



# PENNSYLVANIA PSYCHIATRIC INSTITUTE

A Collaboration of Penn State Health & UPMC Pinnacle

401 Division Street  
Harrisburg, PA 17110  
(717) 782-4349

2501 N. 3<sup>rd</sup> Street  
Harrisburg, PA 17110  
(717) 782-2160

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective: October 2018

**For your information, the HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Covered healthcare providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices.**

**This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact the Compliance & Privacy Officer at (717) 782-6496.

This notice describes Pennsylvania Psychiatric Institute's (PPI) practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of the health system.
- Any member of a volunteer group we allow to help you while you are in the hospital.
- All employees, staff and other health system personnel.
- All entities, sites and locations that will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment of operations purposes described in this notice.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at our sites. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital or other healthcare provider, whether made by our personnel or your doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. Please be aware that in the case of HIV, mental health and drug & alcohol abuse services, a more stringent standard for use and disclosure will be followed in accordance with the Pennsylvania Confidentiality In HIV-Related Information Act, the Pennsylvania Mental Health Procedures Act, and its regulations and Pennsylvania and federal laws and regulations regarding drug and alcohol abuse.

We are required by law to:

- maintain the privacy of your medical information;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and

- follow the terms of the notice that is currently in effect.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your medical information.

How we may use and disclose medical information about you:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give some examples. 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 within one of the categories.

**For Treatment** - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical, nursing, other healthcare students or other hospital personnel who are involved in taking care of you. For example, a doctor treating you may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different entities of the System also may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and X-rays.

**For Payment** - We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. You have the right to request restrictions on our disclosures to your health plan of your medical information relating solely to services for which you or someone other than the health plan have paid for out-of-pocket and in full.

**For Healthcare Operations** - We may use and disclose medical information about you for PPI operations. These uses and disclosures are necessary to run PPI and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services for the purpose of quality assessment and improvement purposes. As part of business planning and development, we may also combine medical information about many patients to decide what additional services the hospital should offer, what services are not needed and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, healthcare students and other PPI personnel for competency review and learning purposes. Additionally, we may disclose information while conducting or arranging medical review, legal services or auditing functions.

**Appointment Reminders, Pre-registration, Treatment Alternatives and Health-Related Benefits and Services** - We may contact you as a reminder that you have an appointment or to pre-register you for treatment or medical care.

**Hospital Directory** – PPI does not have a Patient Directory. In order to maintain confidentiality when you are admitted you will be provided with a personal identification number. We will only release information to individuals to whom you have provided this number. We will also ask you to sign a ***Release of Information*** for anyone that you wish for us to discuss or send documentation regarding your care.

**Research** - Under certain circumstances, we may use and disclose medical information about you for research purposes. All research projects, however, are subject to a special approval process. Before we use or disclose medical information for research, the project will have been approved through this research approval process.

**Business Associate** - We may share medical information with persons providing services to us. Examples may include those companies providing auditing, consulting and collection services.

If we share medical information about you with a Business Associate, we will do so in accordance with a contract that assures us that the information will be used in compliance with our privacy practices.

**As Required By Law** - We will disclose medical 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 medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Military and Veterans** - If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation** - We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks** - We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability.
- to report births and deaths.
- to report child abuse or neglect.
- to report reactions to medications or problems with products.
- to notify people of recalls of products they may be using.
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities** - We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

**Lawsuits and Disputes** - If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement** - We may release medical information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.

**National Security and Intelligence Activities** - We may release medical information about you to authorized federal officials for intelligence, counter intelligence and other security activities authorized by law.

**Protective Services for the President and Others** - We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

**Right to Inspect** - You have the right to have access to medical information that may be used to make decisions about your care. Access to psychotherapy notes is limited per Pennsylvania regulations (55 Pa. Code §5100.33). If you wish to review your medical record with a member of the clinical team please Contact the Compliance Department at 717-782-6496.

**Right to Amend** - If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the System. To request an amendment, your request must be made in writing and submitted to the Compliance Officer, PPI 2501 North 3<sup>rd</sup> Street Harrisburg, PA 17110-2098. In addition, you must provide a reason that supports 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 medical information kept by or for the System;
- is not part of the information which you would be permitted to inspect and copy; 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 the disclosures of medical information about you that we made to individuals or entities outside the System. To request this accounting, you must submit your request in writing to the Compliance Officer, PPI 2501 North 3<sup>rd</sup> Street Harrisburg, PA 17110-2098. Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list (For example, on paper or electronically). The first list you request within a 12-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 medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We will comply with your request unless the information is needed to provide you emergency treatment. Your request should specify what information you want to limit, whether use, disclosure or both are restricted and to whom the restrictions apply.

**Right to Receive Confidential Communications** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the responsible party that will be contacting you with information.

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

**Right to a Paper Copy of This Notice** - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Compliance & Privacy Officer at 717-782-6496. You may also obtain a copy of this notice at our website, ppimhs.org or in person at any PPI location.

**Changes to this Notice:**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at all System locations. The notice will contain, on the first page in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the System for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

**Questions and Complaints:**

If you have a question about this notice or how the System handles your medical information or believe your privacy rights have been violated, you may contact or file a complaint with the PPI or with the Secretary of the U.S. Department of Health and Human Services. Contact the PPI Compliance Officer, PPI 2501 North 3rd Street Harrisburg, PA 17110-2098. Complaints to the Secretary must be in writing (paper or electronic), must identify the entity about which the complaint is being made, must describe the situation that gives rise to the complaint and must be filed within 180 days of the date when the complainant knew, or should have known, of the event that gives rise to the complaint. You will not be retaliated against for filing a complaint.

**Other uses of medical information:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

Pennsylvania Psychiatric Institute

Notice of Privacy Practices for Protected

Pennsylvania Psychiatric Institute includes the following entities and programs:

Advancement in Recovery  
2501 N. 3<sup>rd</sup> Street  
Harrisburg, PA 17110

Division Street Clinic  
401 Division Street  
Harrisburg, PA 17110