



Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

Effective Date: May 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 read it carefully. If you have any questions about this notice, please contact:

PFQ HIPAA Privacy Officer

412-446-0725 or compliance@PFQ.org

This notice describes how **Partners for Quality, Inc., Allegheny Children's Initiative, Inc., Citizens Care, Inc., Lifeways, Inc. (d/b/a Exceptional Adventures), Milestone Centers, Inc. and The Partners for Quality Foundation (collectively, the "Organizations" or "we")** use and disclose your medical information. The Organizations are under the common ownership and control of Partners for Quality, Inc., and are designating themselves as affiliated entities for purposes of complying with the federal Health Information Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").

This notice applies to the records we create and maintain about your care and explains how we may use and disclose your medical information, including genetic information about you or a family member. This notice also describes your rights and our obligations regarding your medical information.

We are required by law to:

1. Safeguard your medical information;
2. Give you this notice of our legal duties and privacy practices with respect to your medical information;
3. Follow the terms of the notice that is currently in effect;
4. Notify you of material changes to this notice; and
5. Notify you in the event the privacy of your medical information we maintain is breached.

In some situations, federal and state laws provide privacy protections to your medical information in addition to the protection that HIPAA provides. Examples of medical information that sometimes receives additional protection include information related to mental health, HIV / AIDS, reproductive health, or substance use treatment information under 42 CFR Part 2. We may refuse to disclose such medical information, or we may contact you to obtain an express written authorization before disclosing it.

How We May Use and Disclosure Your Medical Information

- **Providing Treatment** – We may use or disclose your medical information internally within the Organizations to provide you with medical treatment or services. We may disclose your medical information to internal doctors, nurses, technicians, medical students, or other Organization personnel who are involved in providing services to care for you. We may also share your medical information among the Organizations to coordinate the different treatment and services you need.

- **Obtaining Payment** – We may use and disclose your medical information to an insurance company or third-party so that we can bill and/or receive payment for the treatment and services you receive from us, or, in certain circumstances, bill or receive payment for the treatment and services you receive at other providers with a direct treatment relationship with you. For example, we may need to give your health plan information about services you received from us so your health plan will pay us.
- **Engaging in Health Care Operations** – We may use and disclose your medical information for our internal operations, or in certain circumstances, the operations of another entity that has a direct treatment relationship with you. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you.

With Your Authorization

In most cases, we will need your authorization to disclose your medical information. Apart from uses and disclosures to provide treatment for you, we will use and disclose the minimum amount of your medical information necessary for the purpose of the request. 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 authorization.

In addition, your written authorization is required for us to use your medical information for marketing, to release psychotherapy notes, or to sell your medical information. **If you provide an authorization, you may revoke it, in writing, at any time.** If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons specified in the written authorization. You understand that we are unable to take back any disclosures we have already made based on your written authorization. Below are some examples of situations where we will release your information **with your authorization.**

- **Communicating with Individuals Involved in Your Care** – We may disclose your medical information to your family members, relatives, or close personal friends or to any other person identified by you, but we will only disclose information which we feel is relevant to that person's involvement in your care or the payment of your care. This includes your insurance provider, emergency contact, primary care physician, and/or any specialists involved in your care.
- **Recommending Treatment Alternatives/Referrals** – We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you or to tell you about health-related benefits or services that may be of interest to you.

Without Your Authorization

In some cases, we may also disclose your medical information without your authorization to individuals or entities (called "business associates") that assist us in performing these permitted functions (such as a billing services, accountants, lawyers, etc.). We enter into agreements with our business associates to ensure that the privacy of your medical information is protected. Below are instances in which we can use and disclose your medical information **without your authorization.**

- **Averting a Serious Threat to Health or Safety** – We may use and disclose your medical information to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Sending Appointment Reminders** – We may use and disclose your medical information to contact you with a reminder that you have an appointment with us for treatment or medical care.



- **Engaging in Fundraising Activities** – We may use contact information, such as your name, address and phone number, to contact you regarding our fundraising efforts. If you do not want to receive these communications, you must notify the Privacy Officer in writing.
- **As Required By Law** – We will disclose your medical information when required to do so by federal, state or local law.

