

# 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.

This notice contains important information about the privacy of your medical information. If you need this notice in another language or someone to interpret, please contact your local County Assistance Office. Language assistance will be provided free of charge.

The Department of Public Welfare (DPW) provides and pays for many types of health and social services. We also determine persons' eligibility to receive those services. When we do these things, we collect personal and health information about you and/or your family. The information we collect about you and/or your family is private. We call this information "protected health information." DPW does not use or disclose protected health information unless permitted or required by law. DPW must follow new laws protecting the privacy of your protected health information. These new laws are known as the Health Insurance Portability and Accountability Act (HIPAA) privacy rules. When we do use or disclose protected health information, we will make every reasonable effort to limit its use or disclosure to the minimum necessary to accomplish the intended purpose. This notice explains your right to privacy of your protected health information and how we may use and disclose that information. For more information on DPW privacy practices, or to receive another copy of this notice, please contact us. For information on how to contact us, see the "Questions or Complaints" section on page four of this notice. We are required by law to follow the terms of this notice. We reserve the right to change this notice. If we make an important change in our privacy policies or procedures, we will provide you with a new privacy notice either by mail or in person.

## **What Is Protected Health Information?**

Protected health information is information about you that relates to a past, present or future physical or mental health condition, or treatment or payment for the treatment, that can be used to identify you. This information includes any information, whether verbal or recorded in any form, that is created or received by DPW or persons or organizations that contract with DPW. This includes electronic information and information in any other form or medium that could identify you, for example: Your Name (or names of your children), Telephone Number, Address, DPW Case Number, Date of Birth, Social Security Number, Admission/Discharge Date, Medical Procedure Code, Diagnostic Code

## **Who Sees and Shares My Health Information?**

DPW professionals (such as caseworkers and other county assistance office and program staff) and people outside of DPW (such as employment and training contractors, health maintenance organization (HMO) staff, nurses, doctors, therapists, social workers and administrators) may see and use your health information to determine your eligibility for benefits, direct treatment or for other permitted reasons. Sharing your health information may relate to services and benefits you had before, receive now, or may receive later.

## **Why is My Protected Health Information used and Disclosed by DPW?**

There are different reasons why we may use or disclose your protected health information. The law says that we may use or disclose information without your consent or authorization for the reasons described below.

**For Treatment:** We may use or disclose information so that you can receive medical treatment or services. For example, we may disclose information your doctor, hospital or therapist needs to know to give you quality care and to coordinate your treatment with others helping with your care. **For Payment:** We may use or disclose information to pay for your treatment and other services. For example, we may exchange information about you with your doctor, hospital, nursing home, or another government agency to pay the bills for your treatment and services. **For Operating Our Programs:** We may use or disclose information in the course of our ordinary business as we manage our various programs. For example, we may use your health information to contact you to provide information about appointments, health-related information and benefits and services. We may also review information we receive from your doctor, hospital, nursing home and other health care providers to review how our programs are working or to review the need for and quality of health care services provided to you and/or your family. **For Public Health Activities:** We report public health information to other government agencies concerning such things as contagious diseases, immunization information, and the tracking of some diseases such as cancer. **For Law Enforcement Purposes and As Required by Legal Proceedings:** We will disclose information to the police or other law enforcement authorities as required by court order. **For Government Programs:** We may disclose information to a provider, government agency or other organization that needs to know if you are enrolled in one of our programs or receiving benefits under other programs such as the Workers' Compensation Program. **For National Security:** We may disclose information requested by the federal government when they are investigating something important to protect our country. **For Public Health and Safety:** We may disclose information to prevent serious threats to health or safety of a person or the public. **For Research:** We may disclose information for permitted research purposes and to develop reports. These reports do not identify specific people. **For Coroners, Funeral Directors and Organ Donation:** We may disclose information to a coroner or medical examiner for identification purposes, cause of death determinations, organ donation and related reasons. We may also disclose information to funeral directors to carry out funeral-related duties. **For Reasons Otherwise Required By Law:** DPW may use or disclose your protected health information to the extent that the use or disclosure is otherwise required by law. The use or disclosure is made in compliance with the law and is limited to the requirements of the law.

