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## *Notice of Privacy Practices*

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This document contains important information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. We are required by law to maintain the privacy of your health information. This Notice describes our legal duties and privacy practices. This Notice tells you how we may use and disclose your health information. This Notice also describes your rights and how you may exercise your rights.

**Your Protected Health Information.** We refer to your mental, behavioral, medical and other health care information as "protected health information" or "PHI". It may include information about your past, present or future physical or mental health or condition. PHI includes the past, present, or future payment for care. PHI information can be transmitted or maintained in any form or medium.

**Confidentiality of Your PHI.** Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws. Except as described in this Notice, it is our practice to obtain your authorization before we disclose your PHI to another person or party. If any breach occurs that may have compromised the privacy or security of your information, we will promptly inform you.

**Uses and Disclosures of Your PHI.** The HIPAA Privacy Regulations permit us to use and disclose your PHI for the following purposes in order to provide your treatment:

- **For Treatment.** It is necessary for us to use your PHI to care for you. In order to help you, our clinicians and staff need to use your PHI. This use includes the provision, coordination, or management of health care and related services by one or more health care providers. This includes consultation with other health care providers or the referral of a client from one provider to another.
- **For Payment.** We will use and disclose your PHI to obtain payment for our services. This includes any activities to obtain reimbursement for health care services that can include: determination for eligibility or coverage, billing, claims management, collection activities, or utilization review.
- **For Health Care Operations.** We may use and disclose your PHI within the company in order to carry out our health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing and training. This information will then be used in an effort to improve the quality and effectiveness of the services we provide.

- **Appointments and Services.** We may contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that may be of interest to you.
- **Family Members and Others Involved in Your Healthcare.** Subject to your opportunity to agree or object, we may share your PHI with a family member, other relative, close personal friend, or any other person you identify (your "personal representative"). The PHI shared with your personal representative will be directly relevant to your personal representative's involvement with your care or payment for services. For example, your parents and/or caregivers if you are a minor.

**Uses and Disclosures of Your PHI Requiring Authorization.** We may use or disclose PHI for purposes outside the reasons above when your appropriate authorization is obtained. An "authorization" is written permission above and beyond the general consent that permits only specific disclosures. In those instances, we will obtain an authorization from you before releasing this information. Please contact our office staff or your clinician to obtain a release of information form.

**Uses and Disclosure of Your PHI Not Requiring Consent or Authorization.** Exceptions to maintaining privacy occur under strictly limited circumstances. Under these circumstance, your PHI may be used or disclosed without your permission, consent, or authorization for the following purposes:

- To report abuse or neglect
- To avert serious threat to the health or safety of a person or the public
- In response to subpoenas and other requests to provide information for court or administrative proceedings
- In response to worker's compensation claims
- Emergency situations based on professional judgment
- Client was referred from their primary care physician through Quartet Platform
- Client participates in the Q57 Program
- Client participates in the Freespira Program

**Client Rights Regarding PHI.** As a client you are entitled to client rights regarding your PHI as outlined below.

- **Right to Request Restrictions.** You have the right to request a limitation or a restriction on our use or disclosure of your PHI for treatment, payment or healthcare operations. You may also request that we limit the PHI we disclose to family members, friends or a personal representative who may be involved in your care. However, we are not required to agree to a restriction. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by making your request in writing, including: (a) what PHI you want to limit; (b) whether you want us to limit our use, disclosure or both; and (c) to whom you want the limits to apply.
- **Right to Request Confidential Communication.** You have the right to request that confidential communications from us be sent to you in a certain way or at an alternative location. For example, you can ask that we only contact you at your home or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specific

information. Please make this request in writing specifying how or where you wish to be contacted.

- **Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI that is contained in our records and created by CBI staff. However, you may not inspect or copy the following records: psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. You may be denied access to your PHI if it was obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. A decision to deny access may be reviewed. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other related costs. A copy or summary of your health information will be provided within 30 days of your request.
- **Right to Amend.** If you believe the PHI that we have collected about you is incorrect, you have certain rights. If you are receiving mental health services, you have the right to submit a written statement qualifying or rebutting information in our records that you believe is erroneous or misleading. This statement will accompany any disclosure of your records. You also have the right under the HIPAA Privacy Regulations to request an amendment of the PHI maintained in our records. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: was not created by us (unless the person or entity that created the information is no longer available to make the amendment); the information is not part of the record kept by us; the PHI is not subject to inspection or copying; or the record is accurate and complete.
- **Right to Receive an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we have made of PHI about you. We are not required to account for disclosures related to: treatment, payment, or our health care operations; authorizations signed by you; or disclosures to you, to family members or your personal representative involved in your care, or for notification purposes.
- **Right to Choose Someone to Act on your Behalf.** If you have given someone medical power of attorney or someone is designated as your legal guardian, that person can exercise your rights and make choices about your PHI. We will ensure that this person has the authority and can act for you before we take any action.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request.

**Complaints.** If you are concerned that we have violated your privacy rights, or you disagree with a decision made about access to your records, please contact our office at 724-609-5002.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_