

NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

THIS NOTICE OF PRIVACY PRACTICES (“NOTICE”) DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

YOUR RIGHTS.

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES.

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES.

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Share with Business Associates
- Provide you with treatment and health-related benefits information
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director

- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS.

When it comes to your health information that we collect and maintain, you have certain rights. You are required to submit a written request related to these rights, as described below, and you should address such requests to **HIPAA Privacy Officer, Elwyn, 111 Elwyn Road, Elwyn, PA 19063 (mail); 610-891-2000 (phone); or Elliott_Simon@Elwyn.org (email).**

Obtain an electronic or paper copy of your health record

- You may ask to see or obtain an electronic or paper copy of your health record maintained by us. To do so, you must submit your request in writing to the Privacy Officer at the address above. We charge a fee of \$0.25 per page for the cost of copying your health record, and we charge you for the cost of mailing your health record to you.
- If your health record is maintained electronically, you may receive such electronic protected health information ("PHI") in the electronic form and format you request if it is readily producible or, if not, in a readable electronic form and format agreed to by you and Elwyn. We may charge you for the cost of any electronic media (other than email) used to provide your electronic PHI.
- In certain limited circumstances, we may deny, in writing, your request to obtain a copy of your health record. In certain instances, you may request a review of the denial.

Request confidential communications

- You can ask us to contact you in a specific way (*e.g.*, home or office phone) or to send mail to a different address.
- To request confidential communications by alternative means or at an alternative location, submit your request in writing to the Privacy Officer at the address above. Your written request should state the reason(s) for your request and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of your health information by non-confidential communications could endanger you.
- We will accommodate reasonable requests and will notify you appropriately.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- You must submit a detailed request in writing to the Privacy Officer at the address above and provide the reason(s) that support your request.

- We may deny your request if you have asked to correct information that:
 - Was not created by us, unless you provide us with information that the person or entity that created the information is no longer available to make the correction;
 - Is not part of the health information about you maintained by or for us;
 - Is not part of the information which you would be permitted to see or obtain; or
 - Is accurate and complete.
- We will notify you in writing as to whether we accept or deny your request to correct your health information. If we deny your request, we will tell you why in writing within 60 days, and will tell you how you can continue to pursue your denied correction request.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You must submit your request in writing to the Privacy Officer at the address above, and advise us as to what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. We will notify you in writing as to whether we agree to your request. We will also notify you in writing if we terminate an agreement to the limitations you requested.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal

guardian, that person can exercise your rights and make choices about your health information.

- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain to us if you feel we have violated your rights by submitting your complaint in writing to our Privacy Officer as detailed above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights if you believe your privacy rights have been violated. You may file a complaint with the Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. To file a complaint with Elwyn, submit your complaint in writing to the Privacy Officer as detailed above.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

Except as described in this section, as provided for by federal, state or local law, or as you have otherwise authorized, we only use and share your health information to provide you with medical treatment or services. The uses and disclosures that do not require your written authorization are described below.

We typically use or share your health information in the following ways.

1. **For Treatment.** We can use your health information and share it with other professionals who are treating you. For example, we maintain information about interactions between your prescription medications and we may disclose this information to your health care provider for your treatment purposes.

2. **To Bill for Your Services.** We can use and share your health information to bill and get payment from health plans or other entities. For example, a bill containing your health information may be sent to your health plan or Medicare.

3. **To Run Our Organization.** We can use and share your health information to run our practice, improve your care and contact you when necessary. For example, if we have a question about payment for health care services that you received, we may contact your health care provider for additional information.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues. We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do Research. Under certain circumstances, we can use or share your information for research purposes, as long as the procedures required by law to protect the privacy of the research data are followed.

Comply with the law. We will share health information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Share with Business Associates. We may disclose health information about you to “business associates” who provide services to or on behalf of us. Our business associates have the same obligation to keep your health information confidential as we do. We must require our business

associates to ensure that your health information is protected from unauthorized use or disclosure.

Provide you with treatment and health-related benefits information. We and our business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services or medication.

Respond to organ and tissue donation requests. If you are an organ donor, we may share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director. We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Address workers' compensation, law enforcement and other government requests. We can use or share health information about you:

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law; and
- For special government functions such as military, national security and presidential protective services.

Respond to lawsuits and legal actions. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Once health information about you has been disclosed pursuant to your authorization, HIPAA protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or our knowledge or authorization.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES IN OUR PRIVACY PRACTICES

We reserve the right to change our privacy practices and make the new practices effective for all health information that we maintain, including health information about you that we created or received prior to the effective date of the change and health information about you that we may receive in the future. We will post our current Notice at each facility where we provide direct treatment to our patients and on our website, www.elwyn.org; it will contain the effective date of the Notice.

EFFECTIVE DATE

This Notice is effective as of September 23, 2013, and will remain in effect unless and until Elwyn publishes a revised Notice.