

## **NOTICE OF PRIVACY PRACTICES**

Northwestern PA Cleft Palate Institute

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION. We will protect the privacy of the health information that we maintain that identifies you/your child, whether it deals with the provision of health care to your child or the payment for health care. We must provide you with this Notice about our privacy practices. It explains how, when and why we may use and disclose health information. With some exceptions, we will avoid using or disclosing any more health information than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this Notice, which is currently in effect.

However, we reserve the right to change the terms of this Notice and our privacy practices at any time. Any changes will apply to any of your child's health information that we already have. Before we make an important change to our policies, we will promptly change this Notice and provide a new Notice at the time of your clinic visit. You may also request, at any time, a copy of our Notice of Privacy Practices that is in effect at any given time, from the Cleft Palate Office (814-314-0048). You may view and obtain an electronic copy of this Notice on our web site at ([www.ericleftpalate.com](http://www.ericleftpalate.com)).

### **QUESTION: HOW WILL THE CLEFT PALATE INSTITUTE USE AND DISCLOSE PROTECTED HEALTH INFORMATION?**

**Answer:** We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your specific authorization. Below, we describe the different categories of our uses and disclosures and give you some examples.

#### **Uses and Disclosures Relating to Treatment, Payment or Healthcare Operations. We may, by federal law, use and disclose health information for the following reasons:**

**For Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status (for which we may need your specific authorization), we may disclose general health information to other health care providers who are involved in your child's care. For example, we may disclose your child's and/or family's medical history to a hospital if medical care is being provided, or to other medical or educational facilities we are referring to. Reasons for such a disclosure may be: to provide them the medical history information they need to appropriately treat your child's condition, to coordinate your child's medical or educational care or to schedule other necessary testing.

**To Obtain Payment for Treatment:** With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, we may use and disclose necessary health information in order to bill and collect payment for the treatment that we have provided. For example, we may provide your child's health information to your health insurance company, Medicaid, Medical Assistance, in order to receive payment for clinical services provided. To do this, we will need to provide health information to the billing company that handles our health insurance claims.

**For Health Care Operations:** We may, at times, need to use and disclose health information to run our organization. For example, we may use health information to evaluate the quality of the treatment that our clinical staff has provided to your child. We may also need to provide health information to our accountants, attorneys and consultants in order to make sure that we are complying with law. If this information concerns mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and/or HIV status, we may be further limited in what we provide and may be required to first obtain your specific authorization.

**Certain Other Uses and Disclosures are permitted by Federal Law. We may use and disclose health information without your authorization for the following reasons:**

**When a disclosure is Required by Federal, State or Local Law, in Judicial or Administrative Proceedings or by Law Enforcement.**

For example, we may disclose protected health information if we are ordered by a court, or if a law requires that we report that sort of information to a government agency or law enforcement authorities, such as in the case of suspected child abuse.

**For Public Health Activities:** Under the law, we need to report information about certain diseases, and about any deaths, to government agencies that collects that information. With the possible exception of information concerning mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, we are also permitted to provide health information to the coroner or a funeral director, after a child's death.

**For Health Oversight Activities:** For example, we will need to provide health information if requested to do so by the County and/or the State when they oversee the program in which your child receives care. We will also need to provide information to government agencies that have the right to inspect our offices and/or investigate healthcare practices.

**For Research Purposes:** In certain limited circumstances (for example, where approved by an appropriate Privacy Board or Institutional Review Board under federal law), we may be permitted to use or provide protected health information for a research study.

**To Avoid Harm:** If one of our clinical support staff, physicians or nurses believe that it is necessary to protect your child, or to protect another person or the public as a whole, we may provide protected health information to the police or others who may be able to prevent or lessen the possible harm.

**For Workers' Compensation:** We may provide health information as described under the workers' compensation law, if your child's condition was the result of a workplace injury for which you/your child are seeking workers' compensation.

**Appointment Reminders and Health-Related Benefits or Services:** Unless you tell us that you would prefer not to receive them, we may use or disclose your information to provide you with print or telephone appointment reminders or to (give you information about/send to you newsletters about) alternative programs and treatments that may help you/your child.

