

## HEALTH INFORMATION PRIVACY NOTICE

*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.*

### OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

Via of the Lehigh Valley (Via) understands that medical information about you is personal, and we are committed to protecting your personal health information. We are required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices. The purpose of this Notice is to provide you with notice of our legal duties and to describe how we use and disclose your personal health information that is in our possession (protected health information or PHI).

### HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

**For Treatment.** We may use and disclose PHI about you to provide you with treatment or services. For example, if you are receiving therapy services, our therapists will record information that they obtain in the course of providing care to you in your medical record. Your medical record, including PHI, is then used in determining the treatment/services that you receive. We also may disclose medical information about you to people outside of Via who may be involved in your medical care, including doctors, nurses and other health care providers.

**For Payment.** We may use and disclose PHI about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, a government payor, including, for example, Medical Assistance, or other third party. In addition, your payor may want to review your medical record to be sure that your care was medically necessary. We may also tell your payor 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 PHI about you for health care operations. Health care operations involve administration, education and quality assurance activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring for you. Other operational uses or disclosures may involve business planning, or the resolution of a complaint.

**Special Uses.** We also use or disclose your PHI for purposes that involve your relationship to us.

We may use or disclose your PHI to:

- Contact you as a reminder that you have an appointment for treatment or medical care.
- Tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Tell you about our health benefits and services.
- Correspond with you because we care about the quality of the service(s) we provide you.
- Contact you in an effort to raise money for Via and its operations, unless you tell us not to contact you.

## CERTAIN USES AND DISCLOSURES OF YOUR PHI THAT ARE PERMITTED OR REQUIRED BY LAW

Many laws and regulations either require or permit us to use or disclose your PHI. Here is a listing of required or permitted uses and disclosures.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release PHI about you to a family member, or friend or any other person you identify who is involved in your medical care. In the event that you are unable to express yourself, we may release PHI, as necessary and that we determine to be in your best interest, to a family member or friend directly involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**As Required by Law.** We will disclose PHI about you when required to do so by federal, state or local law, for example, when ordered by a Court to turn over certain types of your PHI.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**For Payment and Health Care Operations of Another Entity.** We may disclose PHI about you to another entity covered by the federal health care privacy regulations or to another health care provider if the disclosure is for the payment activities of that entity or provider receiving the information. In addition, we may disclose PHI about you to another entity covered by the federal health care privacy regulations if the entity has or had a relationship with you, and the purpose for the disclosure is related to their health care operational activities, i.e., accreditation, licensing or credentialing activities. We will limit the information disclosed to the minimum amount of information needed in accordance with the request.

## SPECIAL SITUATIONS

**Organ and Tissue Donation.** We may release PHI 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 PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose PHI about you for public health activities. These activities generally include the following:

- To report communicable diseases
- To report cancer cases
- To prevent or control disease, injury or disability
- To report birth information
- To report death information
- To report child abuse or neglect
- 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. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose PHI 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 PHI information about you in response to a court or administrative order. We may also disclose PHI 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 or to obtain an order protecting the information requested.

**Law Enforcement.** We may release PHI if asked 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 on Via's premises; 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 PHI 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 PHI about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release PHI 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 PHI 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 PHI 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.

#### CERTAIN STRICTER REQUIREMENTS THAT WE FOLLOW

Several state laws may apply to your PHI that set a stricter standard than the protections offered under the federal health privacy regulations. Stricter state law in Pennsylvania will for example, limit us from disclosing medical records containing HIV related information; medical records containing alcohol and drug abuse information; and medical records containing psychiatric and psychological treatment. State law dictates to whom and under what circumstances disclosure is appropriate. Generally, release of this information is contingent upon your specific consent, or pursuant to a court order.

#### YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

**Right to Inspect and Copy.** You have the right to inspect and copy your medical and billing records. 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 in accordance with Pennsylvania's mandated fee schedule.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If we deny you access to your records because we determine that it may cause you physical harm, or we think that it may cause physical, emotional or psychological harm to another individual, you may request that the denial be reviewed. Another licensed health care professional will be chosen to 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 PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You should provide a reason that supports your request. 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 information kept by or for Via.  
Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

If we refuse to make your requested amendment, you have the right to submit a written statement about why you disagree. We have the right to prepare a counterstatement if we still disagree. Your statement and our counterstatement will become a part of your record.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures that we have made of your PHI over the past six years. However, because this right went into effective April 14, 2003, you cannot ask for disclosures before April 14, 2003. We do not have to account for all disclosures, including those involving treatment, payment or health care operations; or where you authorized the release of information.

To request a list of accounting of your disclosures, you must submit your request in writing to the Via Privacy Officer/Vice President of Adult Services at 336 W. Spruce Street, Bethlehem, Pennsylvania 18018. Your request should state the time period for which you wish to have an accounting of disclosures. We also ask that you include your complete name, date of birth, social security number and address in the request for accuracy purposes. The first list you request within a (12) twelve-month period will be free. For additional lists, we may charge you for the cost 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 PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on PHI we disclose about you to someone who is involved in your care or the payment for your care. For example, you could ask that we not disclose certain PHI to your physician. Any such request must be in writing. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or is required by law.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a certain telephone number. Any such request must be in writing. We will honor all reasonable requests.

**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. You may obtain a copy of this notice at our website, [Vianet.org](http://Vianet.org).

#### 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 PHI 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 our office and at our website. In addition, we will distribute a copy of the revised notice to each person then receiving health care services from Via.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Via. To file a complaint with Via, contact the Via Compliance Officer/Vice President of Adult Services at (610) 317-8000, or in writing at 336 W. Spruce Street, Bethlehem, Pennsylvania 18018. You also have the right to file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services, either in writing or electronically. You must include the identity of the entity and the alleged violation, and the complaint must be filed within 180 days of knowledge of the alleged violation. You will not be penalized for filing a complaint.

#### OTHER USES OF PHI

Other uses and disclosures of PHI, not covered by this notice or the laws that apply to us, will be made only with your written authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

#### FURTHER INFORMATION

Further information regarding this Notice or your privacy rights may be obtained by contacting the Via Privacy Officer/Vice President of Adult Services as set forth above.

Effective Date: April 1, 2004

Revision Date: November 20, 2019