

## Philadelphia FIGHT

### NOTICE OF PRIVACY PRACTICES.

**Effective Date: April 14, 2003**

**Last Revised: 01/2020; Board Approved: 01/22/2020**

**Parents and Legal Guardians/Representatives:** When used in this document the word “you” or “your” in this notice, means any person about whom we have any medical information that we received or created in our capacity as a health care provider. If any such person is a minor or has a legal guardian or other personal representative, then, as to those persons, this notice is directed to the minor’s parent, or to the legal guardian, or other personal representative, but “you” and “your” refer to the minor or person who is unable to consent for themselves.

**THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**If you have any questions about this notice, please contact Mimi McNichol 215-985-4448 ext. 223.**

**This notice describes Philadelphia FIGHT’s privacy practices and that of:**

- All employees, staff, students and other FIGHT personnel who work in the following programs of FIGHT: the Jonathan Lax Treatment Center, John Bell Health Center, Y-HEP Health Center, Pediatric and Adolescent Health Center, Clinica Bienestar, Broad Street Ministry Health Center, or a client of counseling, testing and navigation, community HIV and/or Hepatitis C testing, Case Management, the Diana Baldwin Clinic, Tree IOP and Dental Services.
- Any health care professional including physicians, nurse practitioners, physician assistants, pharmacists, psychotherapists, nurses, dentists, nutritionists, social workers, care navigators, Medical Case Managers and behavioral health consultants authorized to enter information into and/or review your medical/dental chart.
- Psychotherapists, counselors, or other providers authorized to enter information into your mental health chart.
- Social Workers, Benefits Coordinators, and Medical Case Managers or other providers who are authorized to enter information into your case management or social services chart.
- The counseling and testing staff that provide HIV counseling and testing.
- All data management and billing staff.
- Volunteers we allow to help you while you are in the Lax Treatment Center, John Bell Health Center, Y-HEP Health Center, Pediatric and Adolescent Health Center, Clinica Bienestar, Broad Street Ministry Health Center, or a client of counseling, testing and navigation, community HIV and/or Hepatitis C testing, Case Management, the Diana Baldwin Clinic, Tree IOP and Dental Services.

**If the patient is a minor, consent will be obtained from their parent or legal guardian.**

## **OUR PLEDGE REGARDING MEDICAL/DENTAL INFORMATION**

We understand that medical/dental information about you and your health is personal. We are committed to protecting medical/dental information about you. We create a record of the care and services you receive at Philadelphia FIGHT. This is usually referred to as your “chart.” 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 Philadelphia FIGHT, whether made by FIGHT personnel or your personal provider.

This notice will tell you about the ways in which we may use and disclose medical/dental information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical/dental information.

We are required by law to:

- Make sure that medical/dental information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical/dental information about you; and
- Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL/DENTAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical/dental information. For each category of uses or disclosures we will explain what we mean and try to 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.

### **USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT**

#### **For Treatment**

We may use medical/dental information about you to provide you with medical/dental treatment or services. We may disclose medical/dental information about you to doctors, nurses, technicians, medical students, dentists or other personnel who are involved in taking care of you. For example, your provider may need to tell another provider or your case manager at Philadelphia FIGHT that you have been hospitalized so that we can effectively coordinate your care. In another example, the doctor may need to tell the nutritionist if you have diabetes so that we can advise you about appropriate diets. Staff of Philadelphia FIGHT also may share medical/dental information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays.

We also may disclose medical/dental information about you to people outside the Philadelphia FIGHT who may be involved in your medical/dental care. Some examples are specialists such as dermatologists, oncologists, dentists, or psychotherapists.

**For Payment**

We may use and disclose medical/dental information about you so that the treatment and services you receive at the Philadelphia FIGHT may be billed to and payment may be collected from an insurance company or a third party. For example, we may need to give your HMO information about care you received at the Philadelphia FIGHT so your HMO will pay us for this visit. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations**

We may use and disclose medical/dental information about you for health care operations. These uses and disclosures are necessary to run Philadelphia FIGHT programs and make sure that all of our patients receive quality care. For example, we may use medical/dental information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical/dental information about many Philadelphia FIGHT patients to decide what additional services FIGHT should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, dentists and other FIGHT personnel for review and learning purposes.

