

Please keep for your records

**PENNSYLVANIA COUNSELING SERVICES, INC.
PATIENT RIGHTS**

Right to Communicate

- * Every patient has the right to receive an orientation to Pennsylvania Counseling Services which includes the responsibilities of the staff and the patient.
- * Every patient has the right to communicate freely and privately with others, including their therapist, the supervisor of the therapist, and any administrative staff.
- * Every patient is encouraged to freely communicate their needs and opinions regarding their treatment and the operation of the facility to the director, or his designee. This includes the use of evaluation forms which are kept in each waiting room area.

Right to Confidentiality

- * Every patient has the right to expect that all records concerning his/her treatment shall be kept confidential and shall only be released by the written permission of the patient except in the circumstances outlined on the consent to treat form.
- * Every patient has the right to have their issues heard within a confidential relationship and to leave treatment should they feel treatment is not safe or useful.

Right to Humane Physical and Psychological Environment

- * Every patient has the right to treatment in a setting which preserves and promotes physical and psychological dignity.
- * Every patient has the right to be treated humanely, respectfully, and with consideration by all staff members.

Right to Treatment

- * Every patient has the right to be treated as an individual and evaluated according to his/her individual needs.
- * Every patient has the right to receive treatment designed to aid and promote recovery, including receiving an appropriate needs-based individualized treatment plan. The patient has the right to participate in treatment plan development.
- * This treatment shall be in the least restrictive setting to provide adequate treatment.
- * Every patient has the right to expect that he/she will be treated by competent staff.
- * Every patient has the right to refuse any treatment or procedure offered by the facility. Staff shall inform the patient that he/she may be discharged or referred for refusal to fully participate in treatment.
- * Every patient has the right to be discharged as soon as treatment is no longer necessary. Every patient shall assist in planning activities following discharge that provide continued recovery and emotional health.
- * Every patient has the right to examine his/her personal records, subject to the limitations posted in the lobby.
- * Every patient has the right to receive a copy of any consent form that he/she has signed.
- * Every patient has the right to examine and receive an explanation of his/her bill.
- * Every patient has the right to request reconsideration of any decision to terminate his/her treatment.

Right to Religious Freedom

- * Every patient has the right to follow and practice his/her religion. Substantiated ethical convictions held independently of a belief in any religion shall be accorded the same respect as a religious belief.
- * Every patient has the right to refuse medication, comply with dietary regimen, and to abstain from religious practice.

Nondiscrimination

- * Admissions, the provision of services, and referrals of patients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age, Limited English Proficiency or sex. Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.
- * Every patient shall retain all civil rights and liberties except as provided by law. No patient shall be deprived of any civil right solely by reason of being a patient.

Grievance and Appeal Procedures

- * Any patient has the right to initiate a complaint orally or in writing, concerning the exercise of these rights or the quality of services and treatment. The patient may first deliver the complaint to the therapist, secondly to the clinic director, and finally, to the president of the corporation. The patient will be informed as to the disposition of their complaint within 10 working days of each level of appeal.

If the complaint is in reference to discrimination, complaints may be filed with any of the following:

PA Counseling Services
350 N. 6th Avenue
Lebanon, PA 17046

Bureau of Equal Opportunity
Room 521, H & W Bldg
P.O. Box 2675
Harrisburg, PA 17105

U.S. Dept of Health & Human SVCS
Suite 372, Public Ledger Bldg.
150 S. Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Comm
1101 S. Front St., 5th Floor
Riverfront Office Center
Harrisburg, PA 17104

Bureau of Equal Opportunity
Hbg State Hospital Grounds
Bldg 56-Patton H-Pouch A
Harrisburg, PA 17105-1300

Deputy Director of Mental Health
Lancaster County MEH/MR
1120 Frances Avenue
Lancaster, PA 17601
(717)393-0421

PENNSYLVANIA COUNSELING SERVICES, Inc.

Notice of Privacy Practices ("Notice")

In accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")

Effective: April 14, 2003

I. THIS NOTICE DESCRIBES HOW MENTAL, BEHAVIORAL, MEDICAL AND OTHER HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. Pennsylvania Counseling Services, Inc. (hereafter, "PCS") has locations in the following counties: Berks, Cumberland, Dauphin, Lancaster, Lebanon, and York; with a corporate mailing address of 350 N. Sixth Avenue Lebanon, PA 17046. PCS provides outpatient mental and behavioral health services; drug and alcohol prevention and rehabilitation services; and other related counseling and medical services.

