

## **OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION**

Community Health and Dental Care, Inc. (CHDC) understands that medical and dental information about you is personal, and we are committed to protecting your health and dental information. For this reason, CHDC, hospitals, physician groups, and other health care entities, in addition to the Medical and Dental Staff of CHDC, joined together to create and describe how we use and disclose your health information respective to the services offered at CHDC. Because certain types of health information may identify you, we call this Protected Health Information or "PHI". In this Notice, we will tell you about: How we use and disclose your PHI; When we may disclose your PHI to others; Your privacy rights and how to use them; Our privacy duties; and Who to contact for more information or with a complaint.

## **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and try to provide some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use and disclose PHI to give you medical or dental treatment or services and to manage and coordinate your medical and dental care. Your PHI may be disclosed to physicians, nurses, technicians, students, or other personnel who are involved in taking care of you. For example, your PHI may be provided to a specialist or lab to whom you have been referred to ensure that the health care provider has the necessary information to treat you and provide you with a service. If you are in the hospital, different departments of the hospital may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital in order for us to provide services that are part of your care, i.e., home care nurses or an ambulance crew for transport.

**For Payment.** We may use and disclose PHI about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company, or a third party. For example, your insurer may want to review your medical record to be sure that your care was medically necessary. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose PHI about you for health care operations. Health care operations involve administration, education and quality assurance activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, students, and other personnel for review and learning purposes. We may combine the medical and dental information we have with medical and dental information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. Other operational uses or disclosures may involve business planning, or the resolution of a complaint.

**For Health Information Exchange.** We may use or disclose PHI about you to participate in a Health Information Exchange (HIE) sponsored by either the government or private parties. For example, information about your past medical or dental care, current medical or dental conditions and medications can be available to us or to your non-CHDC providers if they participate in the HIE. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed treatment decisions about you. If CHDC participates in HIE, you will either be asked to opt-in by providing your consent, or provide notification to opt-out of the HIE.

**Special Uses.** We also disclose your PHI for purposes that involve your relationship to us as a patient. We may use or disclose your PHI to: Contact you as a reminder that you have an appointment for treatment for medical or dental care; tell you about or recommend possible treatment options or alternatives that may be of interest to you; tell you about our health benefits and services; and send greetings to let you know that your relationship to us is important and that we care about your continual recovery.

## **CERTAIN USES AND DISCLOSURES OF YOUR PHI THAT ARE PERMITTED OR REQUIRED BY LAW**

Many laws and regulations either require or permit us to use or disclose your PHI. Here are examples of required or permitted uses and disclosures.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release PHI about you to a family member, or friend or any other person you identify who is involved in your medical or dental care. In the event that you are unable to express yourself, we may release PHI, as necessary and that we determine to be in your best interest, to a family member or friend directly involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical and dental information about you to an entity assisting in a disaster relief effort to coordinate your care, or to notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

**Research.** Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, balancing the research needs with patients' need for privacy of their medical and dental information. Before we use or disclosed medical or dental information, for research, the project will have been approved through this research approval process. There are a few exceptions where the approval process is not necessary. We may disclose PHI about you to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the PHI they review does not leave the facility. We may also release your medical or dental information to a researcher provided that certain data elements are removed that may identify you (i.e., name, social security number, medical record number, etc.) We will generally ask for your specific permission to use your PHI and participate in research.

**As Required by Law.** We will disclose PHI about you when required to do so by federal, state or local law, for example, then ordered by a Court to turn over certain types of your PHI.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

**Business Associates.** We may disclose PHI about you to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to provide transcriptions or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

**For Payment and Health Care Operations of Another Entity.** We may disclose PHI about you to another entity covered by the federal health care privacy regulations or to another health care provider if the disclosure is for the payment activities of that entity or provider receiving the information. For example, we may disclose insurance information about a patient to an ambulance company, if such services were provided to the patient. In addition, we may disclose PHI about you to another entity covered by the federal health care privacy regulations if the entity has or had a relationship with you, and the purpose for the disclosure is related to their health care operational activities, i.e., accreditation, licensing or credentialing activities. We will limit the information disclosed to the minimum amount of information needed in accordance with the request.

### **SPECIAL SITUATIONS**

**Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose PHI about you for public health activities. These activities generally include the following: to report communicable diseases, report cancer cases, to prevent or control disease, injury or disability, to report birth information, to report death information, to report child abuse or neglect, to report reactions to medications or problems with products, to notify people of recalls of

products they may be using, to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Abuse, Neglect or Domestic Abuse.** We may disclose PHI to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make the disclosure if the patient agrees or when required or authorized by law.

**Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI information about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

We may also use or disclose your PHI to defend ourselves in the event of a lawsuit you bring if your medical, dental or health care is at issue.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official for the following: In response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on facility premises, and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Data Breach Notification Purposes.** We may use or disclose PHI about you to provide legally required notices of unauthorized access to or disclosure of your health information.

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **CERTAIN STRICTER REQUIREMENTS THAT WE FOLLOW**

Several state laws may apply to your PHI that set a stricter standard than the protections offered under the federal health privacy regulations. Stricter state law in Pennsylvania will for example, limit us from disclosing medical records containing HIV related information; medical records containing alcohol and drug abuse information; and medical records containing psychiatric and psychological treatment. State law dictates to whom and under what circumstances disclosure is appropriate. Generally, release of this information is contingent upon your specific consent, or pursuant to a court order.