**Appointment Reminders**

We may use and disclose medical/dental information to contact you as a reminder that you have an appointment for treatment or medical/dental care at Philadelphia FIGHT. We may use and disclose medical/dental information to contact you as a reminder that you have an appointment for a research study in which you have enrolled at FIGHT. However, you may request that we contact you in a certain way or that we not contact you or leave messages.

**Research**

Under certain circumstances, we may disclose medical/dental information about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of medical/dental information about you.

**As Required By Law.**

We will disclose medical/dental 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/dental information about you when necessary to prevent a serious threat to your health and safety. This means that information may be disclosed to a health care provider to provide emergency care or treatment appropriate to the individual.

**Organ and Tissue Donation**

If you are an organ donor, we may release medical/dental information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.**

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

**Workers' Compensation**

We may release medical/dental 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/dental information about you for public health activities. These activities generally include the following:

- to report cases of HIV or AIDS and other reportable conditions as required by law;
- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- 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.

**Health Oversight Activities**

We may disclose medical/dental 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 health care 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/dental information about you in response to a court or administrative order. We may also disclose medical/dental 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 (which may include written notice to you) or to obtain an order protecting the information requested.

**Law Enforcement**

We may release medical/dental information if required to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at Philadelphia FIGHT and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release medical/dental information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical/dental information about patients of Philadelphia FIGHT to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical/dental information about you 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 medical/dental 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.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical/dental information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **USES AND DISCLOSURES THAT MAY BE MADE EITHER WITH YOUR CONSENT OR THE OPPORTUNITY TO OBJECT**

### **Individuals Involved in Your Care or Payment for Your Care**

Except in emergencies, we do not release medical/dental information about you to a friend or family member who is involved in your medical/dental care without your permission. We do not give information to someone who helps pay for your care unless you specifically request that we do so.

### **Healthcare Information Exchange**

Philadelphia FIGHT Community Health Centers participates with one or more secure health information exchange networks (each, an "HIE"), including an HIE called "HealthShare Exchange of Southeastern Pennsylvania, Inc., ("HSX"), which makes it possible for Philadelphia

FIGHT Community Health Centers to share your Health Information electronically through a secure connected network.

Philadelphia FIGHT Community Health Centers may share or disclose your Health Information to HSX and other secure HIEs, including HIEs contracted with the Commonwealth of Pennsylvania, and even HIEs in other states.

Other health care providers, including physicians, hospitals and other health care facilities, that are also connected to the same HIE network as Philadelphia FIGHT Community Health Centers can access your Health Information for treatment, payment and other authorized purposes, to the extent permitted by law.

You have the right to “opt-out” or decline to participate in having Philadelphia FIGHT Community Health Centers share your Health Information through networked HIEs.

If you choose to opt-out of data-sharing through HIEs, Philadelphia FIGHT Community Health Centers will no longer share your Health Information through an HIE network, however it will not prevent how your information otherwise is typically accessed and released to authorized individuals in accordance with the law, including being transmitted through other secure mechanisms (i.e., by fax or an equivalent technology).

## **USES AND DISCLOSURES BASED UPON YOUR WRITTEN CONSENT**

### **Psychotherapy Notes**

We must obtain your written consent for most uses and disclosures of psychotherapy notes.

### **Marketing**

We must obtain your written consent to use and disclose medical/dental information about you for most marketing purposes.

### **Sale of Medical/Dental Information**

We must obtain your written consent for any disclosure of medical/dental information about you that constitutes a sale of such information.

### **To Comply with Requirements of Our Funders**

We may use and disclose medical/dental information about you to comply with requirements of our funders such as government agencies. Our major funding sources require that we provide medical/dental information about a sample of our patients for monitoring purposes.

### **For Access to Income Support, Social Services and Other Programs**

We may use and disclose medical/dental information about you for social service, entitlements, and other programs. Some examples are applications for social security disability payments, Medicaid or HealthChoices, HOPWA housing programs, or MANNA food deliveries. However,

before we disclose medical/dental information about you for these purposes to anyone outside of Philadelphia FIGHT, we obtain your consent.

