Elwyn
Est. 1852

NOTICE OF PRIVACY PRACTICES

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.

Elwyn understands that information about you and your health is personal. Therefore, we really strive to protect your privacy. Elwyn is required by law to maintain the privacy of your protected health information (PHI) and provide you with notice of our legal duties and privacy practices. We will only use and disclose your PHI as described in this Notice of Privacy Practices (NPP). We are required to abide by the terms of this NPP for as long as it remains in effect. We reserve the right to change the terms of this notice and to make the NPP provisions effective for all PHI that we maintain. Any revised notice will be available upon request and on our website at elwyn.org/notice-of-privacy-practices/.

You may occasionally receive automated information from Elwyn, or from people and entities with whom we share your PHI to support healthcare operations and payment, and that may include use of automated telephone dialing systems, recorded messages, artificial voice and/or email.

Summary

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION

We may use and share your health information for:

- For your treatment
- To bill for services provided to you
- To run our organizations
- Help with public health and safety issues
- Do research
- Comply with the law
- Share with Business Associates
- Health Information Exchanges
- To provide you with treatment and health-related benefits information
- Work with a medical examiner or funeral director
- Workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions

YOUR CHOICES

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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

YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record
- Amend or 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

To exercise your privacy rights, submit a written request to:

Attn: HIPAA Privacy Officer
111 Elwyn Rd
Media PA 19063
or
compliance@elwyn.org (email)

Health Information Exchange

Elwyn participates in Health Information Exchanges (HIEs). An HIE helps providers who are involved in your care at different facilities, to access important medical information when needed, such as medications, allergies, diagnoses, test results, and other recent treatment information. HIEs can improve care coordination, support timely follow-up, and reduce unnecessary tests. HIEs use secure connected networks along with other healthcare providers who participate in HIEs, which makes it possible to share information electronically.

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Elwyn may share your information electronically through the HIEs for the purpose of treatment, payment, and healthcare operations, and other authorized purposes to the extent permitted by law.

The HIEs that Elwyn currently participates in are:

- HSX - Southeastern Pennsylvania/Delaware Valley
- RIHIE – Rhode Island
- Health Connex – North Carolina

You have the right to "opt-out" or decline participation an HIE.

Opting out will not adversely affect your treatment and you cannot be discriminated against if you do decide to opt out. If you change your mind about participating in an HIE, there is a process to rescind your restriction, and you will be able to *opt-back-in*.

In some states, providers who receive Medicaid or state funds are required by law to submit data to the HIE when it pertains to health care services that are funded by state health plans or Medicaid.

Speak with your provider or case manager about the benefits of HIEs in your care and treatment. If you still prefer to restrict the disclosure of your information, you may opt-out of HIE participation.

Find state specific HIE instructions here: Opt-Out of the HIE

You have a right to 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 nominal per-page fee to cover 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 communication

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.

Accounting of disclosures

You may request a record of certain disclosures of your HIPAA covered PHI that were made in the last six years. Disclosures that we made regarding treatment, payment and healthcare operations are not required as part of the accounting.

Ask us to correct your medical record

- You can ask us to amend or 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.

Request restrictions

- 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 NPP at any time, even if you have already agreed to receive the notice. We will provide you with a paper copy, if that is your preference and accommodate translation of this notice to your preferred language and size of the print.

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 the Elwyn Privacy Officer, as detailed above; or
- 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, or by calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- Elwyn will cooperate with the OCR Secretary's investigation. 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 i a disaster relief situation
- Include your information in a hospital directory

If you are 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 do not share your information, unless you give us written permission:

- Marketing purposes
- Sale of your data
- Genetics information

- Highly confidential information:
  -psychotherapy notes
  -HIV/AIDS testing, diagnosis, treatment or other sexually transmitted infections
  -substance use disorders

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 required or permitted to use 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.

Educate and Inform Your Family and Caregivers. We may disclose PHI to a family member, friend or caregiver, if we provide you with an opportunity to object and you do not, or if we reasonably believe that you would not object to sharing information that is directly relevant to your family member's or your friend's involvement in your care, or when they may be involved in making a payment, related to your care.

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

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 to certain non-covered entities, pursuant to your authorization, HIPAA protections no longer apply and that information may be re-disclosed without our knowledge or your authorization.

Special Protections for Substance Use Disorder Treatment Records

Federal law provides additional privacy protection for substance use disorder program ("Part 2 Programs") treatment records, and those require your written consent before sharing. Elwyn does not currently operate a substance use treatment program, but we may receive diagnosis information related to prior treatment or assist in referring you to a Part 2 Program.

Unless otherwise permitted by Part 2 regulations, when you provide written consent to disclose Part 2 records, only then may we use and disclose those records in the same manner that we are permitted to use and disclose PHI under HIPAA i.e. for Treatment, Payment, Healthcare Operations. Elwyn will not use or disclose Part 2 Program information in civil, criminal, administrative, or legislative proceedings against you, unless you have provided consent for that type of disclosure or there's a special court order compelling the disclosure. Part 2 treatment records would only be disclosed without your written consent, to other medical personnel, in a true health emergency.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI - We will notify you 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 generally here, unless you tell us in writing that we can. If you tell us we can share your information, and later change your mind, let us know that in writing as well,

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