



Notice of Privacy Practices AR HEALTH

AR Health* Notice of Privacy Practices ("Notice") Effective date February 1, 2023

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.

We are required by law to maintain the privacy of Protected Health Information (PHI), to provide individuals with notice of the legal duties and privacy practices of the Covered Entities of the AR Health with respect to PHI and to notify affected individuals following a breach of unsecured PHI.

If you have any questions about this Notice, you may ask a member of the staff where you receive health care services. You may also contact our privacy officer at 570-322-8448, ext. 11.

You may obtain our most current Notice by calling, writing or emailing (privacy@arhealthservices.org) our privacy officer to request that a copy be sent to you in the mail or by asking for it when you come in for an appointment. The address for our privacy officer is provided on the last page of this Notice.

Uses and disclosures we are permitted or required to make

The following is a description of the types of uses and disclosures of your PHI that we are permitted or required to make. Not every use or disclosure possible is listed, but all of the ways that we are permitted to use and disclose your PHI will fall within one of these general categories.

Treatment

We will use and disclose your PHI to provide your health care and any related services. This includes disclosure of your PHI to doctors, hospitals, pharmacies and other third parties who are involved in your care. For example, we will disclose your PHI to another physician to whom you have been referred, to the physician who referred you to us or to a home health agency that will be caring for you. We will use your PHI during continuum of care rounds which may include, without limitation, physicians, nurses, care managers, social workers, pharmacists, physical therapists, spiritual care workers and nutrition staff who are

involved in your care. We may call your name in our waiting room when your doctor or other provider is ready to see you.

Payment for treatment

We will use and disclose your PHI so when communicating with your insurance company for the purpose of billing for services, getting pre-authorization on medications or when applying for patient assistance programs.

Additional Rights under Pennsylvania Law

Pennsylvania law may further limit our uses and disclosures in the case of your PHI. This includes HIV-related records, records of alcohol or substance abuse treatment and mental health records. If Pennsylvania law applies to your PHI, we will use and disclose your PHI in compliance with these more restrictive laws.

Appointment Reminders

We may call you on the telephone or email you to remind you of an upcoming appointment. We may leave you a message that includes the date, time and general information about an upcoming appointment on your telephone answering device. We may send you an appointment reminder in the mail.

Treatment Alternatives/Other Health-Related Benefits and Services

We may use or disclose your PHI to contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care

We may disclose your PHI to those people who are involved in your care, such as family members and friends.

As Required by Law or Legal Process

We will disclose your PHI when we are required to do so by local, state or federal law or process of law.

To Avert a Serious Threat to Health or Safety

We may use or disclose your PHI for reasons which include preventing a serious threat to your health and safety, or the health and safety of others.

Specialized Government Functions

We may use or disclose your PHI for specialized government functions such as military, national security and presidential protective services.

Workers' Compensation

We may disclose your PHI for purposes of handling your workers' compensation claims in compliance with applicable laws, rules and regulations.

Public Health Activities

We may disclose your PHI to public health entities as authorized by law. Such disclosures include (but are not limited to) reports of births and deaths, child or elder abuse and neglect, and domestic violence.

Health Oversight Activities

We may disclose your PHI to agencies of the government for activities authorized by law. These activities include monitoring health care systems and participation in government programs.

Lawsuits and Disputes

If you are involved in a lawsuit or other dispute, we may disclose your PHI in response to documents such as a court order or when certain other requirements are met.

Law Enforcement

We may disclose your PHI if asked to do so by a law enforcement official for reasons including (but not limited to) identifying or locating a suspect, a witness or a missing person, or investigating criminal activity.

Coroners, Medical Examiners and Funeral Directors

We may disclose certain PHI to a coroner or medical examiner. We may also disclose certain PHI about deceased patients to funeral directors so that they may carry out their duties.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to the respective correctional institution or law enforcement official in accord with applicable laws, rules, regulations, and our policies.

Business Associates

Some of the services we provide are performed through contractual relationships with outside parties or business associates. These services may include (but are not limited to) financial, auditing, and legal. We ask our business associates to sign an agreement that restricts the ability of the business associate to use or disclosure your PHI in an effort to make sure that all PHI is appropriately safeguarded.

You have rights regarding your PHI

Your Right to Inspect and Copy

You have the right to inspect and receive a copy (paper or electronic) of your PHI that may be used to make decisions about your care. To do so, you must make a written request to Privacy Officer. We have provided the address for the Privacy Officer on the

last page of this Notice. You will be charged a reasonable cost-based fee. You may also direct us in writing to transmit your PHI to another entity or individual.