III. PURPOSE. We are required by law to maintain the privacy of your health information. This Notice describes our legal duties and privacy practices. This Notice tells you how we may use and disclose your health information. This Notice also describes your rights and how you may exercise your rights. PCS agrees to abide by the terms of this Notice

A. Your Protected Health Information. We refer to your mental, behavioral, medical and other health care information as "protected health information" or "PHI". "PHI" is health information we have collected in our records from you or received from other health care providers, health plans, or the county. It may include information about your past, present or future physical or mental health or condition. For example, PHI in your records could include your diagnosis, treatment plan, or evaluations. PHI also includes information about payment for services.

B. Confidentiality of Your PHI. Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

1. The Health Insurance Portability and Accountability Act of 1996. The Department of Health and Human Services issued the following regulations: "Standards for Privacy of Individually Identifiable Health Information". We call these regulations the "HIPAA Privacy Regulations". We may not use or disclose your PHI except as required or permitted by the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.

2. Pennsylvania Mental Health Confidentiality Laws. For individuals who receive treatment and services in our mental health programs, Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, we are not permitted to disclose or release PHI in response to a Pennsylvania subpoena. Also, any information acquired by a licensed psychologist or psychiatrist in the course of your treatment is privileged under Pennsylvania law and may not be released without your authorization or court order. Finally, if mental health records include information relating to drug or alcohol abuse or dependency, we are required to comply with the Pennsylvania Drug and Alcohol Abuse Control Act. We will comply with the Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

3. Confidentiality of Drug and Alcohol Treatment Records. For individuals who receive treatment and services in our drug or alcohol substance abuse rehabilitation programs, federal and Pennsylvania laws may provide more protection for your PHI than the HIPAA Privacy Regulations. We will comply with the federal and Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

4. Confidentiality of HIV-Related Information. Pennsylvania laws may provide greater protection for PHI related to HIV as provided for in 35 P.S. §7601 ET. Seq. We will comply with Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

C. Why this Notice is Important. The HIPAA Privacy Regulations require that we provide you with this Notice. The effective date of this Notice is April 14, 2003. We will post a current copy of the Notice at our program offices and on our website. A copy of our Notice is available upon request at each program. We reserve the right to change the terms of this Notice at any time. The revised Notice will be posted at our program offices, our website, and available to you upon request. The new Notice will be effective for all PHI that we maintain at that time and for information we receive in the future.

III. AUTHORIZATION TO DISCLOSE YOUR PHI

Except as described in this Notice, it is our practice to obtain your authorization before we disclose your PHI to another person or party. If you are receiving services in our mental health programs, Pennsylvania law states that you are entitled to inspect the PHI before it is released. You may revoke an authorization, at any time, in writing. If you revoke an authorization, we will no longer use or disclose your PHI. However, we cannot undo any disclosures we have already made.

IV. HOW WE MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION

A. Uses and Disclosures for Treatment, Payment and Health Care Operations. Unless prohibited by more stringent Pennsylvania mental health, mental retardation, substance abuse or other laws, the Hipaa Privacy Regulations permit us to use and disclose your PHI for the following purposes in order to provide your treatment.

1. For Treatment. It is necessary for us to use your PHI to care for you. In order to help you, our clinicians and other staff need to use your PHI. For example, we may need to share your PHI with a case manager who is responsible for coordinating your care. We may disclose your PHI to another health care provider (e.g. your therapist or primary care physician) for your treatment. When you are referred to another provider we are permitted to provide your PHI if it is necessary for the continuity of your care and treatment.

2. For Payment. We will use and disclose your PHI to obtain payment for our services. Before you receive services, we may disclose PHI to your insurance company, health plan, county, or other third party payer to permit them to: make a determination of eligibility or coverage; review the medical necessity of your services; review your coverage; or review the appropriateness of care or our charges. We will also use your PHI for billing, claims management, collection activities, and data processing. For example, a bill may be sent to you or whoever pays for your services. The bill may include PHI that identifies you as well as your diagnosis, procedures, and supplies used in the course of your treatment. We may also disclose PHI to another provider for payment activities of the provider that receives the PHI.

