

**COMMUNITY SERVICES GROUP**  
**NOTICE OF PRIVACY PRACTICES**  
**(“Notice”)**

**In accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)**

**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. NOTICE.** Community Services Group or "CSG" provides outpatient mental and behavioral health services; mental health and mental retardation residential and day programs; vocational rehabilitation services; and other related counseling, rehabilitative and medical services. [Exhibit I](#) is a summary of our programs and current locations. CSG agrees to abide by the terms of this Notice.

**III. PURPOSE.** This Notice describes our 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.

**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 (including information that identifies you in our records) we have collected in our records from you or received from other health care providers, health plans, or the County Mental Health, Mental Retardation and Drug and Alcohol Offices. 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, rehabilitation plans, 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 (“HIPAA”).** 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. Pennsylvania Mental Retardation Confidentiality Laws.** For individuals who receive treatment and services in our mental retardation residential and day programs or home and community based programs, Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. We will comply with the Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

**4. Confidentiality of Drug and Alcohol Abuse Records.** For individuals who receive treatment and services in our drug and alcohol 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.

**5. 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.

#### **IV. 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.

#### **V. HOW WE MAY USE OR DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION**

**A. Uses and Disclosures for Treatment, Payment and Health Care Operations.** The following categories describe different ways we use and disclose your PHI in order to take care of you. For each category we provide some examples. Additional examples for each

program are provided for in Exhibit I. We urge you to review the examples in Exhibit I that are applicable to your program.

**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. Other examples of treatment for each program are listed in Exhibit I.

**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 whomever 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 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. Other examples of Health Care Operations are provided for in Exhibit I.

In addition, we sometimes hire business associates to help us operate CSG. 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. 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 can not 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 care.

**2. Family Members or Personal Representatives 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 representatives' 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. Special Program Directories.** If you are receiving services in one of our mental health or mental retardation residential homes, you are entitled to receive telephone calls and visitors. We maintain a limited rolodex or list of all persons living at each of our mental health or mental retardation residential homes. Unless otherwise directed by you, we will indicate that you live at and may be contacted at the home. If you are receiving services in the clubhouse program, we maintain your name, phone number, and address in a public list or rolodex. This information is used to send you cards, clubhouse mailings as well as phone calls regarding your attendance. Unless you object, we will include your information in this list or rolodex and continue to send you information about the clubhouse programs.

## **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, drug and alcohol 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 mental health 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 an Individual 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, county programs or managed care companies. Oversight activities include audits, accreditation, investigations, inspections, utilization review, and licensure of CSG.

**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 CSG drug and alcohol rehabilitation service, 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. This requirement does not have to be met if we have a signed authorization from the Individual to release the requested information. 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 to carry out 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. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. To inspect and copy PHI, submit your request in writing to our Privacy 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, under Pennsylvania mental health laws, 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 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 all disclosures, including by way of example: 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 a paper copy of this Notice, upon request. To obtain a paper copy, contact our Privacy Officer at **(717) 285-7121**. You may also obtain an electronic copy of this Notice at our website, **[www.csgonline.org](http://www.csgonline.org)**.

**G. Accommodations.** In order to exercise your rights it is necessary to submit in writing, either on a form provided by us or in your own words. If you cannot communicate in writing, we will accommodate and assist you in documenting your request.

## **VII. GRIEVANCE PROCEDURES; RIGHT TO FILE A COMPLAINT.**

If you feel your PHI was not kept confidential you may file a grievance with us. Under CSG's grievance policy, we will meet with you and try to address your questions, concerns and complaints. You may file a grievance by contacting the Privacy Officer. The HIPAA Privacy Regulations also entitle you to file a complaint with the Secretary of Health and Human Services. You may contact our Privacy Officer, Janet M. Hartle, by phone at 1-800-620-4680 or by email at [privacyofficer@csgonline.org](mailto:privacyofficer@csgonline.org) or further information about the complaint process. We will not retaliate against you for filing a complaint.