We may deny your request to inspect and receive a copy of your PHI in very limited circumstances. If you are so denied, in some cases, you may request that such denial be reviewed. We will comply with the outcome of such review.

Your Right to Amend

We are required to retain your PHI regarding the care and treatment that we provided to you in accordance with applicable law. You have the right to have us amend PHI or a record about you in a designated record set for so long as your PHI is maintained in the designated record set. However, we may deny such a request if we determine that the PHI or record that is the subject of the request: (i) was not created by us, unless you provide us with a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment; (ii) is not part of the designated record set; (iii) would not be available for inspection under 45 CFR 164.524; or (iv) is accurate and complete. Generally, we must respond in writing to your request within sixty (60) days. However, we may extend the time for such action by no more than thirty (30) days as provided under HIPAA. If we do not agree to your request, you have the right to submit a statement of disagreement that we must add to your medical record. Please contact our privacy officer at 570-271-7360 to request an amendment.

Your Right to an Accounting of Disclosures

You have the right to an accounting of disclosures. This is a list (accounting) of the times we've disclosed your health information for six years prior to the date you ask, who we've shared it with and why. In compliance with the law, we will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you have asked us to make). We will provide you with an accounting of disclosures if you request it and in accord with the law. Please contact our privacy officer at 570-322-8448, ext. 11 to make such a request.

Your Right to Notification

We are required by law to maintain the privacy and security of your PHI. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. This will be done by mail or by other means if necessary.

Your Right to Request Restrictions

You have the right to request restrictions on the PHI we use or disclose about you for treatment, payment, and health care operations. We are not required to agree to your request, and generally, we will not accept requests for such restrictions.

As required by law, if you have paid out of pocket for a health care service or item, you have the right to ask us to not tell your insurance company about such service or item for

purposes other than treatment. We will not share the PHI regarding such care with your insurer for purposes of payment or health care operations.

Your Right to Request Confidential Communications

You have the right to make a reasonable request that we communicate with you regarding your PHI in a certain way or at a certain location (for example, home or office phone). Such reasonable requests may include, when appropriate, how information as to payment for services we provide to you will be handled. We may require you to make this request in writing to the manager of your care site.

Your Right to a Paper Copy of this Notice

Generally, you have a right to obtain 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 may also obtain a paper copy of this Notice at your next appointment.

Authorizations

When you complete an authorization form that complies with the law, we will disclose your PHI as you have directed. For example, if you choose to participate in a health information exchange and sign an authorization, we will take steps to allow the disclosure of your PHI to the health information exchange.

We are not able to take back any uses or disclosures that we already made with your authorization.

If you provide us with a written authorization to disclose your PHI, you may revoke (cancel) it at any time. Your revocation (cancellation) must be in writing. Please contact our Privacy Officer at 570-322-8448, ext. 11 or by emailing privacy@arhealthservices.org for more information.

Without your authorization, we will not disclose your PHI for marketing purposes as set forth under the HIPAA rules.

Changes to this Notice

We may change this Notice at any time. We may make the revised or changed Notice effective for PHI we already have as well as any PHI we receive in the future. We will post a current copy of this Notice in our clinics. On the first page of the Notice, in the top right corner, you will find the effective date of that Notice.

If we make a material change to uses and disclosures, your rights, our legal duties or other privacy practices stated in this Notice, we will promptly revise and distribute our changed Notice. Except when required by law, a material change to any term of this Notice may not be implemented prior to the effective date of the revised Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our privacy officer and/or the secretary of the U.S. Department of Health and Human Services. We have provided both addresses on the last page of this Notice. To file a complaint with our privacy officer, please call 570-322-8448, ext. 11 or email privacy@arhealthservices.org

AR Health values your right to privacy. You will not be retaliated against for filing a complaint.

Other uses of your PHI

Other uses and disclosures of your PHI not covered by the categories included in this Notice or applicable laws, rules or regulations will be made only with your written permission or authorization.

We are required to abide by the terms of this Notice.

Addresses

The address for our privacy officer is:

Privacy Officer
500 W 3rd St
Williamsport PA 17701
Telephone: 570-271-7360
Email: privacy@arhealthservices.org

The address for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20201
Telephone: 877-696-6775
Website: [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints)