

Notice of Privacy Practice

Effective September 28, 2020

During your treatment at Pennsylvania Adult & Teen Challenge our staff may gather information about you, your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Pennsylvania Adult and Teen Challenge. We are committed to protecting patient privacy. We are required by law to provide you with this Notice of Privacy Practices and to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; follow the terms of the notice that is currently in effect; and notify you in the event there is a breach of any unsecured protected health information about you. Primary

We may collect, retain & transmit identifying information related to you, as necessary, for your treatment or for PAATC & Naaman Center business practices. This information, known as personally identifiable information (PII) is considered be pieces of data that can identify you and relates to your health information (PHI). Examples are (but are not limited to) your name, address & contact information, social security number, your picture, security video including your likeness and any health information you provide.

In some voluntary instances, we may record video or audio testimony or other identifying marketing materials as allowed for under completed disclosure agreement (see Marketing & Promotional Materials below). Video may also be retained for limited periods as part of organization security system measures.

How We May Use and Disclose Health Information About You

Listed below are examples of the uses and disclosures that PAATC may make of your protected health information. In several cases, we will get your consent (authorization) for a use or disclosure of your Protected Healthcare Information (PHI). Below are several examples that describe the types of uses and disclosures that may be made.

Uses and Disclosures for Treatment, Payment and Health Care Operations

For Treatment. Your PHI may be used and disclosed by your physician, counselor, program staff and others outside of our program that are involved in your care for the purpose of providing, coordinating or managing your health care treatment and any related services with your written authorization. This includes coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care treatment. For example, your protected health information may be provided to the state agency that referred you to our program to ensure that you are participating in treatment. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the program, becomes involved in your care. When applicable, we may disclose your PHI for

treatment purposes without your authorization to third parties known as Qualified Service Organization Agreement (QSOA)/BAA (Business Associate Agreement).

To Obtain Payment for Services. PAATC will use and disclose your PHI to obtain payment for your health care services with your written authorization (except in limited circumstances such as PA 255.5 regulation prohibiting health care providers from disclosing entire substance abuse records to third party payers). Examples of payment-related activities are by deciding of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities. When applicable, we may disclose your PHI for payment purposes without your authorization to third parties known as QSO/BAs (see explanation below).

For Healthcare Operations. We may use your PHI, as needed, within PAATC in order to support the business activities of our program including, but not limited to, quality assessment activities, employee review activities, training of students, licensing and conducting or arranging for other business activities. We may share your PHI with third parties known as QSO/BAs (see below) that perform various business activities (e.g., billing or services) for PAATC, provided we have a written contract with the QSO/BA.

Disclosures to You

We may contact you to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you regarding programs and services offered by PAATC, such as alumni events and workshops, or newsletters. We may contact you or the individual who paid for your treatment to request a tax-deductible contribution to support PAATC fundraising activities. (If you do not want to receive fundraising requests, call our Advancement Officer at 717-883-8207.

Uses and Disclosures That Do Not Require Your Authorization

Pursuant to An Agreement with a Qualified Service Organization/Business Associate ("QSO/BA"). We may enter a contract with a third-party QSO/BA to provide services to PAATC. Examples of these services include bill collecting, laboratory analysis, or training from COCA, accounting, and professional services. The QSO/BA may access your PHI but only to fulfill the QSO/BA's function and may not redisclose your PHI.

As Required by Law. We may use or disclose your PHI to the extent that the use or disclosure is required by law, is limited to the relevant requirements of the law, and is permitted under the privacy laws applicable to PAATC. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with applicable law.

For Audits and Investigations. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include public and private agencies (example CARF and Pa. Dept. of Drug and Alcohol Programming) that provide financial assistance to the program (such as federal and state granting agencies), regulatory agencies, and peer review organizations performing utilization and quality control. If we disclose PHI to a health oversight agency, we will have an agreement in place that requires the agency to safeguard the privacy of your information.

In Medical/Psychiatric Emergencies. We may use or disclose your protected health information to medical personnel. In addition, the individual designated by you at time of admission as your emergency contact will be notified of your condition.

Suspicion of Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse, or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

For Deceased Patients. We may disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death.

For Research Purposes. We may disclose PHI to researchers if there is no patient-identifying information associated with the disclosure.

Criminal Activity on Program Premises/Against Program Staff. We may disclose your PHI to law enforcement officials if you have committed a crime on program premises or against program staff or interns.

Criminal Threat Against a Third Party. We may disclose to law enforcement officials or a third party any criminal threat made against a third party. Criminal threats will only be disclosed to the extent permitted by law.

