

The Bair Foundation Notice of Privacy Practices

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.

The Bair Foundation is required by law to extend certain protections to your Private Health Information (PHI) and to give you this notice about our privacy practices that explains how, when and why we may use or disclose your Private Health Information (PHI). Except in specified circumstances we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this notice though we reserve the right to change our privacy practices and the terms of this notice at any time and to make the new notice effective for all PHI we maintain. Upon request, we will provide any revised notice to you.

How we may use and disclose your protected health information

We use and disclose PHI for a variety of reasons and have a limited right to do so for treatment, payment, or for our health care operations. For uses beyond that we must have your written authorization unless the law permits or requires us to make the disclosure without authorization. You may revoke authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization. If we disclose your PHI to an outside entity to perform a function on our behalf, we must have a written agreement with that entity to perform a function on our behalf, we must have a written agreement with that entity that will extend the same degree of privacy protection to your information that we must apply.

Uses and disclosures relating to treatment, payment or healthcare operations

Generally, we may use or disclose your PHI as follows:

- **For Treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. Your PHI may also be shared with outside entities performing ancillary services relating to your treatment, such as lab work, or for consultation purposes, or to agencies involved in the provision or coordination of your care.
- **For Payment:** We may use or disclose your PHI in order to bill and collect payment for your health care services. We may contact your employer to verify employment status and/or release portions of your PHI to the agencies associated with payment of your treatment, and/or a private insurer to get paid for the services delivered to you. We may release information to the Office of the Attorney General for collection purposes.
- **For Health Care Operations:** We may use or disclose your PHI in the course of providing you treatment. For example, we may release your PHI for the purpose of evaluating the quality of services and/or to the accounting an

attorney for auditing purposes. We may release your PHI to state agencies to determine your eligibility for publicly funded services. And we may release your PHI within our own system to designated staff in other programs. Finally unless you provide us with an alternative method, we may send materials to your home via the postal service.

The law provides that we may use/disclose your PHI from mental health records without your authorization or consent in the following circumstances:

- When the law requires the report of abuse or suspected abuse/neglect or domestic violence or in response to a court order.
- When we are required to collect information about disease or injury or report vital statistics to the public health authority.
- For the purposes of monitoring the Medicaid program.
- For the purposes of reporting or investigating major unusual incidents.
- To provide information related to a death to the coroner's or medical examiners for inquiry into the cause of death.
- To avert a threat to public safety or in the event that a threat has been made to commit a crime on the premise or against program personnel.

Complaints. An individual may lodge a formal complaint to The Bair Foundation and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. Complaints to The Bair Foundation should be submitted in writing to the local Bair Foundation office director. The Bair Foundation will not retaliate against the individual for filing a complaint.

Your Rights Regarding Your Protected Health Information

You have the following rights to your protected health information:

1. To obtain a paper copy of The Bair Foundation Notice of Privacy Practices

Upon request, even if you previously agreed to accept the notice electronically via The Bair Foundation's website.

2. To request restrictions on disclosures

You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to The Bair Foundation local office. We are not required to agree to those restrictions.

3. To choose how we contact you

For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to The Bair Foundation local office. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

4. To inspect and request a copy of your PHI

You have the right to access and copy PHI about you contained in your record for as long as The Bair Foundation maintains the PHI. To inspect or copy PHI about you, you must send a written request to The Bair Foundation local office. We may charge you a fee for

the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request in writing that the denial be reviewed. Send this written request to the local Bair Foundation office director and your denial will be reviewed by a licensed health care professional.

5. To request amendment of your PHI

If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI. To request an amendment, you must send a written request to The Bair Foundation local office. You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

6. To receive an accounting of disclosures of PHI

You have the right to receive an accounting of the disclosures we have made of PHI about you after April 14, 2003, for most purposes other than treatment, payment or health care operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations. To request an accounting, you must submit a request in writing to The Bair Foundation local office. Your request must specify the time period, but may not be longer than six years. The first accounting you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

The Notice of Privacy Practices is effective April 13, 2003. The name and address of the persons you should contact regarding The Bair Foundation privacy practices are as follows:

Local Office Director:

Address:

Phone:

Privacy Officer: Sheila Palonen

Address: 241 High Street,
New Wilmington, PA 16142

Phone: 724.946.8711

Client/Child Name

I have received a copy of The Bair Foundation's Notice of Privacy Practice.

Signature (Custodial Agency Representative)

Date

Print name (Custodial Agency Representative)

VIRGINIA IN-HOME SERVICES ONLY

Signature (Parent/Guardian)

Date

Print name (Parent/Guardian)

*If signature was not obtained on placement date due to emergency treatment situation, document emergency situation below.