



## Your Information.

## Your Rights.

## Our Responsibilities.

This **NOTICE OF PRIVACY PRACTICES** describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

<p><b>When it comes to your health information, you have certain rights.</b> This section explains your rights and some of our responsibilities to help you.</p>	
<p><b>Get an electronic copy of your medical record</b></p>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee; the fee is regulated under state and federal law.</li> </ul>
<p><b>Ask us to correct your medical record</b></p>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<p><b>Request confidential communications</b></p>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, on your home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> <li>You must submit your request for confidential communication to each separate Keystone Health site and/or service that you visit.</li> </ul>
<p><b>Ask us to limit what we use or share</b></p>	<ul style="list-style-type: none"> <li>You can ask us <u>not</u> to use or share certain health information for treatment, payment or our own operations. We are not required to agree to your request, unless otherwise described in this Notice, but we will attempt to agree to all reasonable requests when appropriate.</li> <li>If we agree to a particular restriction, we reserve the right to terminate the agreed-to restriction if we believe that termination has become appropriate. We will notify you if we decide to terminate any agreed-upon restriction.</li> <li>If you ask us not to share your health information with your health insurer, we are required to agree to your request <u>only</u> when you or someone on your behalf (other than your health plan) pays for your health care service(s) or the health care item(s) in full.</li> </ul>
<p><b>Get a list of those with whom we’ve shared information</b></p>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free, but will charge a reasonable,</li> </ul>

	cost-based fee for each additional request within a 12-month period.
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>
<b>Receive notification of a breach</b>	<ul style="list-style-type: none"> <li>We will promptly notify you in writing about any breach of your unsecured health information, no later than 60 days after we discover such a breach.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>You can complain if you feel we have violated your rights by contacting us using the information on the back.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington DC 20201, or calling, 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a>. We will not retaliate against you for filing a complaint.</li> </ul>
<b>Obtain further information or ask questions</b>	<ul style="list-style-type: none"> <li>If you have any questions or need further information regarding this Notice, you may contact the Director of Quality Control by calling 717-709-7900</li> </ul>

## Your Choices

<p><b>For certain health information, you can tell us your choices about what we share.</b> If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do and we will follow your instructions.</p>	
<p><b>You have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>Share information with your family, close friends or others involved in your care.</li> <li>Share information in a disaster relief situation.</li> </ul> <p style="text-align: center;"><i>If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<p><b>Without your written permission, we will never share your information in these situations:</b></p>	<ul style="list-style-type: none"> <li>Using or disclosing your information for marketing purposes, including marketing communications paid for by third parties.</li> <li>Selling your information.</li> <li>Sharing psychotherapy notes, in most situations.</li> <li>Using or disclosing information specially protected by state and/or federal law, such as drug and alcohol information and HIV information.</li> </ul>
<p><b>In the case of fundraising:</b></p>	<ul style="list-style-type: none"> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>

## Other Uses and Disclosures

<p><b>How do we typically use or share your health information?</b> We typically use or share your health information in the following ways:</p>	
<b>To treat you</b>	<ul style="list-style-type: none"> <li>We can use your health information and share it with other professionals who are treating you. For example, we may share your information about your overall health condition with another doctor who is treating you for an injury.</li> </ul>
<b>To run our organization</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to run our health care facilities and practices, improve your care, and contact you when necessary. For example, we may use health information about you to manage your treatment and services, to remind you about your appointments, or to follow up on your visit.</li> </ul>
<b>To bill for your services</b>	<ul style="list-style-type: none"> <li>We can use and share your health information to bill and get payment from health plans or other entities. For example, we may share information about you with your health insurance plan so it will pay for your services.</li> </ul>

<p><b>How else can we use or share your health information?</b> We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <a href="http://www.hhs.gov/ocr/privacy/hipaa/understanding/comsumers/index.html">www.hhs.gov/ocr/privacy/hipaa/understanding/comsumers/index.html</a>.</p>	
<b>To help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>We can share health information about you for certain situations, such as:             <ul style="list-style-type: none"> <li>- For public health investigations</li> <li>- Required reporting of disease, injury, birth or death</li> <li>- Helping with product recalls</li> <li>- Reporting adverse reactions to medications</li> <li>- Reporting suspected abuse, neglect, or domestic violence</li> <li>- Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<b>To respond to organ and tissue donation requests</b>	<ul style="list-style-type: none"> <li>We can share health information about you with organ procurement organizations, if necessary to arrange an organ or tissue donation from you or a transplant for you.</li> </ul>
<b>To our Business Associates</b>	<ul style="list-style-type: none"> <li>We may contract with outside people, companies, or other organizations to perform services or functions on behalf of Keystone Health, such as legal service providers or auditors, which we refer to as “Business Associates.” We may need to provide health information to one or more of these Business Associates, so that the Business Associate(s) can provide the services requested by Keystone Health.</li> <li>We will only disclose your health information to a Business Associate when necessary and only to the extent permissible by law.</li> <li>We require all Business Associates, and any of their subcontractors, to safeguard the privacy of your health information.</li> </ul>

