

## NOTICE OF PRIVACY PRACTICES

SHARON COMMUNITY HEALTH CENTER  
94 W. CONNELLY BLVD.  
SHARON, PA 16146

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.

### Uses and Disclosures

There are a number of situations where SCHC may use or disclose to other persons or entities your confidential medical information. Certain uses and disclosures will require your consent, such as those related to treatment and payment of health care operations. Other disclosures will require a specific authorization from you and certain disclosures required by law or under emergency circumstances, may be made without your consent. Under any circumstance, we will use or disclose only the minimum amount of information necessary from your medical records to accomplish the intended purpose of the disclosure.

### Use and Disclosure with Patient Consent

We will obtain your general consent to use and disclose your confidential medical information for the following purposes:

**TREATMENT:** We will use your medical information to make decisions about the provision, coordination, or management of your health care, including diagnosing your condition and determining the appropriate treatment for that condition. It may also be necessary to share your medical information with another health care provider whom we need to consult with respect to your care. We may also disclose certain information to a pharmacist for the purpose of filling a prescription for you, to a physical therapist to provide physical therapy under appropriate circumstances, or to a facility or other providers should you require surgery or other hospital care. These are only examples of uses and disclosures of medical information for treatment purposes, which may or may not be necessary in your case.

**PAYMENT:** We may need to use or disclose information in your medical records to obtain reimbursement, from you or your health insurance plan, or another insurer for our services rendered to you. This may also include determinations of eligibility or coverage under the appropriate health plan, pre-certification and pre-authorization of services or review of services for purposes or reimbursement. This information may also be used for billing, claims management and collection purposes together with related health care date processing through our system.

**OPERATIONS:** Your medical records may be used in our business planning and development operations, including improvement in our methods of operation, and general administrative functions. We may also use the information in our overall compliance planning, medical review activities, and arranging for legal and auditing issues.

### Use and Disclosure without Consent

There are certain circumstances under which we may use or disclose your medical information without first obtaining your consent or authorization. Those circumstances generally involve public health and oversight activities, law enforcement activities, judicial and administrative proceedings and in the event of death. Specifically, we are required to report information concerning certain communicable diseases, sexually transmitted diseases, and HIV/AIDS status. We are also required to report to appropriate agencies and law enforcement officials information that you or another person are in immediate threat of danger to your health or safety as a result of violent activity. We must also provide medical record information when ordered by a court of law to do so.

### Authorization for use or Disclosure

Except as outlined in the above sections, your medical information will not be used or disclosed to any other person or entity without your specific authorization, which may be revoked at any time. In particular, except to the extent disclosure has been made to governmental entities required by law to maintain the confidentiality of the information, information will not be further disclosed to any other person or entity with respect to mental health treatment, drug and alcohol abuse, HIV/AIDS, or sexually transmitted disease information, which may be contained, in your medical records. We likewise will not disclose your medical record information to an employer for the purposes of making employment decisions, to a liability insurer or attorney as a result of injuries sustained in an automobile accident, or to educational authorities, without your written permission.

### Additional Uses and Disclosures

We may contact you from time to time to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

### Individual Rights

You have certain rights with respect to your medical record information as follows:

1. You may request that we restrict the uses or disclosures of your medical records in formation for treatment, payment, and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restrictions.
2. You have the right to request receipt of confidential communications of your medical information by an alternative location. If you require such an accommodation, you will be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.

3. You have the right to inspect copy and request amendment to your medical records. Access to our medical records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding, or for which your access is otherwise restricted by law. We will charge a reasonable fee for providing a copy of your medical records, or a summary of those records, at your second request, which includes the cost of copying, postage, or preparation of an explanation or summary of the information.
4. All requests for inspection, copying, and/or amending information in your medical records must be made in writing and be addressed to Sharon Community Health Center, Attn: Medical Records Coordinator 94 W. Connelly Blvd. Sharon, PA 16146. We will respond to your request in a timely manner.
5. You have the right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health care operations. However, we will charge you a reasonable fee for each subsequent request within the same 12 month period.
6. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically.
7. All requests related to your rights herein must be made in writing and addressed to Sharon Community Health Center, Attn: Medical Records Coordinator, 94 W. Connelly Blvd. Sharon, PA 16146

#### Sharon Community Health Center Duties

Sharon Community Health Center (SCHC) has the following duties with respect to the maintenance, use and disclosure of your medical records:

1. SCHC is required by law to maintain the privacy of the protected health information in your medical records and to provide you with this Notice of its legal duties and privacy practices with respect to that information
2. SCHC is required to abide by the terms of this Notice currently in effect.
3. SCHC reserves the right to change the terms of this Notice at any time, thereby making the new provisions effective for all health information and medical records it has and continues to maintain. All changes in this Notice will be prominently displayed and available at the office of SCHC at 94 W. Connelly Blvd. Sharon, PA 16146.

#### Complaints

You may file a written complaint to SCHC or to the Secretary of Health and Human Services if you believe your privacy rights with respect to confidential information in your medical records have been violated. All complaints to SCHC must be in writing and must be addressed to:

Sarah Genet, Executive Director  
Sharon Community Health Center  
94 W. Connelly Blvd.  
Sharon, PA 16146

You may also make a written complaint to the person designated by the U.S. Department of Health and Human Services if Sharon Community Health Center cannot resolve your concerns. You will not be retaliated against for filing such a complaint.

#### Contact Person

All questions concerning this Notice or requests made pursuant to it should be addressed to:

Michelle Kohl, Office Manager  
Sharon Community Health Center  
94 W. Connelly Blvd.  
Sharon, PA 16146

#### Effective Date

This Notice is in effect as of January 1, 2003 and applies to all protected health information in your medical records maintained by SCHC now existing or subsequently created.