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[www.ccharitiesgreensburg.org](http://www.ccharitiesgreensburg.org)

A United Way Agency



***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.***

(Please note that the term “medical” in the header refers to any of your protected health information including identifying information, diagnosis, goals, progress, home study information, etc. While it may refer to medical information in certain circumstances, it does not refer to information of a strictly medical nature only.)

This Notice of Privacy Practices is available on the website of Catholic Charities of the Diocese of Greensburg. The web address is [www.ccharitiesgreensburg.org](http://www.ccharitiesgreensburg.org).

➤ **Understanding Your Case Record and Protected Information**

Each time you visit Catholic Charities of the Diocese of Greensburg (“Catholic Charities”), or have certain other types of contact with staff of Catholic Charities such as phone calls or home visits, a record of your contact is made. Usually this record contains protected health information (or “PHI”) about the nature of the contact, services provided, treatment goals, results of assessment, progress notes, frequency of contacts, and other information. This record serves many possible functions, including:

- ✓ A basis for planning your care and service.
- ✓ A means of communications among the service professionals who may be involved in your care.
- ✓ A means of tracking other services that may be provided to you.
- ✓ A legal documentation of the services provided and your response to treatment.
- ✓ A tool for educating service professionals.
- ✓ A source of data for Catholic Charities’ planning and marketing activities.
- ✓ A tool we can use to assess the value and the impact of our services for clients.
- ✓ A source of information about the impact of our services for fundraising, grant writing, service research, and program development activities.
- ✓ A source of information for public health officials and others charged with improving the health of the nation.

Understanding what is in your record is important. It helps you to:

- ✓ Ensure its accuracy.
- ✓ Better understand who may access your information, and the reasons and conditions of their access.

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- ✓ Make informed decisions about authorized disclosures to other parties.

➤ **Your Health Information Rights**

Although your case record is the physical property of Catholic Charities, the protected health information belongs to you.

Because the information is about you, you have the right:

- ✓ To request a restriction on certain uses and disclosures of your information.
  - You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but we are not legally bound to agree to the restriction. To the extent that we do agree to any restrictions on our use and/or disclosure of your protected health information, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses or disclosures that are required by law. For example, Catholic Charities' staff are mandated by the laws of the Commonwealth of Pennsylvania to report suspected child abuse. Our billing Department is required to submit certain insurance forms about your treatment to your insurance provider for your payment for services rendered.
- ✓ To choose how we contact you.
  - You have the right to ask that we send you information at an alternative address or by an alternative means. You have the right to request that we contact you by phone at another number besides your home phone number. We must agree to your request as long as it is reasonably easy for us to do so. For example, you may request that we contact you via cell phone rather than at your home phone. You may request that we send correspondence about any component of your treatment at Catholic Charities to an address other than your home address.
- ✓ To inspect and copy your protected health information.
  - You have the right to see your protected health information if you put your request in writing. Unless your access is restricted for clear and documented treatment reasons, or for other reasons covered by law, we must make your protected health information available to you. We will respond to your request within 30 days. If we deny access on the basis of treatment considerations, we will give you written reasons for the denial and explain any rights to have the denial reviewed. If you want copies of your protected health information, a charge for copying may be imposed; the charge may be waived depending on your circumstances. You have a right to choose what portions of your protected health information you want copied and to have prior information on the cost of copying.
- ✓ To request amendment of your protected health information.
  - If you believe that there is a mistake or missing information in our record of your protected health information, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the protected health information is:
    - Correct and complete
    - Not created by us and/or not part of our record
    - Not permitted to be disclosed.

Any denial will state the reasons for the denial and explain your rights to have the request and denial appended to your protected health information, along with any statement that you provide. If we approve the request for amendment, we will change the protected health information and so inform you, and tell others that need to know about the change in the protected health information.

- ✓ To find out what disclosures have been made.
  - You have a right to get a list from us of when, to whom, for what purpose, and what content of your protected health information has been released other than instances of disclosure for treatment, payment, or agency operations made to you, your family, or other authorized persons. This list will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures for up to six years after April 14, 2003. There will be no charge for one such list each year. There may be a charge for more frequent requests.
  
- ✓ To receive this notice.
  - You have a right to receive a paper copy of this notice and/or an electronic copy by email upon request. If you request an electronic copy by email, you must sign an authorization form to provide us with your email address and to allow us to communicate with you in electronic format. The Notice is also available on the Catholic Charities website at [www.ccharitiesgreensburg.org](http://www.ccharitiesgreensburg.org).

