

BARBER NATIONAL INSTITUTE

JOINT 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.

A federal regulation known as the "HIPAA Privacy Rule" requires us to maintain the privacy of your "protected health information" and to provide you with this notice of our legal duties and privacy practices concerning your protected health information. Your protected health information includes any information which (a) relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you; and (b) individually identifies you or can be reasonably used to identify you. We are required to comply with the terms of this notice, or any future notice that replaces this notice.

This notice applies to the family of agencies which we collectively refer to as "BARBER NATIONAL INSTITUTE". The agencies comprising Barber National Institute include: Barber National Institute Inc., Dr. Gertrude A. Barber Center, Inc., Dr. Gertrude A. Barber Educational Institute, Inc., Dr. Gertrude A. Barber In Home Services, Inc., Dr. Gertrude A. Barber Foundation, Inc. and any agencies that we may designate in the future.

This notice also applies to all of the people that make up Barber National Institute, including our staff and employees, as well as the physicians, dentists, nurses, speech therapists, occupational therapists, physical therapists, psychologists, dietitians, audiologists, laboratory technicians, and other health care providers who render services at our facilities. Barber National Institute and all of the health care professionals who provide services at the various facilities of Barber National Institute are participating as an organized health care arrangement in a clinically integrated care setting under the provisions of the HIPAA Privacy Rule. As an organized health care arrangement, Barber National Institute and each of the other providers of health care services will share your protected health information with each other, as necessary, to carry out treatment, payment and health care operations at the facilities of Barber National Institute.

This notice covers all of the facilities Barber National Institute, including those facilities providing residential group home services, supportive living services, work training and work place services, clinical services, therapeutic services, counseling services and educational services.

Whenever the words "we" or "us" are used in this notice, they are intended to include the employees and staff of Barber National Institute and each of the other providers of health care services at the facilities of Barber National Institute.

If you have any questions, or would like additional information about this notice, you may contact our Privacy Officer at (814) 453-7661.

I. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

A. Treatment, Payment, And Health Care Operations

We may use and disclose your protected health information for treatment, payment, and health care operations without obtaining your authorization. The following section contains some examples of ways we may use and disclose your protected health information for treatment, payment and health care operations. These examples do not list every possible use or disclosure for treatment, payment, and health care operations.

1. Treatment

We may use and disclose your protected health information for our treatment purposes as well as the treatment purposes of other health care providers who treat you. Treatment includes the provision, coordination, and management of health care services provided to you by one or more health care providers. Treatment also includes consultations with other health care providers. Some examples of treatment uses and disclosures include:

- Disclosure of your protected health information to a physician who will be providing treatment to you.
- Disclosure of your protected health information to a hospital or other health care facility that will be providing treatment to you.
- Disclosure of your protected health information to a day and/or residential program providing care to you.

2. Payment

We may use and disclose your protected health information for the purpose of allowing us to secure payment for treatment provided to you. We may also disclose your protected health information to another health care provider for the payment activities of that health care provider. Some examples of payment uses and disclosures include:

- Disclosing information to Medicare or Medicaid to determine whether you are eligible for coverage or whether proposed treatment is a covered service or medically necessary.
- Submitting a claim form to your health insurer for payment.
- Disclosing information to local, state or federal agencies to secure funding or payment in connection with services provided to you.

3. Health Care Operations

We may use and disclose your protected health information for conducting our health care operations. If another health care provider has treated you, we may disclose protected health information about you for certain health care operations of that health care provider. Some examples of our health care operations include:

- Quality assessment activities designed to assist us in determining how to improve the treatment we provide
- Legal, accounting and auditing functions.
- Training programs for students, trainees, health care providers or business personnel.
- Accreditation, certification and licensing activities.
- Other business management activities, such as compliance activities related to state and federal laws.
- Solicitation by us or by a foundation related to us for the purpose of raising funds for our organization.

B. Other Uses and Disclosures We Can Make Without Your Written Authorization or Opportunity to Agree or Object

We may use and disclose protected health information about you in the following circumstances without your authorization or opportunity to agree or object, subject to certain conditions that may apply:

1. When Required by Law

We may use and disclose protected health information when required by federal, state, or local law.

2. For Public Health Activities

We may use and disclose protected health information to public health authorities or other persons authorized to carry out certain activities related to public health. These disclosures may include, for example, FDA-related reports and disclosures related to problems with products or services.