By Court Order and Subpoena. We may disclose your PHI if the court issues a valid order and subpoena.

Tours. At times there may be donors, family members or referrals who come on campus to tour the facility, meet staff, observe and/or participate in groups and other activities. Anyone coming on campus is required to sign an acknowledgement regarding his/her obligation to comply with all federal and state laws and regulations around patient confidentiality and privacy,

Uses and Disclosures of PHI with Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke an authorization at any time unless the program or its staff has taken an action in reliance on the authorization of the use or disclosure you permitted.

Marketing or Promotional Materials: PAATC may create and use recorded or live audio, video, graphical or print media as part of marketing, promotional or other allowed materials (“materials”) as detailed in the “Personal Story & Media Release Form”. This may include posting to official PAATC and subsidiary social media or other online platforms as determined by PAATC however events open to the public do not require completed release. For a copy of, or further information on this release, including requests to “opt out” of a completed media release, please direct inquiries to:

PAATC
Attn: Human Resources
Po Box 98
Rehrersburg, PA 19550

Your Rights Regarding Your Protected Health Information

Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

You have the right to inspect and copy your Protected Health Information

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you but does not include psychotherapy notes. Your request must be in writing. The Clinical team has 30 business days to respond to your request. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances. You have a right to appeal the denial of access to your record. Please contact PAATC's Privacy Officer Michael Fanjoy (phone 844-888-8085) if you have questions about access to your substance abuse record.

You may have the right to amend your Protected Health Information

You may request, in writing, that we amend your PHI that has been included in a designated record set. You have the right to request the correction of inaccurate, irrelevant, outdated, or incomplete information in your record. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and submit rebuttal data or a memorandum to your record. We may prepare a rebuttal to your statement and will provide you with a copy of it.

You have the right to receive an accounting of some types of Protected Health Information disclosures.

You may request an accounting of disclosures for a period of up to six years, excluding disclosures made to you, made for treatment purposes, or made per your request and authorization. We may charge you a reasonable fee if you request more than one accounting in any 12-month period. Please contact PAATC's Financial Office if you have questions about accounting of disclosures.

PAATC
Attn: Finance Office
Po Box 98
Rehrersburg, PA 19550

You have a right to receive a paper copy of this notice.

You have the right to obtain a copy of this notice from us. Any questions should be directed to PAATC's Privacy Officer, Michael Fanjoy, at 844-888-8085. *Additionally – you can print this notice directly from our website (paatc.org).*

You have the right to request added restrictions on disclosures and uses of your Protected Health Information.

You have the right to ask us not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. Your request for restrictions must be in writing and we are not required to agree to such restrictions. If you would like to request restrictions on the disclosure of your PHI please contact the Privacy Officer.

PAATC
Privacy Officer Michael Fanjoy
Po Box 98
Rehlersburg, PA 19550
844-888-8085

You have a right to request confidential communications.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Normally we will communicate with you through the phone numbers, postal address, and/or email addresses you provide. We will accommodate any reasonable request to communicate with you by alternative means or at an alternative location, but we may condition this accommodation by asking you for information regarding specification of an alternative address or other method of contact. We will not ask you why you are making the request. Please contact PAATC's Privacy Officer (listed above) if you would like to make this request.

Notice of Privacy Practices – Changes

PAATC reserves the right to revise this Notice of Privacy Practices at any future point to allow for new provisions or for compliance with changes to applicable federal, state, or local regulations. We will issue a revised copy of the Notice of Privacy Practices at such point revisions are made and will also post the updated copy to the organizational website.

Data Security

PAATC has reasonable security measures in place to secure your PII/PHI from inappropriate access or otherwise being lost or used. Additionally, we limit access to your data, based on industry best practice, to those with a legitimate business need to know.

Although security measures are in place, no electronic transmission or storage can be guaranteed completely secure and without risk. You use our service(s) and provide personal information at your own risk. PAATC does have processes in place to investigate and manage suspected security breaches and will notify necessary agencies and involved patients as required by regulations.

Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing to the attention of PAATC's Human Resources.

PAATC
Attn: Human Resources
Po Box 98
Rehrersburg, PA 19550

You may also file a complaint with the following:

U.S. Secretary of Health and Human Services:
200 Independence Avenue, S.W.
Washington, D.C. 20201,

(877) 696-677

OTHER USES OF HEALTH INFORMATION

PAATC will be free to use and disclose received data, without release, if properly aggregated or otherwise de-identified as required by local, state or federal regulations such as 42 CFR Part 2 and/or HIPAA. Once aggregated or de-identified this information will no longer be able to identify you.