### **HIV/AIDS**

We will not disclose any HIV-related information about you, except in situations where you have provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

### **Other Uses**

Other uses and disclosures of medical/dental information about you, not described above, will be made only with your written consent. You may revoke your consent, at any time, in writing, except to the extent that we have taken action in reliance on your consent.

## **YOUR RIGHTS REGARDING MEDICAL/DENTAL INFORMATION ABOUT YOU**

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

### **Right to Inspect and Copy**

You have the right to inspect and copy medical/dental information that may be used to make decisions about your care. This includes medical/dental and billing records, but may not include some mental health information.

To inspect and/or copy medical/dental information that may be used to make decisions about you, you may ask your provider. It is our policy that this information should be provided to you upon request. If you feel you are having a problem obtaining medical/dental information about you, you may also submit your request in writing to Karam Mounzer, MD, Medical Director. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and/or copy in certain very limited circumstances. A reason for the denial will be provided to you. If you are denied access to medical/dental information, you may request that the denial be reviewed. Another licensed health care professional chosen by Philadelphia FIGHT will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical/dental 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 Philadelphia FIGHT.

To request an amendment, your request must be made in writing, signed, and submitted to Karam Mounzer, MD, Medical Director. 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/dental information kept by or for the Philadelphia FIGHT
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, we will send you a written explanation and allow you to submit a written statement of disagreement.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical/dental information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request signed and in writing to Mimi McNichol, Privacy Officer. Your request must state a time period which may not be longer than six years and may. Your request should indicate in what form you want the list (for example, on paper, 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/dental 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/dental 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. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request for a restriction and in some cases the restriction you request may not be permitted under law. However, we must agree not to disclose medical/dental information about you to your health plan if (1) the disclosure is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or services which you paid for in full out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or comply with the law. Once we have agreed to the restriction you have the right to revoke the restriction at any time. Under some circumstances we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases we will need your permission before we can revoke the restrictions.



To request restrictions, you should inform your provider. You may also make your request in writing, and signed, to your provider, or to Karam Mounzer, MD, Medical Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) 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/dental 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 may inform your provider. We will not ask you the reason for your request. We will accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted. You may also make this request in writing to Karam Mounzer, MD, Medical Director, at Philadelphia FIGHT, 1233 Locust St., 5<sup>th</sup> floor, Philadelphia PA 19107.

### **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.

You may obtain a copy of this notice at our website: [www.fight.org](http://www.fight.org). To obtain a paper copy of this notice, please ask at the front desk of the Lax Treatment Center, John Bell Health Center, the Y-HEP Health Center, Pediatric and Adolescent Health Center, Clinica Bienestar, Broad Street Ministry Health Center, or Philadelphia FIGHT Dental Services. Or you may call us at 215-790-1788.

### **Right to Notification of a Breach**

You have a right to be notified if you are affected by breach of unsecured medical/dental information about you.

### **Right to Opt Out of Fundraising Communications**

We may contact you for fundraising purposes; however as a general rule we do not contact you for fundraising purposes unless you have given us permission to do so. We never use our patients list to contact anyone for fundraising purposes.

### **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/dental 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 in Lax Treatment Center, John Bell Health Center, the Y-HEP Health Center, Pediatric and Adolescent Health Center, Clinica Bienestar, Broad Street Ministry Health Center, and Philadelphia FIGHT Dental Services. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, copies of the notice in effect will be available at the front desk and you have the right to request a current notice at any time.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with Philadelphia FIGHT or with the Secretary of the Department of Health and Human Services.

To file a complaint with Philadelphia FIGHT, contact Mimi McNichol, Privacy Office, for questions or instructions call 215-525-8693 or to submit a complaint by mail at 1233 Locust St. 5<sup>th</sup> Floor, Philadelphia PA 19107. All complaints must be submitted in writing. No one will retaliate or take action against you for filing a complaint.

To contact the Secretary of the Department of Health and Human Services, you can contact the Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. Main Line (215) 861-4441. Hotline (800) 368-1019. FAX (215) 861-4431. TDD (215) 861-4440 or visit [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).