3. Appointment Reminders and Treatment Options

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

4. Victims of Abuse, Neglect or Domestic Violence

We may use and disclose protected health information for purposes of reporting abuse, neglect or domestic violence, as for example, reports of elder abuse.

5. Health Oversight Activities

We may use and disclose protected health information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, or legal proceedings conducted by health oversight agencies.

6. Judicial and Administrative Proceedings

We may use and disclose protected health information in judicial and administrative proceedings in response to a court order, subpoena, discovery request or other lawful process.

7. Law Enforcement Purposes

We may use and disclose protected health information for certain law enforcement purposes. These purposes may include, for example, complying with a search warrant or other authorized legal process, responding to a request for information about a crime victim, or providing information regarding a crime on our premises.

8. Coroners and Medical Examiners

We may use and disclose protected health information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased individual, determining a cause of death, or facilitating their performance of other duties required by law.

9. Funeral Directors

We may use and disclose protected health information for purposes of providing information to funeral directors as necessary to carry out their duties.

10. Organ and Tissue Donation

If you are an organ donor, we may use and disclose protected health information to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue in order to facilitate transplantation.

11. Research

We may use and disclose protected health information for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose protected health information for research purposes, except in situations where a research project meets specific criteria established by the HIPAA Privacy Rule to insure the privacy of protected health information.

12. Threat to Public Safety

We may use and disclose protected health information in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public.

13. Specialized Government Functions

We may use and disclose protected health information for purposes involving specialized governmental functions such as military and veterans activities, national security and intelligence, protective services for the President and others, medical suitability determinations for the Department of State, and correctional institutions and other law enforcement custodial situations.

14. Workers' Compensation and Similar Programs

We may use and disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness without regard to fault.

15. Business Associates

Some of our functions and operations involving protected health information are performed by business associates, such as accounting and law firms. We may disclose protected health information to our business associates and allow them to create and receive protected health information on our behalf.

16. Creation of De-Identified Information/ Limited Data Set

We may use protected health information in the process of de-identifying that information so that the de-identified information can be disclosed to a third without your authorization. We may also exclude certain direct identifiers in your protected health information to create information known as a limited data set to be used or disclosed for the purpose of research, health care operations or public health activities.

17. Disclosures Required by the HIPAA Privacy Rule

We are required to disclose protected health information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

18. Marketing

We must receive your authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of a face-to-face communication made to you personally or a promotional gift of nominal value.

19. Sale of Protected Health Information

We must receive your authorization for any disclosure that constitutes a sale of protected health information.

20. Psychotherapy Notes

We must receive your authorization for most uses or disclosures of psychotherapy notes. Examples of situations where we do not need your authorization for the use or disclosure of psychotherapy notes include:

- Use by the originator of the psychotherapy notes for treatment or health oversight activities.
- Use or disclosure by BNI for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.
- Use or disclosure by BNI to defend itself in a legal action or other proceeding brought by you.
- Use or disclosure in connection with the oversight of the originator of the psychotherapy notes.
- Disclosure to a coroner or medical examiner.
- Disclosure necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public.

C. Uses and Disclosures for Which You Have the Opportunity to Agree or Object

In some situations you may have the opportunity to agree or object to certain uses and disclosures of protected health information about you. If you agree or do not object, then we may make these types of uses and disclosures of protected health information in the following circumstances:

1. Disclosure to Family, Close Friends or Others. We may use and disclose protected health information about you in connection with notifications to individuals involved in your care or payment for your care. We may disclose protected health information about you to your family members, close friends or any other persons identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are present and able to consent or object (or if you are available in advance), then we may only use or disclose your protected health information if you agree to the use or disclosure or do not object after you have been informed of your opportunity to object. If you are not present or if you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of protected health information is in your best interest. We may also use and disclose protected health information to notify your family members or close friends of your location, general condition or death.

2. Disclosures From Our Facility Directory. We may include limited information about you in a directory while you are present at one of our facilities. This information may include your name, location in the building and your religious affiliation. Except for your religious affiliation, the directory information may be released to people who ask for you by name. We may give your religious affiliation to a member of the clergy even if they do not ask for you by name. You have the right to ask that all or part of your information not be given out. If you do so, we will not be able to tell your family or friends that you are present in our facility.