➤ **Our Duty to Safeguard Your Protected Health Information**

Individually identifiable information about your past, present, or future health or condition, the provision of health care services to you, or payment for the health care is considered “protected health information”. We are required to extend certain protections to your protected health information, and to give you this Notice of our privacy practice. The Notice describes how, when, and why we may use or disclose your protected health information. Except in specific circumstances, we must use or disclose only the minimum necessary protected health information to accomplish the purpose of the use or disclosure.

We are required to follow the privacy practices described in this Notice, although **we reserve the right to change our privacy practices and the terms of this Notice at any time**. If we do so, we will post a new Notice in the reception areas and on our website. You may also request a copy of the new Notice from the Chief Privacy Officer at Catholic Charities’ main office in Greensburg. The phone number is 724-837-1840.

Catholic Charities is required to:

- Maintain the privacy of your service information
- Provide you with a notice of our legal duties and privacy practices with respect to information that we collect and maintain about you.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate service information by alternative means or at alternative locations.

We will not use or disclose your protected health information without your authorization, except as described in this notice.

➤ **How We May Use and Disclose Your Protected Health Information**

We use and disclose protected health information for treatment, payment and operations. For certain uses, we must have your written authorization. However, the law also provides that we are permitted to make some uses and disclosures without your consent or authorization. The following provide more description and examples of the potential uses and disclosures of your protected health information.

➤ **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations**

Generally, we will use and/or disclose your protected health information for the following reasons:

✓ ***We will use your protected health information to provide treatment and other services.***

We may disclose your protected health information to staff members, volunteers, student interns, and other service delivery personnel who are involved in providing your services. For example, protected health information will be shared among treatment team members in order to provide consistent care among members of the treatment team. Protected health information will be shared with supervisors to help insure the accurate provision of services. Protected health information in the form of a child profile or a family profile will be shared with prospective adoptive parents and/or other adoption agencies. Certain application materials may be shared with government programs and/or utility companies to determine eligibility if you request certain types of emergency assistance. Information may be shared with another agency with whom we have a contract for treatment services, or with courts or other government entities, if you receive services from Catholic Charities as a result of a referral to us by any of these types of sources.

✓ ***We will use your health information for payment.***

We may use and disclose your protected health information in order to bill and collect payment for your services. For example, we may release portions of your protected health information such as insurance claims forms to Medicaid, a private insurance plan, a county or state office, or some other third party payer in order to receive payment for services that we delivered to you.

✓ ***We will use your protected health information for service operations.***

We may use and/or disclose your protected health information in the course of operating Catholic Charities. For example, we may use your protected health information to evaluate the quality of our services; or we may disclose protected health information to our attorney, accountant, or external entity for auditing purposes. Since Catholic Charities is an integrated system of care that provides numerous services in multiple locations, we may disclose your protected health information to designated staff in our central office for similar purposes, as well as for supervisory process and/or administrative oversight activities. This is done to insure that the staff working with you can best meet your needs.

➤ Business Associates

Some services at Catholic Charities are provided to us through business associates. Examples of our business associates include clinical consultants; the Diocese of Greensburg insofar as Catholic Charities is a Department of the Diocese and shares certain diocesan functions and services; the firm that services certain office equipment; the Department of Public Welfare of the Commonwealth of Pennsylvania; the Statewide Adoption Network (SWAN); foster parents; the software company that maintains our service database; contract monitors from county and/or state offices with whom we do business; and others. We will share information, for example with the Statewide Adoption Network (SWAN) which functions in the Commonwealth of Pennsylvania as a conduit of information among adoption agencies that provide child profiles and that recruit and train potential adoptive families. We may disclose information to other business associates so that they can perform the job we've contracted with them to do. For example, the Diocesan Information Technologies office services all the computer equipment at Catholic Charities, including the workstations and databases. They are also responsible for the maintenance of our telephone and voicemail system.

In other instances, protected health information may be incidentally disclosed to a business associate due to the proximity of the information to their work. For example, a copier service technician may work at a copy machine near a computer, filing cabinet or mailbox. To protect your information we require every business associate to safeguard your information. We also implement procedures to minimize such incidental disclosure of protected health information.

