



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

### ***Our Duty to Safeguard Your Protected Health Information***

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time**. You may request a copy of the notice from the front desk of a TrueNorth Wellness office, by contacting Customer Service Staff at 1-800-315-0951, or on our website at [www.truenorthwellness.org](http://www.truenorthwellness.org).

### ***How We May Use and Disclose Your Protected Health Information***

We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI for purposes of treatment and payment. For uses beyond that, we must have your **written authorization** unless the law permits or requires us to make the use or disclosure without your authorization. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it will extend the same degree of privacy protection to your information that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following offers more of a description of our potential uses/disclosures of your PHI.

**For treatment:** We may disclose your PHI to psychiatrists, nurses and other health care personnel who are involved in the coordination of your care.

**To obtain payment:** We may use/disclose your PHI in order to bill and collect payment from third party insurers (insurance companies, County funders, Medicaid, Medicare, and managed care organizations) for your health care services.

**For health care operations:** We may use/disclose your PHI in the course of operating our programs/agency. For example, we may use your PHI in evaluating the quality of services we are providing, or disclose your PHI to our accountant for audit purposes, or attorneys for commitment hearings. Since we are an integrated system, we may disclose your PHI to designated staff in our other facilities, programs, and support services departments. Release of your PHI might also be necessary to determine your eligibility for publicly funded services.

**Appointment reminders:** Unless you provide us with alternative instructions, we may send appointment reminders via mail or email, or contact you by phone at home to remind you of your appointment.

**Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment and operation purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.

**Uses and Disclosures of PHI from Mental Health Records Not Requiring Consent or Authorization:** The law provides that we may use/disclose your PHI from mental health records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.

**For public health activities:** We may disclose PHI when we are required to collect information about disease or injury, or to report vital statistics to the public authority, such as County Administrators or other designated officials auditing the services we provide.

**For health oversight activities:** We may disclose PHI to our central office, the protection and advocacy agency or another agency responsible for monitoring the health care system for such purposes as reporting or investigating unusual incidents, and monitoring of the Medicaid program.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

**Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring [Consent or] Authorization:** The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

**When required by law:** We may disclose PHI when a law required that we report information about suspected child abuse and neglect, or when a crime has been committed on the program premises or against program personnel, or in response to a court order.

**Relating to decedents:** We may disclose PHI relating to an individual's death if state or federal law required the information for collection of vital statistics or inquiry into cause of death.

**For research, audit or evaluation purposes:** In certain circumstances, we may disclose PHI for research, audit or evaluation purposes.

**To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI to law enforcement when a threat is made to commit a crime on the program premises or against program personnel.

***You Have the Following Rights Relating to Your Protected Health Information:***

**To Request Restrictions on Uses/Disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.

**To Choose How We Contact You:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonably easy for us to do so.

**To Inspect and Request a Copy of Your PHI:** Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your protected health information upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.

**To request Amendment of Your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: (i) correct and complete; (ii) not created by us and/or not part of our records, or; (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have request and denial, along with any statement in response that you provide, appended to your PHI.

**To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or pursuant to your written authorization on or after April 2003. We will respond to your written request within 60 days. Your request can relate to disclosures as far back as six years. There will be no charge for up to one such list per year. There may be a charge for more frequent requests.

**To Receive This Notice:** You have a right receive a paper copy of this Notice and/or an electronic copy by email upon request.

**How to Complain About Our Privacy Practices:**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the TrueNorth Wellness compliance officer (see below). You also may file a written complaint with the Office for Civil Rights of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington D.C., 20201, online at [hhs.gov](https://www.hhs.gov), or call 1-800-368-1019, TDD: 1-800-537-7697. We will take no retaliatory action against you if you make such complaints.

**Contact Person for Information, or to Submit a Complaint:**

If you have questions about this Notice or any complaints about our privacy practices, please contact the TrueNorth Wellness Compliance Officer at 625 West Elm Avenue, Hanover, PA 17331 or by phone, (717) 632-4900.

***This notice last updated 11/9/20.***