**Certain Uses and Disclosures Required You to Have the Opportunity to Object**

**Disclosures to Family, Friends or Others Involved in Your Child's Care:** We may provide a limited amount of health information to a family member, friend or other person known to be involved in your child's care or in the payment for care, unless you tell us not to. For example, if a family member comes with you to your clinic appointment and you allow them to come into the treatment room, we may disclose otherwise protected health information to them during the appointment, unless you tell us not to. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.) It is your responsibility to notify us in writing if you do not want PHI to be shared with family members and you must identify those family members.

**Disclosures to Notify a Family Member, Friend or Other Selected Person:** When you first started in the Cleft Palate Program, we asked that you provide us with an emergency contact person in case something should happen to you/or your child while at our clinic. Unless you tell us otherwise, we will disclose certain limited health information about you/or your child's condition, location, and etc. to your emergency contact or another available family member. (This information may not contain information about mental health disorders and/or treatment, drug and alcohol abuse and/or treatment, and HIV status, without your specific authorization.)

**Other Uses and Disclosures Require Your Prior Written Authorization:** In situations other than those categories of uses and disclosures mentioned above, or those disclosures permitted under federal law, we will ask for your written authorization before using or disclosing any of your protected health information. In addition, we need to ask for your specific written authorization to disclose information concerning your/your child's mental health, drug and alcohol abuse and/or treatment, or to disclose your/your child's HIV status.

If you choose to sign an authorization to disclose any of our health information, you can later revoke it to stop further uses and disclosures to the extent that we haven't already taken action relying on the authorization, so long as it is revoked in writing.

**QUESTION: WHAT RIGHTS DO I HAVE CONCERNING MY PROTECTED HEALTH INFORMATION?**

**Answer:** you have the following rights with respect to your protected health information:

**The Right to Request Limits on Uses and Disclosures of Your Health Information.** You have the right to ask us to limit how we use and disclose your health information. We will certainly consider your request, but you should know that we are not required to agree to it. If we do agree to your request, we will put the limits in writing and will abide by them, except in the case of an emergency. Please note that you are not permitted to limit the uses and disclosures that we are required or allowed by law to make.

**The Right to Choose How We Send Health Information to You or How We Contact You.** You have the right to ask that we contact you at an alternate address or telephone number (for example, sending information to your work address instead of your home address).

**The Right to See or Receive a Copy of Your Protected Health Information.** In most cases, you have the right to look at or receive a copy of your child's health information that we have, but you must make the request in writing. A request form can be obtained by contacting our office (814-314-0048). We will respond to you within 30 days after receiving your written request. If we do not have the health information that you are requesting, but we know who does, we will tell you how to get it. In certain situations, we may deny our request. If we do, we will tell you, in writing, our reasons for the denial. In certain circumstances, you may have a right to appeal the decision.

(If you request a copy of any portion of your child's protected health information, we may charge you for the copy on a per page basis, only as allowed under Pennsylvania state law. We require payment in full before we will provide the material to you.)

**The Right to Ask to Correct or Update Your/Your Child's Health Information.** If you believe that there is a mistake in our health information or that a piece of important information is missing, you have a right to ask that we make an appropriate change to the information. You must make the request in writing, with the reason for your request, on a request form that is available by contacting the Cleft Palate office (814-314-0048). We will respond within 60 days of receiving our request. If we approve your request, we will make the change to your child's health information, tell you when we have done so, and will tell others that need to know about the change.

We may deny your request if the protected health information: (1) is corrected and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain our right to file a written statement of disagreement with the denial. If you do not wish to do so, you may ask that we include a copy of your request form, and our denial form, with all future disclosures of that health information.

**The Right to Receive A Paper Copy of This Notice.** If you have agreed to receive this Notice via e-mail, you will always have the right to request a paper copy of this Notice, also.

**QUESTION: HOW DO I COMPLAIN OR ASK QUESTIONS ABOUT THE CLEFT PALATE INSTITUTE'S PRIVACY PRACTICES?**

**Answer:** If you have any questions about anything discussed in this Notice or about any of our privacy practices, or if you have any concerns or complaints, please contact our office at 814-314-0048. You also have the right to file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will be happy to provide the appropriate address for the Department of Health and Human Services and assist you with the forwarding of your complaint. It is not our intent to prevent or withhold clinical services for you/your child should you find it necessary to file a complaint.

**QUESTION: WHEN DOES THIS NOTICE TAKE EFFECT?**

**Answer:** This Notice takes effect on April 14, 2003. Or no later than the date of the first direct service delivery.