D. Confidentiality of Certain Medical Records

The confidentiality of drug and alcohol treatment records, HIV related information and mental health records maintained by us is specially protected by Pennsylvania law. We will only disclose such information if you consent in writing, or if the disclosure is allowed by a court order, or if other limited circumstances apply.

E. Other Uses and Disclosures of Protected Health Information Require Your Authorization

All other uses and disclosures of protected health information which do not fit into one of the above categories will only be made with your written authorization. If you have authorized us to use or disclose protected health information about you, you may revoke your authorization at any time, except to the extent that we have already taken action based on your authorization.

II. YOUR PRIVACY RIGHTS

A. Further Restriction on Use or Disclosure

You have a right to request additional restrictions on the use and disclosure of your protected health information to carry out treatment, payment or health care operations. You may also request additional restrictions on our disclosure of protected health information to persons involved in your care or the payment for your care. We are not required to agree to a request for a further restriction unless you are asking us to restrict the use and disclosure of your protected health information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. For all other requests for restrictions on use and disclosures of your protected health information, we are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement, except in certain cases, including treatment of you in an emergency. To request a further restriction, you must submit a written request to our Privacy Officer specifying what information you want restricted; how you want the information restricted; and to whom you want the restriction to apply.

B. Confidential Communication

You have the right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you at home, rather than at work. We are required to accommodate requests for confidential communications that are reasonable. To make a request for confidential communications, you must submit a written request to our Privacy Officer specifying how or where you want to be contacted.

C. Accounting of Disclosures

You have the right to request an accounting of certain disclosures that we have made of your protected health information. This accounting would be a list of disclosures made by us during a specified period of up to six years, other than disclosures made for the following purposes:

- For treatment, payment and health care operations.
- For use in or related to a facility directory.
- To family members or friends involved in your care.
- To you directly.
- Pursuant to an authorization by you or your personal representative.
- For certain notification purposes, including national security, intelligence, correctional and law enforcement purposes.
- For disclosures made before April 14, 2003.

To request an accounting of disclosures, you must submit a written request to our Privacy Officer. The first list that you request in a 12 month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12 month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

D. Right to Obtain Notice of Breach

You have a right to be notified upon a breach of any of your unsecured protected health information.

E. Fundraising

We may contact you to donate to a fundraising effort for or on our behalf. You have the right to “opt-out” of receiving fundraising materials/communications and may do so by sending your name and address to our Privacy Officer together with a statement that you do not wish to receive fundraising materials or communications from us. We will not condition treatment or payment on your choice with respect to the receipt of fundraising communications.

F. Right to Inspect and Copy

You have a right to request an opportunity to inspect and receive a copy of your protected health information in certain records that we maintain. This includes your medical and billing records, but does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding. We may deny your request to inspect and copy protected health information only in certain limited circumstances. If you request a copy of your protected health information, we may charge you a reasonable fee as allowed by Pennsylvania law. To exercise your right of access, you must submit a written request to our Privacy Officer.

G. Right to Request an Amendment

You may request that your protected health information be amended. Your request may be denied if the information in question is accurate and complete. Your request may also be denied if the information in question was not created by us (unless the original source of the information is no longer available), is not part of our records, or is not the type of information that would be available to you for inspection or copying. If your request to amend your health information is denied, you may submit a written statement disagreeing with our denial, which we will keep on file

and distribute with all future disclosures of the information to which it relates. To request an amendment, you must submit a written request to our Privacy Officer specifying the change that you want and the reasons for the requested change.

H. Paper Copy of Privacy Notice

You have a right to receive, upon request, a paper copy of this notice at any time. To obtain a paper copy, please contact our Privacy Officer.

III. CHANGES TO THIS NOTICE

We may change this notice at any time. We may make any change effective for all protected health information that we maintain at the time of the change, including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in our reception area. You may also get a copy of our current notice from our Privacy Officer, or you may access our current notice at our web site at www.BarberInstitute.org.

IV. COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to us or to the Secretary of Health and Human Services. To file a complaint with us, submit the complaint in writing to our Privacy Officer. We will not retaliate against you for filing a complaint.

V. LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those created in the HIPAA Privacy Rule.

VI. EFFECTIVE DATE

This notice was first effective on April 14, 2003 and was last revised on July 10, 2013.