<b>To a coroner, medical examiner, or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information with a coroner, medical examiner or funeral director when an individual dies.</li> </ul>
<b>To comply with the Law</b>	<ul style="list-style-type: none"> <li>• We can share your health information for any purpose required by law.</li> <li>• The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.</li> </ul>
<b>To address workers' compensation, law enforcement and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>- For law enforcement purposes or with a law enforcement official.</li> <li>- For workers' compensation claims.</li> <li>- With health oversight agencies for activities authorized by law.</li> <li>- For special government functions such as military, security, and presidential protective services.</li> </ul> </li> </ul>
<b>To your employer when your employer has requested the health care services</b>	<ul style="list-style-type: none"> <li>• We can share certain health information with your employer when we have provided health care to you at the request of your employer for certain purposes related to occupational health and safety, such as to evaluate whether you have a work-related illness or injury or related to medical surveillance of your workplace.</li> <li>• In most cases, you will receive notice of this disclosure.</li> </ul>
<b>As part of one or more Health Information Exchanges (HIEs)</b>	<ul style="list-style-type: none"> <li>• Keystone Health participates in one or more HIEs.</li> <li>• Our participation may involve sharing information we obtain or create about you with these HIEs, which information will be made available to outside entities that also participate in the HIE (such as hospitals, doctors offices, pharmacies, or other insurance companies, or receiving information that those outside entities create or obtain about you (such as medication history, medical history, or insurance information) so each entity can provide better treatment and coordination of your health care services.</li> <li>• You have the option to opt out of sharing your information with the HIE. If you wish to opt out, please let us know. Keystone Health will use its best efforts to limit the sharing of patient information with HIEs for any patients who have opted out.</li> <li>• In cases where your specific consent or authorization is required to disclose certain health information to others, including HIEs, we will not disclose that health information without first obtaining your consent. Information that requires additional consent in order to be shared includes: <ul style="list-style-type: none"> <li>- psychotherapy notes;</li> <li>- treatment for substance or alcohol abuse; or</li> <li>- treatment for sexually transmitted diseases.</li> </ul> </li> </ul>
<b>To respond to lawsuits and legal actions</b>	<p>We can share health information about you in response to a court or administrative order, or in response to a subpoena. In most cases, you will receive notice of such a release of your information.</p>

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and will give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/comsumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/comsumers/index.html)

## Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our website.

## Application of this Notice

The terms of this Notice of Privacy Practices apply to all Keystone Health service locations , which include the following:

- **Audiology & Speech**, 820 Fifth Ave., Chambersburg, PA 17201
- **Behavioral Health**, 110 Chambers Hill Dr., Chambersburg, PA 17201
- **Crisis Intervention**, 112 N. Seventh St., Chambersburg, PA 17201
- **Dental Chambersburg**, 767 Fifth Ave, Suite B-3a, Chambersburg, PA 17201
- **Dental Mont Alto**, 6155 Anthony Highway, Suite C, Waynesboro, PA 17268
- **Family Medicine**, 820 Fifth Ave, Chambersburg, PA 17201
- **Keystone Community Health Services** (Infectious Disease & Community Outreach Programs) 830 Fifth Avenue, Suite 201 Chambersburg, PA 17201
- **Internal Medicine**, 830 Fifth Ave., Suite 201, Chambersburg, PA 17201
- **Pediatrics- Chambersburg**, 830 Fifth Ave. Suite 103, Chambersburg, PA 17201
- **Pediatrics- Waynesboro**, 45 Roadside Ave., Waynesboro PA 17268
- **Pediatric Therapies**, 3583 Scotland Rd., Scotland, PA 17254
- **Urgent Care**, 830 Fifth Ave., Suite 102, Chambersburg, PA 17201
- **Women's Care**, 830 Fifth Ave., Suite 202, Chambersburg, PA 17201
- **Keystone Agricultural Worker Program**-1030 Fairfield Road, Gettysburg, PA 17325

Effective Date :