



NOTICE OF PRIVACY PRACTICES

(REVISED April 1, 2022)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION AND EXERCISE YOUR RIGHTS REGARDING THE INFORMATION IT CONTAINS. PLEASE REVIEW CAREFULLY.

Lakeshore Community Services, Inc. is required by law to maintain the privacy of your protected health information ("PHI"), to provide you with notice of our legal duties and privacy practices with respect to your PHI, and to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of our privacy practices contained in this Notice of Privacy Practices.

We have the right to change the terms of this Notice of Privacy Practices and the new notice provisions shall be effective for all PHI that we maintain. A copy of our current Notice of Privacy Practices is available upon request and on our website.

- A. **USES AND DISCLOSURES RELATING TO TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS.** We may use and disclose your PHI for treatment, payment, and health care operations. Each of these categories is described below with an example. We may also use or disclose your PHI for other reasons, usually for the public benefit, as described in more detail in this Notice.

Some information, such as HIV-related information, genetic information, alcohol and/or substance abuse records, and mental health records may be entitled to special confidentiality protection under applicable state or federal law, and we will abide by these special protections as they pertain to those records.

1. **For Treatment:** We may use and disclose your PHI to necessary staff members, other health care service providers, and others who are involved in your treatment or care, for treatment coordination and advocacy and as needed to provide you with the best and most comprehensive services possible.
2. **To Obtain Payment for Treatment/Service:** We may use and disclose your PHI in order to bill and collect payment for the treatment/service that we have provided to you. This is most common when payment is made by a third party such as an insurance company, workman's compensation, or another person on your behalf.

3. **Health Care Operations:** We may use or disclose your PHI to run our organization. For example, we may use or disclose your PHI to evaluate the quality of the treatment you have received from our staff. We may also use or disclose your PHI to coordinate health care operations, such as audits by the Pennsylvania Department of Human Services, or for licensing, quality assurance, training, accreditation, certification, and credentialing activities. We may also need to provide PHI to our accountants, attorneys, and consultants in order to make sure that we are in compliance with all applicable laws.

B. **USES AND DISCLOSURES WITHOUT YOUR AUTHORIZATION.** In addition to treatment, payment, and health care operations, we may use and disclose your PHI without your written Authorization for the following reasons:

1. **Disclosure to Individuals Involved in Your Care.** Unless you tell us not to, we may use or disclose PHI to your family or friends, or another individual involved in your care or the payment for your care. In the event of your incapacity or under emergency circumstances, we will disclose your PHI to the person identified as your emergency contact. We will use our professional judgment to disclose only reasonably necessary information on an as-needed basis.
2. **As required by Law.** We may use or disclose your PHI when we are required to do so by law. For example, we are required to make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the HIPAA Privacy Rule.
3. **Disclosure About Victims of Abuse, Neglect, or Domestic Violence.** We may disclose PHI about an individual whom we reasonably believe to be a victim or offender of abuse, neglect, exploitation, domestic violence, or other violent crimes.
4. **Threat to Health or Safety.** We may disclose your PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
5. **Health Oversight.** If required, 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 government agencies and organizations that provide financial assistance to our programs (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.
6. **Judicial or Administrative Proceedings.** We may disclose your PHI during any judicial or administrative proceedings pursuant to a court order or administrative order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process not accompanied by a court order only in certain

circumstances, such as where you have received notice and an opportunity to object, or where there is a qualified protective order in place.

7. **Law Enforcement.** We may disclose PHI to a law enforcement official for the purpose of identifying a suspect, material witness or missing person. We may disclose PHI to law enforcement in connection with the victim of a crime in certain circumstances. We may disclose PHI in connection with a deceased person whose death is believed to have resulted from criminal conduct. We may disclose PHI to law enforcement in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.
8. **Public Health Activities.** We may disclose PHI as needed to comply with laws that require reports of information regarding certain diseases, reactions to medications or problems with product or devices, or reports of deaths, to government agencies that collect such information.
9. **Deceased Persons.** We may disclose PHI to a coroner for purposes of identifying a deceased person, determining the cause of death, or as otherwise authorized or required by law. We may disclose PHI to a funeral director for purposes of carrying out their duties with respect to the decedent.
10. **Government Functions.** We may disclose PHI of military personnel or veterans when required by national security, intelligence reasons and medical suitability determinations. We may also disclose PHI for national security purposes, such as assisting in the investigation of suspected terrorists who may be a threat to our nation.
11. **Worker's Compensation.** We may disclose PHI to the extent authorized by and necessary to comply with laws relating to worker's compensation or other similar programs established by law.
12. **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 PHI to provide you with appointment reminders or to provide you information and resources about alternative programs and treatments that may help you.
13. **Fundraising Activities.** If we choose to raise funds to support one or more of our programs or facilities, or some other charitable cause or community health education program, we may use the information that we have about you to contact you. If you do not wish to be contacted as part of any fundraising activities, please contact the Compliance Officer at 814-456-9962 to opt out of fundraising communications.

C. **CERTAIN USES AND DISCLOSURES REQUIRE YOU TO HAVE THE OPPORTUNITY TO OBJECT.**

1. **Disclosures to Family, Friends or Others Involved in Your Care.** We may provide a limited amount of your PHI to a family member, friend or other person known to be involved in your care or in the payment for your care, unless you tell us not to.
2. **Disclosures to Notify a Family Member, Friend or Other Selected Person.** Unless you tell us otherwise, we will disclose certain limited PHI about you (your general condition, location, etc.) to your emergency contact or another available family member or personal representative, should you need to be admitted to the hospital, for example.

