NOTICE OF PRIVACY PRACTICES

FOR

UCP CENTRAL PA

This notice describes how health information about you may be used, shared and how you can gain access to this information.

Our Commitment to You

Each time you receive services from UCP Central PA, a record of such services is created and maintained and kept. Our organization needs this information to provide you with quality care and services and to comply with certain legal requirements.

We are committed to keeping your health information private and secure. This Notice applies to all of the records concerning your care that has been created by UCP Central PA employees, UCP Central PA subsidiaries, and other Business Associates providing services to you through contracts with our organization.

This Notice explains how we may use or disclose your health information. Not every use or disclosure may be listed.

Who will follow this Notice?

This notice describes the privacy practices of UCP Central PA and all of its Affiliates, Subsidiaries, and other persons listed below (together, "Provider" or "we").

- Any health care professional authorized to enter information into your chart.
- All departments and units of the organization, subsidiaries and its affiliates.
- Any member of a volunteer group we allow to help you while you are receiving services from UCP Central PA.
- All employees (including Consumer employed staff), staff, Board Members, and other UCP Central PA personnel.

All of these persons and entities follow the terms of this notice and may share protected health information (PHI) with each other for treatment, payment or provider operations purposes as described in this Notice.

How UCP Central PA uses and discloses your health information

UCP Central PA provides a broad range of services through a wide variety of programs. If you receive services from UCP Central PA, the agency may use and or disclose your full or limited Protected Health Information (PHI) for treatment, billing or health care operation without your consent or authorization to:

- Plan and provide your care and treatment
- Communicate with other health care professionals who care for you
- Obtain reimbursement from private insurers or other government programs
- Pay for services you receive
- Bill for services you receive
- Oversee health activities such as licensure, audits, investigations and inspections
- Review the performance of our staff in caring for you
- Administer UCP Central PA programs which provide human services
- Assess and improve the services we provide and outcomes achieved
- Inform you about other public programs and services
- Contact you regarding your appointment for treatment
- Administer UCP Central PA's fundraising activities
- Provide the "minimum necessary" information on a "as needed basis" to funding sources
- Provide information in an emergency situation
- When required by Federal, State or local law
- To report child abuse, neglect or domestic violence
- To report problems with services or other adverse events
- When Court ordered, subpoenaed (when legal requirements are met)

Others who may receive your Health Information

Business Associates: There are some services provided by our organization through contracts with other health service providers. When these services are contracted, we may disclose your health information only to the extent needed for our business associate to perform the job we have asked the contractor to do. However, we require the business associate to appropriately safeguard your information.

Public Health: We may disclose your PHI to public or legal authorities authorized to prevent or control public risk for disease, injury or disability.

Public Safety: We may disclose your PHI when necessary to prevent a serious threat or injury to your safety or the safety of another person.

Government Agencies: We may disclose your PHI to the Pennsylvania Department of Human Services, the Office of Developmental Programs, and other state and county agencies through their appointed agents, including Health Care Quality Units and independent monitoring groups, in order to comply with Federal, state and local laws and regulations.

Special Situations: We may disclose full or limited PHI under the following special instructions:

- Organ and Tissue Donation
- Military and Veterans
- Worker's Compensation
- Lawsuits and Disputes
- Law Enforcement and Correctional Institution Official
- Individuals(family members, friends and or person identified by you) involved in your care or payment for your care
- Health related Government approved research
- Coroners, Medical Examiners and Funeral Directors
- National Security and Intelligence Activities

UCP Central PA and its programs will not use or disclose your PHI except as described in this notice or otherwise authorized by Law.