### **WRITTEN AUTHORIZATION IS REQUESTED FOR OTHER USES AND DISCLOSURES**

The following uses and disclosures of your PHI will be made only with your written authorization: Most uses and disclosures of psychotherapy notes; uses and disclosure of PHI for marketing purposes; and disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI, not covered by this notice or the laws that apply to us, will be made only with written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain in our records of the care that we provided to you.

**YOUR RIGHTS REGARDING  
MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you.

**Right to Inspect and Copy.** You have the right to inspect, with certain exceptions, and copy your medical and billing records. You also have the right to request that we send a copy of your medical or billing records to a third party.

These requests are required to be submitted in writing. If you request a copy of the information, we may charge you a reasonable fee for providing a copy of your records. We may deny your request to inspect your PHI in certain limited circumstances. If we deny you access to your records because we determine that it may cause you physical harm, or we think that it may cause physical, emotional or psychological harm to another individual, you may request that the denial be reviewed. Another licensed health care professional will be chosen to review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to a Summary or Explanation.** We may provide you with a summary of your PHI, rather than the entire record, or an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

**Right to an Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (i.e., electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. CHDC has the system in place to offer patients the capability to receive information maintained electronically through a web-based portal. If other formats are requested and not feasible, and the patient declines the electronic medium offered, CHDC shall provide a hard copy to you to fulfill the access request. We may charge you a reasonable fee for transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You will be notified if your PHI has been "breached" which means that your PHI has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

**Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You should provide a reason that supports your request. We may deny your request if you ask us to amend information that: was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical or dental information kept by or for the entity; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

If we refuse to make your requested amendment, you have the right to submit a written statement about why you disagree. We have the right to prepare a counter-statement if we still disagree. Your statement and our counter-statement will become a part of your record.

**Right to an Accounting of Disclosure.** You have the right to request an accounting of certain disclosures that we have made of your PHI over the past six years. We do not have to account for all disclosures, including those involving treatment, payment or health care operations; or where you authorized the release of information. To request a list of accounting of your disclosures, you must submit your request in writing to the attention of the CHDC's HIPAA Officer at 351 W. Schuylkill Rd, Suite G-15A, Pottstown, PA 19464.

Your request should state the time period and you should include which entities you wish to have an accounting of disclosures, i.e., Community Health and Dental Care, Inc., Pottstown Memorial Medical Center, etc. We also ask that you include your complete name, date of birth, social security number and address in the request for accuracy purposes. The first list you request within a twelve-month period will be free.

For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on PHI we disclose about you to someone who is involved in your care or the payment for your care like a family member or friend.

We are not required to agree to your request, unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us "out-of-pocket" in full.

For other requested restrictions, the request may be submitted in writing. If the provider agrees to your request, the restriction is only applicable to the individual entity, which this notice applies, due to their individual operations. This also includes separate requests to members of the Medical and Dental Staff of Community Health and Dental Care, Inc.

**Out-of-Pocket Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications.** 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 work.

To request confidential communications, you must submit this request in writing. In your request, you must specify how and where you wish to be contacted. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Please note that you must make separate requests for each entity, which this notice applies, due to their individualized operations. This includes separate requests to members of the Medical and Dental Staff of Community Health and Dental Care, Inc.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may also obtain a copy of this notice at our website, [www.ch-dc.org](http://www.ch-dc.org).

**How to Exercise Your Rights.** To exercise your rights described in this Notice, send your request, in writing, to the attention of the CHDC's HIPAA Officer at 351 W. Schuylkill Rd, Suite G-15A, Pottstown, PA 19464. We may ask you to fill out a form that we will supply. If you are a health center patient and are requesting to access and copy your medical or dental record, please contact CHDC's Medical Records Department at 610-326-9460.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the applicable entities. The notice will contain an effective date at the bottom of the notice. In addition, each time you are registered at one of the applicable entities or are admitted for health care services, a copy of the current notice is available.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with our Resolution Committee. Please ask a CHDC staff person to fill out a Patient Compliment/Complaint form for you with complete details of your complaint. You also have the right to file a complaint with the Office of Civil Rights, either in writing or electronically. You must include the identity of the entity and the alleged violation, and the complaint must be filed within 180 days of knowledge of the alleged violation. **You will not be penalized for filing a complaint.**

**EFFECTIVE DATE**

November 1, 2014

**WHO WILL FOLLOW THIS NOTICE?**

This notice applies to wholly owned entities and entities that are affiliated with CHDC within the meaning of the Health Insurance Portability and Accountability Act's Privacy Rule. The list of legal entities is maintained by CHDC's HIPAA Officer and is posted on the CHDC website at [www.ch-dc.org](http://www.ch-dc.org). This notice also applies to the Medical and Dental Staff of Community Health and Dental Care, Inc. solely as it relates to the services provided on all health center premises. These entities, sites and locations follow the terms of this notice and share medical information with each other for treatment, payment or health and dental care operations as described in this notice.



**HEALTH INFORMATION PRIVACY  
NOTICE**

351 W. Schuylkill Rd, Suite G-15A Pottstown  
700 Heritage Drive, Suite 701 Pottstown  
800 Heritage Drive, Suite 802 Pottstown  
1315 Route 100 North, Barto

Phone: 610-326-9460

[www.ch-dc.org](http://www.ch-dc.org)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**PLEASE REVIEW IT CAREFULLY**

By receiving treatment at CHDC, you agree to the information and disclosures contained in this notice.

If you have any questions about this notice, please contact our HIPAA Officer at 610-326-9460 Ext. 512

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