

**The Arc of Northeastern Pennsylvania  
Notice of Privacy Practices for  
Protected Health Information (PHI)**

**This notice describes how health/service information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**I. How The Arc of Northeastern Pennsylvania Uses and Discloses Your Service/health information:**

**\*To plan and provide your care and service.** Examples of this includes the development and implementation of your Individual Service Plan, Behavior Plan and service documents such as individual outcomes.

**\*To communicate with the interdisciplinary team** members who care for you such as your Supports Coordinator, Service Specialist, direct service employee, family member, guardian, or advocate. Team members may discuss your service plan without specific written consent.

**\*For Health Care Operations-**Members of a quality assurance team may use information in your record to assess the care and outcomes in your service

**\*Obtain reimbursement for you service.** We will be billing the party authorized to submit payment for your service.

Billing information may include demographic information such as Name, Date of Birth, Phone Number, Social Security Number, Medical Identification Number and/or Medical Assistance Number, Rate of Service provided, (cost), and Diagnosis of Disability.

**\*Inform public health officials** charged with improving health care.

These activities generally include the following:

To prevent or control disease, injury or disability, and to report suspected abuse or neglect. These parties may include The Department of Health, The Department of Public Welfare, The Bureau of Autism Services, The Department of Aging, and/or Children and Youth Services.

**\*Oversight Activities.** We may disclose health information to a health Over sight agency for activities authorized by law. These include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system,

Government programs and compliance with civil laws.

**\*Business Associates.** For example, we may disclose information to an associate involved in your care such as the van driver, or members of your support team. The information may be shared verbally, through mail, or electronically.

**\*Others** involved in your care such as family members, unless you object in writing.

**\*As required by law enforcement activities, judicial and administrative proceedings.** We may disclose information if requested to do so by a law enforcement official of if you are involved in a law suit or dispute.

**\*Fundraising Activities.** We may use pictures and/or names of Individuals to promote public awareness; this may include newspaper articles, pictures, brochures and the web site. We will always get your consent, or the consent of your parent or guardian before this is done.

**\*To avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person. Any disclosure is limited to someone able to help prevent the threat.

### **Authorization for Use or Disclosure**

Except as outlined in the above section, your service information will not be used or disclosed to any other person or entity without your specific Authorization, which may be revoked at any time. Records of any disclosure will be kept on file in the Arc offices.

## **II. Your Protected Information Rights:**

You have the right to:

- \*Request a restriction on certain uses and disclosures of your protected service/health information
- \*Obtain a paper copy of this Notice of Information Practices upon request
- \*Inspect your protect information
- \*Request a copy of your information
- \*Request amendments to your information
- \*Obtain an accounting of disclosures of your information

- \*Request communication of your protected information by alternative means at an alternative address
- \*Revoke your consent to use or disclose information to the extent that it has not already been relied upon
- \*File a complaint with The Arc of Northeastern Pennsylvania and/or the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated.

All requests including those revoking consent must be made in writing and addressed to The Arc of Northeastern PA, HIPAA Privacy Officer.

Complaints to The Arc of Northeastern PA must be addressed to The HIPAA Complaints Officer.

### **III. The Arc of Northeastern Pennsylvania Service Duties:**

- \*Maintain the privacy of protected service/health information
- \*Provide you with a notice as to our legal duties and privacy practices with respect to protected information we collect and maintain about you
- \*Abide by the terms of this notice
- \*Notify you if we are unable to agree to a requested restriction
- \*Accommodate reasonable requests you may have to communicate protected information by alternative means or at an alternative address
- \*Provide an accounting of disclosures of your protected information.
- \* Disclose only what has been requested and nothing further

The Arc of Northeastern Pennsylvania may change its privacy practices and make new privacy practices effective for all protected information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us.

### **IV. For More Information or to report a Problem:**

If you have a question and would like additional information, you may contact:

The Arc of Northeastern Pennsylvania  
115 Meadow Avenue  
Scranton, PA 18505

(570) 346-4010  
HIPAA Compliance Officer

If you believe that your privacy rights have been violated you can file a complaint with The Arc of Northeastern Pennsylvania, Complaints Officer or with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

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