## **Do Other Laws Also Protect Certain Health Information About Me?**

DPW also follows other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. For example, if we have HIV or substance abuse information, we may not release it without special, signed written permission that complies with the law. In some situations, the law also requires us to obtain written permission before we use or release medical or mental health/mental retardation and certain other information.

**Can I Ask DPW to Use or Disclose My Health Information?**

Sometimes, you may need or want to have your protected health information sent to someone or somewhere outside of DPW for reasons other than treatment, payment or operating our programs. If so, you may be asked to sign an authorization form, allowing us to send your health care information somewhere other than for treatment or payment purposes, or for operating our programs. The authorization form tells us what, where and to whom the information will be sent. You may cancel or limit the amount of information sent at any time by letting us know in writing. If you are younger than 18 years old and, by law, you are able to consent for your own health care, then you will have control of that health information. You may ask to have your health information sent to any person who is helping you with your health care. What Are My Rights Regarding My Health Information? As a DPW client, you have the following rights regarding your protected health information that we use and disclose: Right to See and Copy Your Health Information: You have the right to see most of your protected health information and to receive a copy of it. If you want copies of information you have a right to see, you may be charged a small fee.

However, you may not see or receive a copy of: (1) psychotherapy notes; or (2) information that may not be released to you under federal law. If we deny your request for protected health information, we will provide you a written explanation for the denial and your rights regarding the denial. DPW does not receive or keep a file of all of your protected health information. Doctors, hospitals, nursing homes and other health care providers (including an HMO, if you are enrolled in one) may also have your protected health information. You also have a right to your health information through your doctor or other provider who has these records. Right to Correct or Add Information: If you think some of the protected health information we have is wrong, you may ask us in writing to correct or add new information. You may ask us to send the corrected or new information to others who have received your health information from us. In certain cases, we may deny your request to correct or add information. If we deny your request, we will provide you a written explanation of why we denied your request. We will also explain what you can do if you disagree with our decision. Right to Receive a List of Disclosures: You have the right to receive a list of where your protected health information has been sent, unless it was sent for purposes relating to treatment, payment, operating our programs, or if the law says we are not required to add the disclosure to the list.

For example, the law does not require us to add to the list any disclosures we may have made to you, to family or persons involved in your care, to others you have authorized us to disclose to, or for information disclosed before April 14, 2003. Right to Request Restrictions on Use and Disclosure: You have the right to ask us to restrict the use and disclosure of your protected health information. We may not be able to agree to your request. In fact, in some situations, we are not permitted to restrict the use or disclosure of the information. If we cannot comply with your request, we will tell you why. Except as otherwise required by law, we must grant your request to restrict disclosure to a health plan if the purpose of disclosure is not for treatment and the medical services to which the request applies have been paid out-of-pocket in full.

Right to Request Confidential Communication: You may ask us to communicate with you in a certain way or at a certain location. For example, you may ask us to contact you only by mail.

You can contact the DPW HIPAA helpline, toll-free at 800-692-7462 to discuss your rights or to ask questions about this notice. You can also contact your caseworker or health care provider or write to DPW's Privacy Officer, 3rd Floor West, Health and Welfare Building, 7th and Forster Streets, Harrisburg, PA 17120. You can receive important information or updates to this notice by visiting DPW's Web site at [www.dpw.state.pa.us](http://www.dpw.state.pa.us). You may contact either office listed below if you want to file a complaint about how DPW has used or disclosed information about you. There is no penalty for filing a complaint. Your benefits will not be affected or changed if you file a complaint. DPW and its employees and contractors cannot and will not retaliate against you for filing a complaint.

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE  
DEPARTMENT OF PUBLIC WELFARE PRIVACY OFFICER  
3RD FLOOR WEST, HEALTH AND WELFARE BUILDING  
7TH AND FORSTER STREETS  
HARRISBURG, PA 17120

REGION III  
U.S. DEPARTMENT OF HEALTH & HUMAN  
SERVICES  
OFFICE FOR CIVIL RIGHTS  
150 S. INDEPENDENCE MALL  
WEST-SUITE 372  
PHILADELPHIA, PA 19106-9111

I \_\_\_\_\_ certify that I have received and read the Notice of Privacy Practices provided to me by the Child Care Information Services of Allegheny County.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ELRC Staff Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_