D. **USES AND DISCLOSURES THAT REQUIRE YOUR PRIOR WRITTEN AUTHORIZATION.** In situations other than those mentioned above, or with respect to disclosures otherwise permitted by applicable law, we will ask for your written Authorization before using or disclosing your PHI. We need your written Authorization to disclose information concerning drug and alcohol abuse and/or treatment, your HIV status, or psychotherapy notes. We also need your written Authorization to use PHI for marketing purposes.

If you choose to sign an Authorization to disclose PHI, you can later revoke the Authorization to stop further uses and disclosures of PHI to the extent that we have not already taken action relying on the Authorization.

E. **YOUR RIGHTS CONCERNING PHI.** You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit a request in writing to our Compliance Officer.

1. **Right to Inspect and Copy PHI.** With limited exceptions, you have a right of access to inspect and obtain a copy of your PHI (including electronic PHI) contained in our "designated record set," for as long as the PHI is maintained by us in your designated record set. Your "designated record set" includes your medical and billing records maintained by us or a third-party vendor, with whom a Business Associate Agreement is maintained; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for us to make decisions about you.

Your right to inspect and copy PHI will be restricted only in limited situations, such as where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. If we deny your request for access, you have the right to have the denial reviewed by someone not involved in the denial decision. If you request a paper copy of PHI, we may charge you a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request. We will not charge a fee for electronic access to your PHI by you or a third party designated by you so long as providing electronic access does not require manual effort by us.

You may also request that your PHI be disclosed to any person or agency that you choose for any purpose. You must provide a written Authorization for that information to be disclosed to a third party. Such Authorization is valid for one year from the date you sign the Authorization. You have the right to revoke an Authorization at any time.

2. **The Right to Amend or Update Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have a right to ask that we make an appropriate change to your PHI. You must make the request in writing, with the reason for your request, by completing a request form that is available at all office reception desks. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your PHI, tell you when we have done so, and will tell others who need to know about the change.

We may deny your request if the PHI: (1) is correct and complete; (2) was not created by us; (3) is related to records to which you do not have a right of access; or (4) is not part of our records. Our written denial will state the reasons that your request was denied and explain your 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 with all future disclosures of that PHI.

3. **The Right to Receive a List of Certain Disclosures of Your PHI That We Have Made.** You have the right to request a list of certain types of disclosures that we have made of your PHI. This list would not include uses or disclosures for treatment, payment or health care operations, disclosures to you or with your written Authorization, or disclosures to your family or others involved in your care. This list also would not include any disclosures made for national security purposes, disclosures to corrections or law enforcement authorities if you were in custody at the time, or disclosures made prior to April 14, 2003. You may not request an accounting for more than a six (6) year period.

A request for a list of disclosures must be made in writing by submitting a form that is available upon request at all office reception desks. We will respond to you within 60 days of receipt your request unless we are unable to provide the request in 60 days and request a 30-day extension. The list that you receive will include the date of the disclosure, the person or organization who received the PHI (with their address, if available), a brief description of the PHI disclosed, and a brief reason for the disclosure. We will provide such a list to you at no charge; but, if you make more than one request in the same 12-month period, you will be charged a fee as allowed by Pennsylvania law for each additional request in a 12-month period. You may withdraw or modify your request to avoid the fee.

4. **Right to Request Restrictions on PHI Uses and Disclosures.** You may request in writing that we restrict or limit the uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or to limit disclosures to family

members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. In most instances, we are not required to agree to your request and will not agree to a request that will negatively affect your care. If we grant your request for a restriction, we will comply with it.

5. **Right to Restrict Disclosures For Out of Pocket Payment in Full:** You have a right to restrict certain disclosures of your PHI to a health plan if: (i) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and (ii) you paid out of pocket *in full* for the health care item or service. We will agree to this request unless a law requires us to share this information.
6. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. You must provide an alternative address or alternative method of contact.
7. **The Right to Get A Paper Copy of This Notice.** If you have agreed to receive this Notice electronically, you have the right to request a paper copy of this Notice.
8. **The Right to be Notified of a Breach of Your PHI.** In the event of a breach of your unsecured PHI, you will be notified of the breach, including what happened and what you can do to protect yourself.

If you have any questions about anything discussed in this Notice of Privacy Practices or if you have any concerns or complaints, please contact the Lakeshore Community Services, Inc. Compliance Officer at 814-456-9962.

You have the right to file a complaint with the Secretary of the U.S. Department of Health and Human Services in writing at 200 Independence Avenue, S.W. Washington, D.C. 2020, by calling 1-800-368-1019, or by visiting their website at www.hhs.gov/ocr/privacy/hipaa/complaints/.

For information about submitting an information blocking complaint or about information blocking in general, please see the final rule website and materials at www.healthit.gov/curesrule.

We support your right to the privacy of your PHI. We will not retaliate against you in any way if you choose to file a complaint with us or with the U. S. Department of Health and Human Services.

This revision of Lakeshore Community Services, Inc.'s original (April 14, 2003) Notice of Privacy Practices is effective April 1, 2022.