



LIFE Pittsburgh 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.

If you have any questions about this notice, please contact Hannah Ambrose at 412-738-1637.

A. OUR COMMITMENT TO YOUR PRIVACY

LIFE Pittsburgh is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you.

These records are our property. However, we are required by law:

- To maintain the confidentiality of your medical information.
- To provide you with this notice of our legal duties and privacy practices concerning your medical information.
- To follow the terms of our notice of privacy practices in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your medical information.
- Your privacy rights in your medical information.
- Our obligations concerning the use and disclosure of your medical information.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any of your medical information that we may receive, create, or maintain in the future. Our organization will post a copy of our current notice in our

offices in a prominent location, and you may request a copy of our most current notice during any visit to our organization.

B. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

Treatment

LIFE Pittsburgh may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the result to help us reach a diagnosis. Many of the people who work for our organization may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others that may assist in your care, such as your physician, therapists, spouse, children or parents.

Payment

LIFE Pittsburgh may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we **may** use your medical information to bill you directly for services and items.

Health Care Operations

LIFE Pittsburgh may use and disclose your medical information to operate our business. These uses and disclosures are important to ensure that you receive quality care and that LIFE Pittsburgh is well run. As examples of the ways in which we may use and disclose your information for our operations, LIFE Pittsburgh may use your medical information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our organization. Further, we may disclose your information to doctors, nurses, and other personnel for review and learning purposes.

Treatment Alternatives/Health-Related Benefits and Services

LIFE Pittsburgh may use and disclose your medical information to inform you of treatment alternatives and/or health-related benefits and services that may be of interest to you.

Directory

We may include certain limited information about you in our directory while you are a Participant. This information may include your name, your general condition and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the

clergy even if they do not ask for you by name. If you do not want your information included in our directory, upon your admission you should inform Hannah Ambrose at 412-738-1637.

The following categories describe additional conditions in which we may use or disclose your medical information:

Required by Law

We will use or disclose medical information about you when required by applicable law.

Public Health Activities

Our organization may disclose your medical information for public health activities, including generally:

- to prevent or control disease, injury or disability;
- to maintain vital records, such as births and deaths;
- to report elder abuse or neglect;
- to report injury, elopement or other potential harm to a Participant as required by the Pennsylvania Department of Health;
- to notify a person regarding potential exposure to communicable disease;
- to notify a person regarding a potential risk for spreading or contracting a disease or condition;
- to report reactions to drugs or problems with products or devices;
- to notify individual if a product or device they may be using has been recalled.

Abuse, Neglect and Injury

We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you of it, unless we think that informing you places you at risk of serious harm or, if we were to inform your personal representative, is otherwise not in your best interest.

Health Oversight Activities

LIFE Pittsburgh may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the health care system in general.

Lawsuits and Similar Proceedings

LIFE Pittsburgh may use and disclose your medical information in response to a court of administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement

We may release medical information if asked to do so by law enforcement officials:

- regarding a crime victim in certain situations, if we are unable to obtain the person's agreement;
- concerning the death we believe might have resulted from criminal conduct;
- regarding criminal conduct at our offices;
- in response to a warrant, summons, court order, subpoena or similar legal process;
- to identify/locate a suspect, material witness, fugitive or missing person; and
- in an emergency to report a crime (including the location or victim(s) of the crime, or the description, identity of the perpetrator).

Coroners, Medical Examiners and Funeral Directors

LIFE Pittsburgh may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about Participants to funeral directors as necessary to carry out their duties.

Serious Threats to Health or Safety

LIFE Pittsburgh may use and disclose your medical information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions

LIFE Pittsburgh may disclose your medical information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, LIFE Pittsburgh may disclose your medical information to federal officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

Workers' Compensation

LIFE Pittsburgh may release your medical information for workers' compensation and similar programs.

C. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

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

Requesting Restrictions

You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in our care or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing to Hannah Ambrose, Health Information

Manager. Your request must describe in a clear and concise fashion: (1) the information you wish restricted; (2) whether you are requesting to limit our practice's use, disclosure or both; and (3) to whom you want the limits to apply.

Confidential Communications

You have the right to request that LIFE Pittsburgh communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by telephone, or at home, rather than at work.

In order to request a type of confidential communication, you must make a written request to Hannah Ambrose specifying the requested method of contact, or the location where you wish to be contacted. LIFE Pittsburgh will accommodate reasonable requests. You do not need to give a reason for your request.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Hannah Ambrose in order to inspect and/or obtain a copy of your medical information. LIFE Pittsburgh may charge a fee for the costs of copying, mailing, labor and supplies associated with your request.

Amendment

You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for LIFE Pittsburgh. To request an amendment, your request must be made in writing and submitted to Hannah Ambrose. You must provide us with a reason that supports your request for amendment. LIFE Pittsburgh will deny your request if you fail to submit your request (and the reasoning supporting the request) in writing. Also, we may deny your request if you ask us to amend information that is:

- accurate and complete
- not part of the medical information kept by or for LIFE Pittsburgh
- not part of the medical information which you would be permitted to inspect and or copy;
or
- not created by LIFE Pittsburgh, unless the individual or entity that created the information is not available to amend the information.

Account of Disclosures

You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures LIFE Pittsburgh has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing to Hannah Ambrose. All requests for an accounting of disclosures must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may be to charge you for additional requests within the same 12-month period. LIFE Pittsburgh will notify you of any costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice

You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Hannah Ambrose.

Right to File A Complaint

If you believe your privacy rights have been violated, you may file a complaint with LIFE Pittsburgh. To file a complaint, contact Hannah Ambrose at 412-738-1637. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures

LIFE Pittsburgh will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide us regarding the use and disclosure of your medical information by be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records for your care.

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**ACKNOWLEDGEMENT\***

I hereby acknowledge receipt of the Notice of Privacy Practices.

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Signature

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Print Name

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Date

\*This acknowledgement reflects the proposed modifications to §164.520 of the privacy standards as set forth by the Department of Health and Human Services 67 Federal Register 14,814 (March 27, 2002). It applies to health care providers with direct treatment relationships. This acknowledgement, or some other form of the acknowledgement (e.g., initials), can be on a cover sheet to be retained by the provider on a separate list apart from the notice or otherwise.