



NOTICE OF PRIVACY PRACTICES

Effective May 1, 2016

THIS NOTICE, IN COMPLIANCE WITH FEDERAL PRIVACY REGULATIONS, DESCRIBES HOW YOUR PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Wordsworth is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Medical Information and to provide individuals covered under our group health plan and our clients with notice of our legal duties and privacy practices concerning Protected Medical Information. We are required to abide by the terms of this Notice so long as it remains in effect.

The term “protected medical information” in this Notice includes any information Wordsworth maintains that reasonably can be used to identify you and that relates to your physical or psychiatric medical conditions, the provision of health care to you, or the payment for such. Your protected medical information includes any identifying information about you (i.e., name, address, social security numbers, telephone numbers, etc.).

Your Rights

You have the following rights, subject to certain limitations, regarding protected medical information that Wordsworth maintain about you:

- ❖ **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your protected medical information that may be used to make decisions about your care or payment for your care, including information contained within your electronic medical record, and/or tell us where to send the information. Wordsworth may deny your request to inspect or receive copies in certain limited circumstances. If you are denied you have the right to request review of the denial. *Please note a fee may be charged for paper or electronic copies of your records.*
- ❖ **Right to Amend/Correct:** You have the right to request amendment and/or corrections to the protected medical information maintained by Wordsworth. Wordsworth is not obligated to make all requested amendments/corrections, but will give each request careful consideration. Requests can be denied if the protected medical information was not created by Wordsworth, is not part of the protected medical information maintained by or for Wordsworth; is not part of the protected medical information to which you have a right to access; and/or is accurate and complete as determined by Wordsworth. All requests must be made in writing, include the reason(s) for the request, and must be signed.

- ❖ **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain disclosures made by Wordsworth of your protected medical information for a time period of six years prior to the date of the request of accounting. Examples of disclosures include protected medical information to insurance departments, pursuant to valid legal proceedings or for law enforcement purposes. All accounting disclosure requests must be in writing and signed. The first accounting in any 12-month period is free, however, Wordsworth may charge you a fee for each subsequent accounting requested within the same 12-month period.
- ❖ **Right to Request Restrictions:** You have the right to request a restriction or limitation on the protected medical information that we use or disclose for treatment, payment or medical care initiatives. You also have the right to request a limit on the protected medical information that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you can request that Wordsworth does not disclose protected medical information to your parent/guardian (if they are over the age of 14) and/or your spouse. *We are not required to agree to your request. If we agree to your request, we will comply unless we need to use the information in certain emergency treatment situations.*
- ❖ **Right to Request Confidential Communications:** You have the right to request how we communicate with you about your protected medical information in a certain way or at a certain location. For example, you can ask that we contact you only by mail or at work. We will accommodate reasonable requests. Requests for confidential communications must be made in writing and signed.
- ❖ **Notification of Privacy Practices:** You have the right to receive a copy of Wordsworth Notice of Privacy Practices. A copy can be provided to directly to you, sent electronically, or via the internet at <http://www.wordsworth.org>.

Use and/or Disclosure of Your Protected medical information

Wordsworth may use or disclose your protected medical information without your permission for your treatment, to pay for your medical care and to operate our business as follows:

- ❖ **Payment:** Wordsworth may use and disclose your protected medical information in order to pay for the treatment and services you receive from Wordsworth, to determine your eligibility for benefits and our responsibility to pay benefits for claims submitted for your treatment and to process claims for medical care services you receive, including coordination of other benefits you may have. Wordsworth may share your protected medical information with government programs such as Medicaid and Medicare to coordinate benefits. For example, Wordsworth may contact your managed care organization to confirm your coverage or request prior approval for a proposed treatment or service.
- ❖ **Treatment:** Wordsworth may use or disclose your protected medical information to arrange for your treatment or the coordination of your care. For example, a treating physician/psychiatrist at another facility may request your protected medical information to ensure continuity of care (i.e., transferring of service supports). Wordsworth may also disclose your protected medical information to individuals or medical providers after you leave the facility.
- ❖ **Health Care Operations:** Wordsworth may use and disclose your protected medical information for certain facility operations. These uses/disclosures are necessary to manage the facility and to monitor and improve our quality of care. For example, Wordsworth may use/disclose your protected medical information for quality reviews, accounting, legal, risk management, insurance services, and compliance and audit functions.

- ❖ **Reminders and Other Information:** Wordsworth may use your protected medical information to contact you to remind you about appointments with providers who treat you, to give you information on treatment alternatives, and to provide you with information on other medical related benefits and services.

Wordsworth may also use or disclose your protected medical information, in most cases without your permission for the following reasons listed below:

- ❖ **Required by Law:** Wordsworth may use or disclose your protected medical information when and to the extent we are required by local, state and federal law to do so.
- ❖ **Victims of Abuse/Neglect/Domestic Violence:** Wordsworth is a mandated reporting agency and is therefore required by law to disclose protected medical information of any client whom we reasonably believe is a victim of abuse or neglect.
- ❖ **Judicial and Administrative Proceedings:** Wordsworth may disclose your protected medical information in response to a court order, subpoena or administrative request. Efforts will be made to contact you about the request or to obtain an order agreement protecting the information.
- ❖ **Law Enforcement:** Wordsworth may disclose limited protected medical information to law enforcement personnel as required by law to comply with reporting requirements, including to identify or locate a suspect, fugitive, witness, or victim of a crime or to report a crime on our premises.
- ❖ **Juvenile Detention/Correction Facilities:** Wordsworth may disclose your protected protected medical information to a juvenile detention center, correctional institution, or law enforcement official having custody of you.
- ❖ **Business Associates:** Wordsworth, at times, contracts with individuals and businesses to perform certain functions on our behalf, known as Business Associates. Business Associates are required to sign a contract with us to protect the privacy of your protected medical information and are not allowed to use or disclose any information other than specific in our written agreement with them.
- ❖ **Commitment Proceedings:** As part of any involuntary commitment proceedings, the judge may direct that the court or mental medical review officer assigned under the Mental Medical Procedures Act have access to your protected medical information for purposes of conducting the hearing.
- ❖ **To Avert Serious Threat to Medical/Safety:** Wordsworth may use or disclose information when necessary to prevent a serious threat to your medical/safety or the medical/safety of another person or the public. Any disclosure, however, will be made to someone who may be able to help prevent the threat.
- ❖ **Specialized Government Functions:** Wordsworth may disclose your protected medical information requested by the federal government for specialized functions such as national security and intelligence activities, protected services for the United States President and others.

- ❖ **Public Health Activities:** Wordsworth may disclose your protected medical information for public health purposes to an authority (i.e., Centers for Disease Control, Food and Drug Administration) that is legally authorized to collect or receive your protected medical information for the purpose of preventing or controlling disease, injury or disability, including but not limited to the reporting of a communicable disease, births, and deaths.
- ❖ **Health Oversight Activities:** Wordsworth may disclose your protected medical information to a health oversight agency for activities authorized by law such as audits, investigations, licensing, and inspections. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.
- ❖ **Research:** Wordsworth may use or disclose your protected medical information for research purposes provided that the researcher adheres to certain privacy protections and only after special approval process that protects clients safety/confidentiality.
- ❖ **Coroners, Funeral Directors and Organ Donation:** Wordsworth may disclose your protected medical information to a coroner or medical examiner for identification purposes, cause of death determinations, organ donation, and related reasons. Protected medical information may also be disclosed to funeral directors as needed to in order that may carry out their duties.
- ❖ **Fundraising:** Wordsworth may use or disclose to a business associate or to an institutionally related foundation certain demographic information and other health care services about you to contact you to raise funds.
- ❖ **Disaster/Emergency Relief:** Wordsworth may disclose your protected medical information to an organization assisting in a disaster/emergency relief effort(s) to assist in notification and general condition to family ad others involved in your care (i.e., Red Cross, City of Philadelphia Emergency Management Team).
- ❖ **Military and Veterans:** If you are a member of the armed forces, Wordsworth may use and disclose your protected medical informatin as required by military command authorities.
- ❖ **Workers' Compensation:** Wordsworth may use or disclose your protected medical information to comply with laws related to workers' compensation or similar programs. Wordsworth may also disclose protected medical information for work-related conditions that could affect employee health; for example, an employer may ask us to assess health risks on a job site.
- ❖ **De-identifying Information:** Wordsworth may use your medical health information by removing any information that could be used to readily identify you.

Use and Disclosures that Require Your Written Consent

Wordsworth will not use or disclose any of your protected medical information unless you sign a written authorization that gives us permission to do so, with the exception of those instances listed above. The following list contains the types of uses and disclosures that require your written authorization

- ❖ **Psychotherapy Notes:** Wordsworth documents and maintains psychotherapy notes on the clients it serves. Written authorization is required for most uses and disclosure of psychotherapy notes.

- ❖ **Marketing Communications:** Wordsworth will not use or disclose your protected medical information for marketing purposes or sell your protected medical information without your authorization.

Wordsworth will use and disclose protected protected medical information other than described in this Notice only with your written authorizatin. In some situations, federal and state laws provide special protection for certain kinds of health information such as information about drug and/or alcohol abuse treatment, mental health or illness, HIV/AIDS, and sexually transmitted diseases. Wordsworth will not use or disclose that specifically protected information without your written consent as required by law.

Revocation of Authorization

You may revoke your prior authorizations to use or disclosed protected protected medical information in writing, at any time. If you revoke your authorization, Wordsworth will no longer use or disclose your protected medical information with the exception of information has already been used or disclosed or any action taken before receipt of the revocation. Authorization for purposes related to obtain insurance may not be revoked.

Reports/Breach Notification

If an employee or business associate believes in good faight that Wordsworth engaged in unlawful conduct or otherwise violated professinal or clinical standards and are potentially hurting clients, employees or the public, Wordsworth may give your protected medical information to an appropriate medical oversight agency, public medical authority, or attorney.

Wordsworth may use your contact information and other medical unformation to investigate and notify you or government authorities of an unauthorized acquision, use or disclosure of or possible access to your protected medical information.

Exercising Your Rights

If you have questions about this Notice, if you want to exercise any of your rights, please contact:

Wordsworth Privacy Officer
Four Falls Center
3300 Henry Avenue, 2nd Floor
Philadelphia, PA 19129
215-643-5400

If you believe your privacy rights have been violated, you may file a complaint with Wordsworth or with the Secretary of the U.S. Department of Health and Human Services within 180 days of a violation of your rights. To file a complaint with us, contact the Privacy Officer at the address listed above or the DHHS at the address listed below. All complaints must be made in writing. ***There will be no retaliation for filing a complaint.***

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C., 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints

Changes to This Notice

Wordsworth will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Wordsworth reserves the right to change its privacy practices and this Notice and to make the revised privacy practices and Notice provisions effective for all protected medical information maintained. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices can be obtained by contacting the Privacy Officer (at the telephone number/address listed below) or on our website at www.wordsworth.org.