➤ Notification and Communication with the Family

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition. For example, we may attempt to contact another family member to inform them of any danger or harm that we may assess or that you may express to a Catholic Charities' staff person.

➤ Marketing

We may contact you with correspondence about our agency such as newsletters.

➤ Workers Compensation

We may disclose protected health information to the extent authorized by and to the extent necessary to comply with the laws relating to workers compensation or other similar programs established by law.

➤ **Other disclosures**

Unless you provide us with alternative and reasonable instructions, we may send appointment reminders, closing letters, and other similar materials to the home address that you provided to Catholic Charities, or to an alternate address that you request. For example, in an effort to provide services in a reasonably timely manner, we may send you a written request to contact us to schedule an appointment if our attempts to reach you by phone have not been successful. We may

leave messages on a phone answering machine regarding appointments or other business unless you request an alternative means of communication with you.

➤ **Exceptions**

The law allows us to use and/or disclose your protected health information without your consent in certain situations. For example, we may disclose protected health information if needed for emergency medical treatment if it is not reasonably possible to obtain your consent prior to the disclosure and if we think you would give consent if you were able. For example, if you were injured while visiting Catholic Charities for any reason we may immediately call for medical assistance to insure your health and safety.

➤ **Uses and Disclosures Requiring Authorization**

For uses and disclosures beyond treatment, payment, and operations purposes we are required to have your written authorization unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future disclosures except to the extent that we have already undertaken an action in reliance upon your authorization. For example, your written authorization is required in order to share protected health information with a third party such as your physician, an attorney, a caseworker in a case management agency, or other such parties. We require your authorization in the adoption program for adoption searches, to release medical information for an adopted infant, or to release employer references, and other related functions. Your authorization is required regardless of whether our communication with the third party is via verbal, written, or electronic means.

➤ **Uses and Disclosures Requiring Neither Consent Nor Authorization**

The law provides that we may use and/or disclose your protected health information without consent or authorization in the following circumstances:

- When required by law: We may disclose protected health information when a law requires that we report information about suspected abuse, neglect, or domestic violence; or relating to suspected criminal activity; or in response to a court order. We must also disclose protected health information to authorities who monitor compliance with these privacy requirements.
- For public health activities: We may disclose protected health information when we are required to collect information about disease or injury, or to report vital statistics to the public health authority such as the county or state health department.
- For health oversight activities: We may disclose protected health information to an accrediting organization or another agency responsible for monitoring the health care system for such purposes as reporting or investigating unusual incidents. For example, the Department of Public Welfare will investigate allegations of abuse against a potential adopted parent.
- Relating to decedents: We may disclose protected health information relating to an individual's death to coroners, medical examiners, and funeral directors.

- For research purposes: In certain circumstances, and under supervision of a privacy board, we may disclose protected health information to other agencies in order to assist with medical, psychiatric, and/or psychological research.
- To avert threat to health or safety: In order to avoid a serious threat to health or safety, we may disclose protected health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- For specific government functions: We may disclose protected health information of military personnel and veterans in certain situations; to correctional facilities in certain situations; to government programs relating to eligibility and enrollment; and for national security reasons, such as protection of the President.

➤ **Uses and Disclosures Requiring That You Have the Opportunity to Object**

In the following situations, we may disclose your protected health information if we inform you about the disclosure in advance and you do not object. If an emergency situation arises and you cannot be given the opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes, and if disclosure is determined to be in your best interest. You must be given an opportunity to object to further disclosure as soon as you are able to do so.

- To families, friends, or others involved in your care: We may share with these people information directly related to your family's, your friend's, or other person's involvement in your care, or payment for your care. We may also share your protected health information with these people to notify them about your location, general condition, or death.
- For fundraising purposes: We may disclose aggregate numerical data, including dates of service, to funding organizations for the purpose of raising money for Catholic Charities' business expenses.

➤ **For More Information or to Report a Problem**

If you have questions and would like more information, you may contact the Chief Privacy Officer at Catholic Charities' main office in Greensburg. The phone number is 724-837-1840.

If you believe your privacy rights have been violated, you can file a complaint with the Chief Privacy Officer or with the Secretary of the Department of Health and Human Services.

***There will be no retaliation for filing a complaint.***

Please call the Chief Privacy Officer at 724-837-1840 for information on how to file a complaint with the Secretary of Health and Human Services.

**Effective Date of this Notice is April 14, 2003**