

NOTICE OF PRIVACY PRACTICES OF GEORGE STREET CENTER, HANOVER CENTER, HANNAH PENN CENTER, LEWISBERRY CENTER, SOCIAL SERVICES AND NURSE-FAMILY PARTNERSHIP (COLLECTIVELY “FAMILY FIRST HEALTH.”)

(Effective date: 4/14/2003)

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.

If you have any questions about this Notice please contact our Privacy Official who is located at 116 South George Street, Suite 301, York, PA 17401 or by calling (717) 801-4806.

This Notice covers the following entities of FAMILY FIRST HEALTH:

George Street Center
116 South George Street
York, PA 17401

Hanover Center
1230 High Street
Hanover, PA 17331

Hannah Penn Center
411 East Boundary Avenue
York, PA 17403

Lewisberry Center
P.O. Box 23
308 East Market Street
Lewisberry, PA 17339

Family First Health Social Services
116 South George Street, Suite 349
York, PA 17401

Nurse-Family Partnership
116 South George Street, Suite 358
York, PA 17401

Purpose:

Generally, any information concerning your health, health care or payment for health care is considered confidential and protected by Family First Health. This Notice describes Family First Health’s Privacy Practices and how we use and disclose your medical information. This Notice also tells you what rights you have regarding this information. This information may include your name, address and other information about your health or the health care services that have been or may be supplied to you. We require that all of our divisions, staff, employees, volunteers and independent contractors comply with these privacy practices with respect to medical information that is used or disclosed by us.

Please contact the Privacy Official above if you have any questions.

Uses and Disclosures of Your Health Information:

We may use health information about you for most treatment, payment and health care operations or administrative purposes without your signed Consent.

Treatment:

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be disclosed to a physician or provider to whom you have been referred to facilitate proper treatment.

We may disclose your protected health information to another physician or health care provider such as a laboratory or specialty provider, who becomes involved in your care as requested by your physician.

Please note that by law, certain medical information, such as psychotherapy notes, normally may not be used or shared based on your consent. An Authorization that is a more strict form of permission will be required in order to use or release such information.

Payment:

Payment primarily means the activities related to Family First Health's reimbursement for services provided to you. Payment may also include eligibility determinations by your health insurance plan or other actions such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, utilization review activities and disclosure to consumer reporting agencies. For example, we may disclose relevant protected health information about you to your insurance carrier in order to facilitate payment for treatment provided to you.

We may also disclose your relevant protected health information to your insurance carrier in order to obtain approval for a hospital admission or other services for which pre-certification is required. For example, we may disclose relevant protected health information to your insurance carrier in order to pre-certify a procedure or treatment or to otherwise obtain approval from your carrier for payment of health care.

Healthcare Operations:

Healthcare Operations may be performed by Family First Health or by third-party contractors. These operations include quality assessment and improvement activities, peer review, credentialing and licensing; training programs, legal and financial services, business planning and development, management activities related to our Privacy Practice, customer services, internal grievances, creating de-identified information for data aggregation or other purposes, fund-raising, certain marketing activities and due diligence activities.

For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician.

We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform certain activities, such as billing or transcription services, for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”).

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you.

You may contact our Privacy Official to request that these materials not be sent to you.

We may use or disclose your demographic information and the dates that you received treatment from your physician, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Official and request that these fundraising materials not be sent to you.

Information that may be disclosed or used without your Consent, Authorization or Other Permission:

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, abuse or neglect reporting, auditing purposes, research studies, funeral arrangements and organ donation, workers’ compensation purposes, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances.

If you are present or available, we may provide relevant medical information about you to a relative, friend or individual who is involved in your care after we have attempted to get your permission or provided you with the opportunity to object and you do not object or if we reasonable infer from the circumstances, based upon professional judgment, that you do not object to the disclosure. If we are not able to seek your permission because you are not immediately present or are incapacitated, we will use our best judgment to determine whether you would want this information shared and will disclose only the protected health information relevant to the person’s involvement with your care.

Notification:

We may use or disclose protected health information to notify or assist in notification of a family member, your personal representative, or another person responsible for your care of your location, general condition or death.

Disaster Relief Purposes:

We may disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. In disaster situations, professional judgment may be used to determine whether or not it is reasonable to attempt to obtain verbal agreement from the individual or entity, or whether attempting to obtain verbal agreement will interfere or delay disaster or rescue efforts.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Changes to our policies:

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the Privacy Official listed above.

Individual Rights:

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you wish to review or copy your health information, we require that you complete and submit a written request form. The form is available at the reception area.

If you request copies, we will charge you:

1. The current fee schedule published by the Pennsylvania Bulletin for each page, and a reasonable fee for the cost of supplies and labor of copying;
2. Postage, when you request that the copy summary or explanation be mailed; and
3. Preparing the explanation or summary of the PHI, if you agree to the charge.

Unless an exception applies, you also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. You will be required to submit a written request for an amendment of your PHI. You will be required to provide a reason for your request. The forms are available at the reception area.

You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. You will be required to submit a written request concerning confidential communications. We cannot require you to provide a reason for a request for confidential communications. The forms are available at the reception area.

If this notice was sent to you electronically, you may obtain a paper copy of the notice by requesting a form from the Privacy Official or receptionist.

You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but are not legally required to accept it.

Complaints:

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above and file a written complaint notifying us of the specific reasons for your concern or disagreement.

You may also send a written complaint to the U.S. Department of Health and Human Services, the Office of Civil Rights. For more information, you may contact the OCR Headquarters at:

**Director
Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, SW - Room 506-F
Washington, D.C. 20201**

The person listed above can provide you with further information upon request. Under no circumstances will you be retaliated against for filing a complaint.

Family First Health's Legal Duty:

We are required by law to protect the privacy of your information, to provide this notice about our information practices, and follow the information practices that are described in this notice.

State laws:

If a more stringent state law than HIPAA applies to the use or disclosure, the practice will comply with the more stringent state regulation. The practice will conduct a case-by-case analysis to determine whether state law imposes a more stringent restriction.

**ACKNOWLEDGMENT OF RECEIPT OF PRIVACY NOTICE OF
FAMILY FIRST HEALTH**

This form is an acknowledgment of the receipt of the Notice of Privacy Practices of Family First Health.

I acknowledge that I have received a copy of the Notice of Privacy Practices (“Notice”) of Family First Health.

I acknowledge that I received a copy of this Notice at the time I received services from the Provider.

If I have questions regarding the Notice, I may contact the Provider and ask for the Privacy Official **located at 116 South George Street, Suite 301, York, PA 17401 or by calling (717) 801-4806.**

1. My individually identifiable health information may be used and disclosed to carry out treatment, payment, or health care operations
 - a. **I give permission for Family First Health to release protected health information (PHI) to the following individuals.**

Name

Relationship

Name

Relationship

2. The Notice of Privacy Practices provides a more complete description of the types of uses and disclosures. I have the right to request a copy of the Notice from the Provider.
3. The terms of the Notice may change at any time. If the Notice is changed, I may contact the Privacy Official identified above to request a Notice.

Signature of patient or patient’s representative: _____ Date: _____

Printed name of patient’s representative: _____

Relationship to the patient: _____ Parent _____ Legal Guardian
_____ Power of Attorney.

Family First Health will retain this “Notice” and “Acknowledgment” for six (6) years from the signature date on this form.

Updated: 1/5/06