3. For Health Care Operations. We may use and disclose your PHI within the company in order to carry out our health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing and training. Our quality assurance team may use PHI in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to improve the quality and effectiveness of the services we provide. In addition, we sometimes hire business associates to help in our operations. We are permitted to share your PHI with a "business associate" that performs or assists in various activities involving PHI (e.g., billing, transcription services, and auditors) for us. Whenever we engage a business associate we will have a written contract that contains terms that will protect the privacy of your PHI.

4. Other Uses and Disclosures. We may contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that may be of interest to you.

B. USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION, BUT SUBJECT TO YOUR OPPORTUNITY TO AGREE OR OBJECT

1. Your Opportunity to Agree or Object to Certain Uses and Disclosures. It is our practice to obtain your written authorization prior to disclosing PHI to another person or party. However, as described in this section, it may be necessary to disclose your PHI without your written authorization (exception: no disclosure for Drug/Alcohol treatment). Under these circumstances, the Hipaa Privacy Regulations permit us to use or disclose PHI when you are present and have the capacity to make health care decisions if, prior to the use or disclosure, we obtain your agreement, provide you with an opportunity to object (and you do not express an objection), or we can reasonably infer from the circumstances, based upon our professional experience, that you do not object. If you are not present or the opportunity to obtain your agreement or objection cannot practicably be obtained due to your incapacity or an emergency, then we may in the exercise of professional judgment determine whether the disclosure is in your best interests and, if so, disclose only PHI that is directly relevant to that person's involvement in your case.

2. Family Members and Others Involved in Your Healthcare. Subject to your opportunity to agree or object, we may share your PHI with a family member, other relative, close personal friend, or any other person you identify (your "personal representative"). The PHI shared with your personal representative will be directly relevant to your personal representative's involvement with your care or payment for services. For example, your personal representative may act on your behalf by picking up forms or medical supplies for you.

3. Notification. Subject to your opportunity to agree or object, we may use or disclose PHI to notify, or assist in the notification of (including identifying or locating), a personal representative of your location, general condition, or death.

4. **Disaster Relief.** Subject to your opportunity to agree or object, we may use or disclose your PHI to a public or private entity (e.g. the American Red Cross) authorized by law or by its charter to assist in disaster relief efforts. The purpose of such use or disclosure of your PHI is to coordinate with a disaster relief agency and/or your personal representative your location, general condition, or death. Only specific information pertinent to the relief effort and the emergency may be released without your authorization.

5. **Residential Facility Directories.** If you are receiving services in one of our residential facilities, you may be entitled to receive telephone messages and visitors. We maintain a limited directory of persons living at each residential facility. Unless otherwise directed by you, with regard to messages or visitors, we will indicate that you live at and may be contacted at the facility.

C. OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION.

1. **Introduction.** Unless prohibited by more stringent Pennsylvania mental health, mental retardation, substance abuse laws or other laws, the Hipaa Privacy Regulations permit us to use or disclose your PHI without your authorization or agreement under the following circumstances.

2. **As Required By Law.** We will disclose PHI about you when required to do so by federal or Pennsylvania law. Any use or disclosure must comply with and be limited to the relevant requirements of the law. For example, we are required to report or disclose PHI related to child or elder abuse or neglect and commitment proceedings authorized by the Pennsylvania Mental Health Procedure Act of 1966.

3. **Emergencies.** We may use or disclose your PHI in an emergency treatment situation when use and disclosure of the PHI is necessary to prevent serious risk of bodily harm or death to you.

4. **Public Health Activities.** If required by federal or Pennsylvania law, we will disclose your PHI for public health activities in order to: prevent disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications; notify a person who may be at risk for contracting or spreading a disease or condition; or, notify appropriate government authorities if we believe a patient has been the victim of abuse, neglect or domestic violence, when required to do so by law or with your agreement. Only specific information required by law may be disclosed without your authorization.

5. **Health Oversight Activities.** If required by law, we may use or disclose PHI about you to a health oversight agency. A Health Oversight agency includes government agencies such as Medicare, Medicaid or county programs. Oversight activities include audits, accreditation, investigations, inspections, utilization review, and licensure of Pennsylvania Counseling Services, Inc.

6. **To Avert a Serious Threat to Health or Safety.** The Hipaa Privacy Regulations permit us to use and disclose PHI about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat. However, if you are receiving mental health services, more stringent Pennsylvania laws require our mental health professionals to exercise reasonable care to warn another person if you communicate a specific and immediate threat of serious bodily injury against a specific person or readily identifiable person. If you are participating in a PCS drug and alcohol treatment program, more stringent federal and Pennsylvania laws requires us to obtain a court order before PHI may be disclosed to avert a serious threat to health and safety.

