

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 **Health Insurance Portability and Accountability Act (HIPAA)** is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose it.

Protected Health Information (PHI) is information about you including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with all applicable law and your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice and we reserve the right to change the terms of it at any time. Any new Notice will be effective for all PHI that we maintain at that time. We will provide a copy of the revised Notice of Privacy Practices to you upon request.

How Arcadia May Use and Disclose Your PHI

Listed below are examples of how Arcadia may use or disclose your PHI. These examples are not meant to be exhaustive but describe the types of uses and disclosures that may be made.

Treatment: Your PHI may be disclosed to a physician, mental or physical health care provider with your authorization.

Payment: Your PHI may be used to obtain payment for your mental health care services with your written authorization. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, obtaining authorization of services, processing claims with your insurance company, and reviewing services provided to you to determine medical necessity.

Communication: We may contact you to provide appointment reminders, or to provide information about other benefits and services that may be of interest to you. We may call you by name in our waiting area.

Required by Law: Your PHI may be used or disclosed to the extent that it is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, any of such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon request except in certain limited circumstances. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the privacy requirements.

Medical Emergencies: Your PHI may be disclosed in a medical emergency situation to medical personnel.

Child or Elder Abuse or Neglect: Your PHI may be disclosed to a state or local agency that is authorized by law to receive reports of child or elder abuse or neglect. However, the information we disclose is limited only to that information which is necessary to make the initial mandated report.

Deceased Clients: We may disclose the PHI of deceased clients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics, or permitting inquiry into the cause of death.

Court Order: We may disclose your PHI if the court issues an appropriate order and follows required procedures.

Criminal Activity on Arcadia Premises or Against Arcadia Personnel: We may disclose your PHI to law enforcement officials if you have committed a crime on Arcadia property or against Arcadia personnel.

Written Authorization: Other uses and disclosures of your PHI will be made only with your written authorization. You may revoke this authorization at any time, unless Arcadia has taken action in reliance on the authorization of the uses or disclosures you permitted.

Right to Inspect and Copy Your PHI: You may inspect and obtain a copy of PHI that is contained in a designated record set for as long as we maintain the record. A “designated record set” contains medical and billing records and any other records that Arcadia uses for making decisions about you. We may charge you a reasonable cost-based fee for the copies. We can deny you access to your PHI in certain circumstances and if we do so, we will explain the reason. In some cases, you have the right to appeal the denial of access.

Right to Request Amendment of Your PHI: You may request, in writing, that Arcadia amends PHI that has been included in a designated record set. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of it.

Right to Receive an Accounting of Some Types of PHI Disclosures: You may request an accounting of disclosures made during a period of up to six years (excluding disclosures made to you, made for treatment purposes, made as a result of your authorization, and certain other disclosures.) We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

Right to Receive a Paper Copy of This Notice.

Right to Request Restrictions on Disclosures and Uses of Your PHI: You have the right to ask Arcadia not to use or disclose any part of your PHI for treatment, payment or health care operations or to family members involved in your care. We are not required to agree to such restrictions.

Right to Request Confidential Communications: You have the right to request to receive confidential information from Arcadia by alternative means or at an alternative location. We will accommodate reasonable, written requests. We may also condition this accommodation by asking you for information regarding how payment will be handled or specification of an alternative address or other method of contact.

Complaints

If you believe Arcadia has violated your privacy rights, you may file a complaint in writing by notifying our Privacy Officer. You may also file a complaint with the U.S. Secretary of Health and Human Services as follows: Region III, 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. Hotline (800) 368-1019. Voice Phone (215) 661-4441. FAX (215) 861-4431. TDD (215) 861-4440. OCRComplaint@hhs.gov. You may contact Arcadia’s Privacy Officer, Tracey S. McCarthy, M.S.Ed., NCC, LPC, at the address below.