Uses or disclosures requiring specific authorization

All other uses and disclosures of your health information will only be made with your written authorization, as required by state and/or federal law. You may revoke your authorization regarding these matters at any time. However, you understand that UCP Central PA is unable to take back any disclosures that were previously made with your permission. The typical disclosures that required your specific authorization are disclosures of:

- Drug and alcohol treatment information
- Mental health treatment information
- HIV/AIDS related health information

Your Health Information Rights:

Although the treatment records and related documentation we create and maintain are the physical property of UCP Central PA and UCP Central PA subsidiaries, you have the following rights with respect to the records we maintain about you:

Right to Request Restrictions – You have the right to request in writing a restriction or limitation on the treatment information we use or disclose about you for treatment, payment or health care operations. You also have the right to request in writing limitations on the treatment information we disclose about you to someone who is involved in your care or payment for your care such as a family member or friend. The request for restriction must be made in writing and must advise us of the exact information you want limited, not to be disclosed or both. The restriction request must also indicate by name, whom you want the restrictions to apply.

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. To request confidential communications, we ask that you submit your request in writing to us. Your request must specify how and/or where you wish to be contacted.

Right to Inspect and Copy- You have the right to inspect and copy the records we create and maintain regarding the services we provided to you. We may charge you a reasonable fee if you want a copy of your health information.

Right to Amend – If you believe that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We ask that you submit your request for amendment in writing and give a reason as to why your health information should be changed. If we did not create the health information that you believe is incorrect, or if we don't agree with you and believe your medical information is correct, we may deny your request.

Right to an Accounting of Disclosures – You have the right to request in writing an account of disclosures of your medical information made by our organization over a recent 12 month period. If you request an accounting of disclosures, we will provide you with the date of each disclosure; who received the disclosed health information; a brief description of the medical information disclosed; and why the disclosure was made. We will provide this information within sixty (60) days, unless you agree to an extension. We will not charge you for the accounting of disclosures unless you request an accounting more than once in a year.

Right to a Paper Copy of this Notice – You have the right to a paper copy of this Notice, and you may ask us to give you a copy of this Notice at any time. You may obtain an electronic copy of this Notice at our website, www.ucpcentralpa.org

UCP Central PA's Duties:

UCP Central PA has a duty to:

- Maintain the privacy of your PHI
- Provide you with this Notice as our legal duties and privacy practices with respect to the Protected Health Information we collect, use and maintain about you
- Notify you if we are unable to agree to a requested restriction
- Provide and accounting of disclosures of your PHI over a recent 12 month period.
- Provide "minimum information necessary" on a "need to know" basis
- Review HIPPA policies and practices on an annual basis to ensure compliance

Changes to this Notice:

UCP Central PA may change its privacy practices within the limits of the law and make new privacy practices effective for all Protected Health Information we maintain. A review of our Privacy Practices and related HIPPA policies will occur on an annual basis to ensure compliance with Federal, State and Local Privacy laws. Should our privacy practices change, we will provide you with a revised Notice to the address you have supplied us. You may also access the current notice at our website at www.ucpcentralpa.org

Complaints:

If you have questions and/or would like additional information you may contact the Privacy Officer at 717 737-3477. If you believe that your privacy rights have been violated you may file a complaint with:

- Privacy Officer
  55 Utley Drive
  Camp Hill, PA 17011
  717-737-3477

You may also file a complaint with the Office of Civil Rights, United States Department of Health and Human Services at:

- Region III, Office of Civil Rights
  U.S. Department of Health and Human Services
  150 South Independence Mall West, Suite 372
  Philadelphia, PA 19106-9111
  215-861-4441
  800-368-1019

There will be no retaliation for filing a complaint.

"Notice of Privacy Practices" Acknowledgement Form

I have received a copy of UCP Central PA's Notice of Privacy Practices which describes my rights and how my Protected Health Information (PHI) may be used and disclosed.

My signature below acknowledges receipt of UCP Central PA's Notice of Privacy Practices.

_____

Consumer's Name (Please print)

_____ _____

Consumer's signature Date

or

_____ _____ _____

Consumer's Representative/Witness signature Relationship to consumer Date

_____ _____

UCP Central PA Personnel signature Date

"UCP Central PA is committed to providing high quality services and to forming relationships with its consumers that are built on trust. UCP Central PA respects all consumers' rights to privacy and confidentiality."