7. **Disclosures in Legal Proceedings.** We are not permitted by Pennsylvania law to disclose PHI regarding mental health or drug and alcohol services in response to a Pennsylvania subpoena, unless a court or administrative agency issues us an order to release your PHI. If you are receiving services in our mental health programs, Pennsylvania law requires us to make a good faith effort to notify you by certified mail at your last known address that we disclosed your PHI pursuant a court order.

8. **Law Enforcement Activities.** We are not permitted by Pennsylvania laws to disclose PHI regarding mental health or drug and alcohol services to Law Enforcement agencies or officials except pursuant to a court order or in special circumstances required by law. For example, we may disclose the minimum necessary PHI to report a death or criminal conduct on our premises.

9. Special Situations. We are not permitted by Pennsylvania laws to disclose PHI regarding mental health or drug and alcohol services except pursuant to your authorization, a court order or in special circumstances required by federal and state laws. Subject to these more stringent federal or Pennsylvania laws, the Hipaa Privacy Regulations permit us to disclose PHI related to: Military and Veterans agencies; National Security and Protective Services for the President and others; inmates or if you are under the custody of a law enforcement official; a coroner or medical examiner to identify a deceased person or determine the cause of death; or to a funeral director as necessary to carry out their duties.

VI. YOUR RIGHTS REGARDING YOUR PHI.

A. Right to Request Restrictions: You have the right to request a limitation or a restriction on our use or disclosure of your PHI for treatment, payment or healthcare operations. You may also request that we limit the PHI we disclose to family members, friends or a personal representative who may be involved in your care. However, we are not required to agree to a restriction. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. You may request a restriction by making your request in writing, including: (a) what PHI you want to limit; (b) whether you want us to limit our use, disclosure or both; and (c) to whom you want the limits to apply.

B. Right to Request Confidential Communication: You have the right to request that confidential communications from us be sent to you in a certain way or at an alternative location. For example, you can ask that we only contact you at your home or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specific information. We will not request an explanation from you as to the basis for the request. Please make this request in writing specifying how or where you wish to be contacted.

C. Right to Inspect and Copy: You have the right to inspect and obtain a copy of your PHI that is contained in our records. However, you may not inspect or copy the following records: psychotherapy notes; or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. In addition you may be denied access to your PHI if it was obtained from a person under a promise of confidentiality; or disclosure is likely to endanger the life and physical safety of you or another person. A decision to deny access may be reviewed. To inspect and copy PHI, submit your request in writing to our Privacy / Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other related costs.

D. Right to Amend: If you believe the PHI that we have collected about you is incorrect, you have certain rights. If you are receiving mental health services, you have the right to submit a written statement qualifying or rebutting information in our records that you believe is erroneous or misleading. This statement will accompany any disclosure of your records.

You also have the right under the Hipaa Privacy Regulations to request an amendment of the PHI maintained in our records. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend PHI that: was not created by us (unless the person or entity that created the information is no longer available to make the amendment); the information is not part of the record kept by us; the PHI is not subject to inspection or copying; or the record is accurate and complete. If we deny your request for amendment, you have the right to appeal our decision and file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy / Compliance Officer if you have questions about submitting a written statement or to request an amendment of your records.

E. Right to Receive an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we have made of PHI about you. We are not required to account for disclosures related to: treatment, payment, or our health care operations; authorizations signed by you; or disclosures to you, to family members or your personal representative involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003.

F. Right to a Paper Copy of this Notice: You have the right to receive a paper copy of this Notice upon request. To obtain a paper copy, contact our Privacy Contact at (610)670-7270. You may also obtain an electronic copy of this Notice at our website: www.pacounseling.com.

V. GRIEVANCE PROCEDURES; RIGHT TO FILE A COMPLAINT.

If you are not pleased with your care or feel your PHI was not kept confidential you may officially file a grievance with us. Under the PCS grievance procedure, we will work with you to address your questions, concerns and complaints. The Hipaa Privacy Regulations also entitle you to file a complaint with the U.S. Secretary of Health and Human Services. To file a complaint with us or learn more about the grievance process, you may contact our Compliance Officer by phone at (610) 670-7270, or by mail at 1733 Penn Avenue Reading, PA 19609. We will not retaliate against you for filing a complaint.