**NOTICE OF PRIVACY PRACTICES**

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

**Protected Information.** While working with MHY Family Services (MHY), information regarding your medical history, treatment, social history and other issues including payment for services may be created or received by us. Information which can be used to identify you relating to your medical care or payment for your medical care is protected by state and federal law ("Protected Health Information or Protected Information").

**Your Rights.** Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

* Receive notice of our policies and procedures regarding your Protected Information;
* Request that certain uses of your Protected Information be limited; but we have the right to refuse your request;
* Access to your Protected Information; but the request must be in writing and may be denied in certain limited situations;
* Request that your Protected Health Information be changed;
* Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years;
* Revoke in writing any prior authorizations for use or disclosure of Protected Information, except to the extent that action has already been taken; and
* Request communications of your Protected Information are done by reasonable alternative means or at alternative locations such as by e- mail.
* Understand that texting information via cell phones is not protected thus will not be used as primary means of communication

**Our Responsibilities.** Federal law also imposes certain obligations and duties upon MHY with respect to your Protected Information. Specifically, we are required to:

* Provide you with notice of our legal duties and MHY’s policies regarding the use and disclosure of your Protected Information;
* Maintain the confidentiality of your Protected Information in

accordance with state and federal law and MHY’s policies;

* Review your requested limits regarding the use and disclosure of your Protected Information and inform you if these restrictions will be used;
* Allow you to inspect and copy your Protected Health Information in the presence of MHY staff as designated by MHY during our regular business hours pursuant to any legal restrictions. This access may be limited based on various factors including the type of information requested and if the information involves someone other than you;
* Act on your request to amend Protected Health Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment will occur. MHY will determine in its sole discretion if the amendment is appropriate;
* Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
* Inform you of the risks regarding communication via texting; and
* Abide by the terms of this notice.

**How Your Protected Information May be Used and Disclosed.** Generally, your Protected Information may be used and disclosed for provision of

services, treatment, payment or for operating MHY, or as required by law. Protected information may be shared/forwarded in person, on the phone, by mail, fax, electronically or other available means. This includes a variety of areas:

**Treatment Purposes***.* We may use or disclose your Protected Information for treatment purposes, including continuing care and case or care management. While receiving services from MHY, it may be necessary for various personnel, including, but not limited to, physicians, mental health professionals, therapists, direct care staff, caseworkers and others involved in your services to have access to your Protected Health Information in order to provide you with appropriate services. This may include contract agencies with MHY or other entities you are working with or receiving services from. Specific examples include:

* Records and information may be shared with other MHY staff members for administrative or therapeutic purposes including supervision.
* To coordinate services among workers, and volunteers. Information is to be shared on a need to know basis. All workers, and volunteers must maintain confidentiality of the information received.
* When Juvenile Court is involved, records may be shared with Juvenile Court Officers. Information about a child may be shared with the child’s Guardian ad Litem.
* In the event of a legitimate subpoena or court order for court appearance or release of records.
* In the event of medical emergency.
* The receipt of information that suggests child abuse, dependent adult abuse or neglect has occurred. MHY Family Services is legally obligated to report any such information to DPW.
* Under circumstances in which there exists a danger to yourself or others
* Auditors, including state or federal agencies, may review your records to evaluate program effectiveness.

**Payment Purposes***.* Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company, DPW, or another group or agency. Bills requesting payment will usually include information which identifies you, services received and supplies used. It may also be necessary to release Protected Information to obtain prior approval for services or to assess the type of services needed.

**Facility Care Operations***.* Your Protected Information may be used for MHY operations, to ensure MHY provides the highest quality of services. For example, your Protected Information may be used for learning or quality assurance or improvement purposes. We may also remove information which could identify you from your record so as to prevent others from learning who the specific clients are.

**Emergency Use*.*** If an emergency situation exists, and providing you with this notice is not practicable, we may use or disclose Protected Information to the extent necessary during the emergency.

**Notification*.*** Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying you, a family member, or other person responsible for your care. This may

include appointment reminders such as postcards.

**Communication with Family Members and Caregivers***.* With your permission, or by court or agency order, we will release Protected Information to a family member, relative or other person who is involved in your care to the extent necessary for them to participate in your care.

**Website** any information the website or MHY’s internet service provider collects, with or without your knowledge, will not be misused by MHY Family Services.

**Marketing and Fundraising Activities*.*** We may use your Protected Information for the purpose of contacting you regarding benefits and services we feel may be of interest to you. In addition, you may also be contacted as part of a fundraising effort. You may decline to receive information of this type.

**Special Circumstances*.*** The law specifically requires us to use or disclose Protected Information in the following special circumstances:

**Public Health Activities***.* We are required to use or disclose your Protected Information for public health activities and purposes.

Examples of public health activities which would warrant the use or disclosure of your Protected Information include:

* Preventing or controlling disease, injury or disability;
* Reporting births or deaths;
* Reporting the abuse or neglect of a child or dependent adult;
* Reporting reactions to medications or problems with products; or
* Notifying individuals exposed to a disease that may be at risk for contracting or spreading the disease.

**Specialized Government Functions***.* Your Protected Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

* Military and veterans activities;
* National security and intelligence activities;
* Medical suitability determinations for Department of State officials;
* Correctional institutions and law enforcement custodial situations;
* Protective service of the President and others; or
* Provision of public benefits. **Important Contact Information.** This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more information regarding your Protected Information, please contact the Compliance Manager.

If you believe your privacy rights have been violated, you may file a complaint with our office by contacting the PQI Manager, 521 Route 228, Mars, PA 16046 You may also file a complaint with the Secretary of Health and Human Services by internet access at [www.hhs.gov.](http://www.hhs.gov/) There will be no retaliation for the filing of a complaint.

**Effective Date and Revisions.** This notice becomes effective on the date the acknowledgement is signed.

Please note, we reserve the right to revise this notice at any time. Should we revise this notice; the revised notice will be posted at the local office. In addition, a current copy of our notice of privacy practices may be obtained from an MHY employee.

MHY Family Services has a contract with the various managed care companies and counties to provide services. These contracts allow/mandate the MHY Family Services staff to exchange information with these contracted organizations including but not limited to progress reports and discharge summaries.