

Inglis

NOTICE OF PRIVACY PRACTICES

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

Inglis is committed to preserving the privacy and confidentiality of your health information which is created and /or maintained by us. State and federal laws and regulation require us to implement policies and procedures to safeguard the privacy of your health information.

WHO MUST FOLLOW THE RULES IN THIS NOTICE

All physicians, residents, nurses, therapists, case managers, volunteers and other personnel at Inglis who handle your health information must follow the rules in this Notice. "Inglis" means the Inglis Foundation and Inglis House, and such other covered entities or health care components of such covered entities affiliated with Inglis Foundation.

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. When we use or disclose your health information, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure).

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all health information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting areas and on our Internet site at www.inglis.org. You also may obtain any new notice by contacting the Privacy Officer.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment.** We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other Inglis personnel who are involved in taking care of you, or provide services to you at Inglis. Different departments of Inglis also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose health information about you to people outside Inglis who may be involved in your medical care after you leave a Facility. This may include family members, or visiting nurses to provide care in your home.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at Inglis may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information

with your health plan about services provided to you. We may also tell your health plan about a treatment or services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all clients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many clients to help determine what additional services should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Facility. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of clients. We may disclose your age, birth date and general information about you in the Facility newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions.

OTHER ALLOWABLE USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

- **Business Associates** There are some services provided at Inglis through contracts with business associates. Examples include medical directors and outside attorneys. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Providers.** Many services provided to you, as part of your care at Inglis, are offered by a variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g., Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacists, psychologists, LCSWs, and suppliers.
- **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities.** We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at Inglis

- **Facility Directory.** We may include information about you in the Inglis directory while you are a client. This information may include your name, location at Inglis, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you at Inglis and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. We may disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Facility.
- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting** Federal and state laws may require or permit the Facility to disclose certain health information related to the following:
 - *Public Health Risks.* We may disclose health information about you for public health purposes
 - *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law.
 - *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order.
 - *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a client has been the victim of abuse, neglect or domestic violence.
- **Law Enforcement.** We may disclose health information when requested by a law enforcement official:
 - **Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
 - **National Security and Intelligence Activities.** We may disclose health information about you to authorize federal officials for intelligence counterintelligence, and other national security activities

authorized by law.

- **Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us permission to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

We also need special permission before we share certain types of highly sensitive health information that are given extra protections under the law. For example, federal and state law may require us to get your written permission to share the following:

- Psychotherapy notes written and kept by your therapist
- Other mental health information
- Substance (drug and alcohol) abuse treatment information
- HIV/AIDS testing, diagnosis or treatment information

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your health information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health information.

You must submit your request in writing and we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility.

You must submit your request in writing and, in addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the Facility; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you. For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
- **You may obtain a copy of this Notice at our website, www.Inglis.org or obtain a copy from any receptionist.**

COMPLAINTS

If you have questions and would like additional information, you may contact the Inglis privacy Officer at 215-581-0731.

If you believe that your privacy rights have been violated you may file a complaint with us. Complaint must be filed in writing on form provided by Inglis and when completed be returned to the Privacy Officer at

Compliance Office
Inglis Foundation
2600 Belmont Ave.
Philadelphia, PA 19131

You may also file a complaint with the secretary of the federal Department of Health and Human Services, Office of Civil Rights. There will be no retaliation for filing a complaint.

Effective: April 2003
Revised format: April 1, 2007

Inglis House

Acknowledgement of Notice of Privacy Practices

The Client hereby acknowledges that he or she has been given the opportunity to read the Inglis Notice of Privacy Practices, and has been given a copy for reference. The Client understands that he/she should review the statement to understand his or her rights regarding health information, and the uses and disclosures of health information Inglis may make.

Inglis reserves the right to change its Notice of Privacy Practices at any time. If Inglis changes the terms of its Notice of Privacy Practices, Inglis shall provide all clients with a revised statement. Clients may request a copy of the statement or obtain a copy on the Inglis Web site: (www.Inglis.org).

I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE BEEN MADE AWARE OF THE PRIVACY PRACTICES OF INGLIS AND I HAVE RECEIVED A COPY TO THE NOTICE OF PRIVACY PRACTICES. I UNDERSTAND THAT COPIES OF THE NOTICE ARE AVAILABLE TO ME AT ANY TIME AND THAT I CAN REVIEW THE NOTICE ON THE INGLIS WEB SITE OR AT VARIOUS LOCATIONS. I UNDERSTAND THAT INGLIS HAS A RIGHT TO MODIFY THE NOTICE OF PRIVACY PRACTICES AND THAT I HAVE A RIGHT TO RECEIVE THE NOTICE, AS THEY AFFECT MY RIGHTS.

I AM THE CLIENT NAMED BELOW OR A LEGAL REPRESENTATIVE AUTHORIZED TO ACT ON BEHALF OF THE CLIENT TO SIGN THIS DOCUMENT.

DATE: _____

SIGNATURE OF CLIENT:

PRINTED CLIENT NAME:

PERSONAL REPRESENTATIVE/LEGAL REPRESENTATIVE WITH APPROPRIATE AUTHORITY TO SIGN ON MY BEHALF:

SIGNATURE PERSONAL/LEGAL REPRESENTATIVE:

This document is to be filed in the Business Office files of the client.