Special Situations

- **Military and Veterans** – If you are a member of the armed forces, we may release your medical information as required by military command authorities.
- **Workers' Compensation** – We may release your medical information for workers' compensation or similar programs.
- **Public Health Risks** – We may disclose your medical information for public health activities, including, but not limited to, reporting suspected child abuse or neglect.
- **Health Oversight Activities** – We may disclose your medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes** – We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement** – We may release medical information if asked to do so by a law enforcement official in certain limited situations.
- **Coroners, Medical Examiners and Funeral Directors** – We may release your medical information to a coroner or medical examiner. We may also release medical information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities** – We may release your medical information to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Protective Services for the President and Others** – We may disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Your Individual Rights Regarding Your Health Information

- **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 health care 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 are not required to agree to your request** unless your request pertains to a service you have paid for in full out-of-pocket and the disclosure would otherwise be made to a health plan for payment purposes. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the Organizations. In your request, you must tell us:

- What information you want to limit
 - Whether you want to limit our use, disclosure, or both; and,
 - To whom you want the limits to apply, for example, disclosures to your spouse
- **Right to Request 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. To request confidential communications, you must make your request in writing to the Organizations and specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.
 - **Right to Inspect and Copy** – You have the right to inspect and copy medical information we use to make decisions about your care except for psychotherapy notes or information we may have compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. To inspect or copy your medical information, you must submit your request in writing to the Organizations.
 - **Right to Append and Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend it. To request an amendment, you must submit your request in writing to the Organizations and explain why your information should be amended. If we deny your request, you may add a supplemental statement to your records indicating why you believe the information should be changed. We will append or otherwise link your statement to your records. We may deny your request if the medical information:
 - 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 us;
 - 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 a list of the disclosures we made of your medical information other than disclosures made for treatment, payment, or health care operations purposes. To request this list or accounting of disclosures, you must submit your request in writing to the Organizations. Your request must state a time period, which may not be longer than the prior six years. Your request should indicate in what form you want the list (for example, on paper, electronically).
 - **Right to File a Complaint** – You have the right to file a complaint with us and with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with us, you must submit it in writing to the Privacy Officer. We will not retaliate against you for filing a complaint. If a breach of your health information occurs at one of the Organizations or Business Associates you will be provided with written notification as required by the Health Insurance Portability and Accountability Act (HIPAA) and its regulations. To file a complaint with us, please contact:

PFQ HIPAA Privacy Officer
412-446-0725 or compliance@PFQ.org



U.S. Department of Health and Human Services
200 Independence Ave. S.W.
Washington, DC 20201

- **Right to Obtain a Copy of This Notice** – You have a right to obtain a paper copy of this notice from the Organizations upon request, even if you originally agreed to receive the notice electronically.

[Confidentiality for Substance Use Disorder Patient Records](#)

If you are receiving treatment for a Substance Use Disorder (SUD), there are limited circumstances in which we can acknowledge that you are receiving substance use disorder treatment with us, such as when your written consent is obtained or when we receive an authorizing court order. However, because we are not solely identified as a substance use diagnosis, treatment, or referral treatment facility, we are permitted to acknowledge your presence in our facility as long as the acknowledgement does not reveal that you have a substance use disorder.

Regulations **42 CFR Part 2** impose restrictions upon the disclosure and use of substance use disorder patient records which are maintained in connection with the performance of our program. Any violation of the federal law and regulations by a Part 2 program is a crime, and any suspected violations may be reported to the U.S. Attorney's Office for the Western District of Pennsylvania, which can be contacted via the information below:

United States Attorney's Office
Joseph F. Weis, Jr. U.S. Courthouse
700 Grant Street, Suite 4000
Pittsburgh, PA 15219

Main Phone: 412-644-3500
Fax Line: 412-644-4549
usapaw.webmaster@usdoj.gov

Any information related to a commitment of a crime on the premises of our facility or against one of our personnel or reports of suspected child abuse and neglect made under state law to appropriate state or local authorities are not protected under this notice.

[Changes to this Notice](#)

We reserve the right to change this notice and 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 our facilities.



Notice of Privacy Practices Acknowledgement

I have received the Notice of Privacy Practices and I have been provided the opportunity to review it.

Client Name (Print): _____

Client Date of Birth (mm/dd/yyyy): _____

Client ID: _____

Signature: _____ Date: _____
(CLIENT)

Signature: _____ Date: _____

(LEGAL REPRESENTATIVE, IF PRESENT)

If you are the legal representative, please check one of the following:

____ Power of Attorney (attach copy) ____ Parent of a Minor
____ Guardianship Order (attach copy) ____ Other: _____

Client refused to accept a copy of "Notice of Privacy Practices"

Client Refused to Sign "Notice of Privacy Practices"

Staff Initials: _____ Date: _____

