



Penn-Mar Human Services Notice of Privacy Practices for Protected Health Information

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.

I. How Penn-Mar Uses and Discloses Your Protected Health Information (PHI):

Penn-Mar Human Services provides a range of services to individuals with developmental disabilities as well as those with other human service needs. If you receive services from a Penn-Mar program, Penn-Mar may use your protected health information and disclose it to other Penn-Mar programs and outside the agency, to:

Plan and provide your care and treatment

- a. Communicate with health care professionals who care for you
- b. Describe the care you receive
- c. Obtain reimbursement from government and other funding sources
- d. Verify that services billed were actually provided
- e. Educate health professionals
- f. Inform public health officials charged with improving healthcare
- g. Administer the Penn-Mar programs
- h. Assess and improve the services provided and the outcomes achieved
- i. Pay for services you receive
- j. Inform you about other public programs and services

Penn-Mar and its programs will not use or disclose your protected health information except as described in this notice, or otherwise authorized by law.

II. Your Health Information Rights:

You have the right to:

- a. Request a restriction on certain uses and disclosures of your protected health information. Penn-Mar is not required to agree to a restriction that you request. However if the agency does agree it may not violate that restriction except as necessary to provide emergency care to you. In order for the agency to agree to a restriction it may be necessary to discontinue your care and your participation in Penn-Mar programs to comply with the request.
- b. Obtain a paper copy of this Notice of Information Practices upon request
- c. Inspect and copy your protected health information
- d. Request amendments to your protected health information



- e. Obtain an accounting of disclosures of your protected health information. This Accounting will reflect only those disclosures not related to your treatment and care, payment for services and regular health operations.
- f. Request communications of your protected health information by alternative means or at an alternative address
- g. Revoke your consent to use or disclose protected health information to the extent that it has not already been relied upon
- h. File a complaint with the Penn-Mar Privacy Officer and/or the Secretary of the U.S. Department of Health and Human Service if you believe your privacy rights have been violated.

III. **Penn-Mar Program Duties:**

Penn-Mar and each program of Penn-Mar has a duty to:

- a. Maintain the privacy of your protected health information
- b. Provide you with a notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you
- c. Abide by the terms of this notice
- d. Notify you if we are unable to agree to a requested restriction
- e. Accommodate reasonable requests you may have to communicate health information by alternative means or at an alternative address
- f. Provide an accounting of disclosures of your protected health information

Penn-Mar may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. Should our privacy practices materially change, we will distribute a revised notice to each consumer as well as make the revised document available at each agency facility.

IV. **Examples of Disclosures for Treatment, Payment and Health Operations:**

We will use your health information for treatment and care.

For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

We will use your health information for payment.

For example: Documents generated to obtain approval for service and to request governmental funding. The information on or accompanying these documents may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of Penn-Mar and governmental quality assurance teams may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and



effectiveness of the service we provide. The goal of the governmental quality assurance teams is to ensure agency compliance with Federal, State and Local regulations.

V. **Others who may receive your health information:**

Business Associates: there are some services provided in our organization through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. However, we require the business associate to appropriately safeguard your information.

Funeral Directors: We may disclose health information to funeral directors to carry out their duties, as required by law.

Public health: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes.

VI. **For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact your Program Director who will act as Penn-Mar's Privacy Officer. In Maryland, contact Jennifer Leidy, Director of Maryland Programs, at (410) 343-1069 extension 292. In Pennsylvania, contact Jennifer Skelly, Director of Pennsylvania Programs, at (717) 235-8068 extension 233.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

VII. **Effective Date of This Notice:**

This notice is published and becomes effective on April 14, 2003. (Updated 12.26.12)

VIII. **Acknowledgement of Receipt of This Notice:**

My signature below indicates that I have been provided with a copy of the Notice of Privacy Practices.

Signature of individual

Date

Signature of legal representative

Date