to comply with certain legal requirements.

We are committed to keeping your health information private and secure. This notice applies to all of the records of your care or services created by CILCP, whether created by our direct employees or by individuals providing services to you on our behalf through contracts with our organization.

This notice explains how we may use or disclose your protected health information. Not every use or disclosure may be listed. If you have any questions about this Notice, please contact the Chief Financial Officer, who also serves as the Privacy Officer at 717-731-1900 x 214.

**What health information is protected?**

Some examples of protected health information (PHI) are:

• Information indicating you are a consumer of CILCP services

• Information about your health condition(s)

• Information about your health care benefits under an insurance plan

• Demographic information such as your name, address, insurance status, etc.

• Unique numbers that may identify you, such as your social security number, your

phone number, etc.

• Phone numbers that are used for the purpose of SMS.

• Other types of information that identify who you are.

**Who will follow this Notice?**

This Notice describes the privacy practices of CILCP, its affiliates and the following:

• Any state or federal licensing and/or funding authority.

• All departments and units of the CILCP.

• Any volunteer we allow to assist you while you are receiving services from

CILCP.

• All employees, staff, Board members, and other authorized personnel.

All of these persons and entities follow the terms of this Notice and may share protected health information with each other for treatment, payment or provider operations purposes as described in this Notice.

CILCP does not share SMS consent or phone numbers for the purpose of SMS with third parties.

**How CILCP generally uses and discloses your health information:**

If you receive services from CILCP, the organization may use and/or disclose, if necessary, your Protected Health Information (PHI) for treatment, billing or operational purposes without your consent or authorization to:

• Plan and provide your care and services

• Obtain reimbursement from private insurers or government programs

• Pay and/or bill for services you receive

• Comply with any licensing, audits, investigations and inspection requirements

• Review the performance of our staff providing services

• Assess and improve the services we provide and outcomes achieved

• Inform you about other public programs and services

• Provide information in an emergency situation

**Other situations that do not require your consent or authorization:**

In addition to the disclosures for billing or operational purposes described above, CILCP may use or disclose your PHI without your written consent under other circumstances, such as:

* When required by federal, state or local law
* To report abuse, including child abuse, neglect or domestic violence
* For public health purposes, such as
* To prevent or control disease, injury or disability
* To report problems with services or other adverse events.
* In response to a court order, subpoena, discovery request, or other lawful processes, if certain requirements are met

• For certain law enforcement purposes

• To family members, friends or persons authorized by you or your legal

representative involved in your care or payment for your care

• To coroners, medical examiners and funeral directors to identify a deceased

person or determine the cause of death

• To authorize federal officials for national security and intelligence activities

authorized by law

**Uses or disclosures requiring your specific authorization:**

Other uses and disclosures of your PHI will be made only with your written consent/authorization, as required by state and/or federal law. You may revoke your authorization regarding these matters in writing at any time. However, please understand that we are unable to take back any disclosures that were made prior to any revocations. The typical disclosures that require your written authorization are:

• Drug and/or alcohol use treatment information

• Mental health treatment information

• HIV/AIDS-related health information

**Your health information rights:**

Although the records we create and maintain are the physical property of CILCP, you have the following rights with respect to the records we maintain about you:

**Right to request restrictions –** you have the right to request in writing a restriction or limitation on the medical information we use or disclose about you for services, payment or business operations. You also have the right to request in writing 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. **Please note, that while we are not required to agree with your request, we will give every consideration to your request.** If we agree, we will comply with your request, unless the information is needed to provide you with emergency treatment/care. We ask that you make your request for restriction in writing, advising us what information you want to limit, whether you want to limit our use or disclosure, or both and to whom you want the limits to apply and for how long.

**Right to request confidential communication** – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home or by mail. To request confidential communication, we ask that you submit your request in writing. Your request must specify how or where you wish to be contacted. **CILCP is required to accommodate all reasonable requests.**

**Right to inspect and copy your records –** You have the right to inspect and copy your records. We may charge you a reasonable fee if you want to copy your health information. We may deny your request to inspect and request to copy in certain limited circumstances. If you are denied access to medical information, you may request a review and an appeal of that decision.

**Right to amend –** If you believe that the information contained in your file is incorrect or incomplete, you may ask us to amend the information. We ask that you submit your request in writing and give a reason(s) as to why your health information should be changed.

**Right to an accounting of disclosures –** You have the right to request in writing an account of disclosures of your PHI made by our organization over a recent 12-month period. If you request an accounting of disclosures, we will provide you with the date of each disclosure, who received the information, a brief description of the information disclosed and why the disclosure was made. We will provide this information within thirty (30) days of the request. We will not charge you for the accounting of disclosures.

**Right to paper copy of this Notice –** You have the right to a paper copy of this Notice and you may ask us to give you a copy at any time.

**CILCP’s Duties:**

**CILCP has a duty to:**

• Maintain the privacy of your PHI

• Provide you with a copy of this Notice

• Notify you if we are unable to agree to a requested restriction

• Provide an accounting of disclosures of your PHI over a recent 12-month period.

**Changes to this Notice:**

CILCP may change its privacy practices within the limits of federal and/or state law(s) and make new privacy practices effective for all PHI we maintain. Should our privacy practices change, we will provide you with a revised Notice.

**Complaints:**

If you believe your privacy rights have been violated, you may file a complaint with:

Director of Compliance

Center for Independent Living of Central PA

3211 N. Front Street, Suite 100

Harrisburg, PA 17110

717-731-1900 x 212

You may also file a written complaint with the Office of Civil Rights, United States Department of Health and Human Services at:

**Region III, Office of Civil Rights**

**U.S. Department of Health and Human Services**

**150 South Independence Mall West, Suite 372**

**Philadelphia, PA 17106-9111**

**215-861-4441**

**800-368-1019 (toll-free)**

There will be no retaliation for filing a complaint. If you have any questions or would like additional information, please feel free to contact the Center for Independent Living of Central PA at 717-731-1900 x 212.