Attachment 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH (DOH)
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

What Is This Notice For?

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.

What Do We Do To Keep Your Health Information Private?

Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. You have the right to discuss your concerns about how your health information is shared. The law under the Health Insurance Portability and Accountability Act (HIPAA) says:

1. We must keep your health information from others who do not need to know it.

2. We must make this Notice available to you, and may only use and share your health information as explained in this Notice.

Who May Use And See My Health Information?

Commonwealth employees, such as program administrators, may use or share your health information for treatment, payment, and healthcare operations.

Treatment: We may use or share your health information for treatment. For example, we may use health information we receive from a health care provider who has seen you, to ensure that you are referred for further needed treatment.

Payment: We may use or share your health information in order to ensure that health services you have received through our programs are paid for. For example, we may exchange information about you with another government agency, or a health care provider who has provided you with health services.

Healthcare Operations: We may use and share your health information in order to manage our programs and to make sure that they serve you well. For example, we may review your health information and share it with other Commonwealth agencies that must also keep your health information private.

What If The Commonwealth Wants To Use or Share My Health Information For Other Reasons?

You will be asked to sign a separate form, called an authorization form, allowing your health information to be used or shared other than for treatment, payment or business operations. The authorization form limits what health information may be used or sent, and says where and to whom the information may be sent. You can cancel the authorization at any time by letting us know in writing.

What If I Want My Health Information Sent Somewhere Else?

You may tell us that you want your health information to be sent somewhere else. We will again ask you to sign an authorization form. You may be charged for the cost of the copies and sending them.

If we have HIV or substance abuse information about you, we cannot release it without a special signed, written authorization from you that complies with the laws governing

HIV or substance abuse records. Certain other laws that we must comply with may require us to follow the special requirements of those laws in addition to HIPAA.

May I See My Health Information?

You may see your health information by making a request in writing to the HIPAA Contact Office, Department of Health, 8th Floor West, Health & Welfare Building, Harrisburg, PA 17120. You may copy your health information. You may be charged for the cost of the copies.

You may not see the private notes taken by a mental health provider, health information compiled as part of a legal case, or in other limited circumstances. In some cases, if we deny your request to see your health information, you may request a review of the denial.

What Other Rights Do I have With Regard To My Health Information?

If you think some of your health information is wrong, you may ask that corrected or new information be added by making a request in writing to the HIPAA Contact Office, Department of Health, 8th Floor West, Health & Welfare Building, Harrisburg, PA 17120. You must state why you think the correction or new information is necessary. We do not have to make the requested amendment. If we do, you may ask that the corrected or new information be sent to others who have received your health information from us.

You can get a list of where we shared your health information for the last 6 years, beginning on April 14, 2003, unless it was shared for treatment, payment, or healthcare operations. If you ask for more than one list a year, you may be charged for the cost of providing the list.

You may request that the Department communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or phone, or at an address or phone number other than at your home.

Could My Health Information Be Used or Released Without My Authorization?

We follow laws that tell us when we have to share health information, even if you do not sign an authorization form. We will use or release your health information:

1. For public health reasons, including to prevent or control disease or injury; or report births or deaths, suspected abuse or neglect, reactions to medications or problems with certain health-related products.
2. To prevent serious threats to your health or safety or that of another person or the public.
3. To help health oversight agencies monitor the health care system, government programs, and compliance with civil rights laws, including for audits, investigations, inspections, or licensing purposes.
4. If a court orders us to, or if we receive a subpoena and receive certain assurances from the person seeking the information.
5. To law enforcement officials, if we receive a proper request and the request meets all other legal requirements.
6. To coroners, medical examiners or funeral directors, in order to help identify a deceased person, determine the cause of death, or perform other legally authorized duties.
7. To organ procurement organizations, if you are an organ donor or as legally required.
8. For health-related research that meets applicable legal requirements.
9. To military authorities, if you were or are a member of the armed forces and the request is made by appropriate military command authorities.

10. To authorized federal officials for national security purposes.
11. To Workers Compensation for work-related injuries.
12. To other government benefit programs in order to coordinate or improve administration and management of the programs.
13. To family or others involved in your treatment or financial affairs, if you have indicated that we can do so or if we can reasonably infer that you do not object.
14. As otherwise required by law.

When Is This Notice Effective?

This Notice went into effect on April 14, 2003.

May I Have A Copy of This Notice?

If you ask for a paper copy of this Notice, we must give you one. We reserve the right to change this Notice, and to apply the new practices to all of your health information, including information we received before the Notice was changed. If we change this Notice and you are still in our Program, we will send you a new one within 60 days or upon request. You are entitled to the most current copy of the Notice. You can also find the most current notice at http://www.health.state.pa.us/hipaa

---

Complaints? Questions?

If you have questions or feel your privacy rights have been violated, you can ask questions or complain by writing to or calling the HIPAA Contact Office, Department of Health, 8th Floor West, Health and Welfare Bldg. Harrisburg, PA 17120. Phone (717) 214-1030.

You can also complain to the federal government, Secretary of Health and Human Services, by writing to: U.S. Department of Health & Human Services, Office for Civil Rights, 150 S. Independence Mall West - Suite 372, Philadelphia, PA. 19106-3499.

Will It Make Trouble For Me If I Complain?

Your services will not be affected by any complaint made to the Department Privacy Officer, Secretary of Health and Human Services or Office of Civil Rights.