

HIGHLANDS HEALTH

HIPAA NOTICE OF PRIVACY PRACTICES

Introduction:

This Notice is provided under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its implementing regulation. It outlines how we may use or disclose your Health Information and your rights regarding this information.

Uses and Disclosures That Do Not Require Authorization:

We may use and disclose your Health Information without authorization for treatment, payment, and healthcare operations. This includes sharing information with healthcare professionals involved in your care, billing for services, and managing clinic operations.

We may also disclose your Health Information to other healthcare providers, family, and caregivers in specific public health situations and for legal proceedings, worker's compensation, research, and national security activities, among other things.

Uses and Disclosures Requiring Authorization:

In general, we require your written authorization for any use or disclosure of your Health Information not covered by law. This includes specific situations like HIV/AIDS, sexually transmitted diseases, tuberculosis, and mental health information.

Business Operations:

We may use your Protected Health Information (PHI) for business operations such as accreditation, fraud detection, quality assessment, and communication with business associates, ensuring confidentiality.

Notification and Use of PHI:

We may disclose PHI regarding patient location, condition, or death to family members, responsible persons, or disaster relief entities as permitted. Without patient consent, we may also disclose PHI for various legal, public health, or safety reasons.

Confidential Communications:

We respect patient preferences for how PHI is communicated, allowing reasonable requests to safeguard privacy.

De-Identified Data:

De-identified patient data may be used for grants, research, and funding.

Accounting of Disclosures:

Patients can request a list of entities that received their PHI with written requests.

Inspecting and Copying:

Patients may inspect and obtain copies of their PHI, with certain limitations and appeal rights.

Right to Amendment:

Patients may request amendments to incorrect or incomplete medical information, subject to limitations.

Copy of Privacy Notice:

Patients may request a copy of this privacy notice, acknowledged during clinic registration.

Notification of Breach:

Patients will be notified promptly if unauthorized PHI release occurs.

Changes to This Notice:

The clinic reserves the right to change this notice and will post updates in the waiting area.

Complaints:

Privacy complaints can be directed to the clinic's privacy officer or the Office of Civil Rights.

For any queries or concerns regarding privacy practices, please contact:

Highlands Health
315 Locust Street, 2nd Floor
Johnstown, PA 15901
814-534-6242
814-5346731 Fax

Office of Civil Rights
US Department of Health and Human Services
150 S. Independence Mall West,
Philadelphia, PA 19106-9111
Hotline: 800-368-1019
Fax: 215-861-4431 TT
D: 215-861-444