

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.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

- Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:
- Basis for planning your care and treatment
 - Means of communication among the many health professionals who contribute to your care
 - Legal document describing the care you received
 - Means by which you or a third-party payer can verify that services billed were actually provided
 - A tool in educating health professionals
 - A source of data for medical research
 - A source of information for public health officials charged with improving the health of the nation
 - A source of data for facility planning and marketing
 - A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
 - Understanding what is in your record and how your health information is used helps you to:
 - Ensure its accuracy
 - Better understand who, what, when, where, and why others may access your health information
 - Make more informed decisions when authorizing disclosure to others

PROTECTED HEALTH INFORMATION (“PHI”)

Protected health information or “PHI” means any information about you that identifies you or for which there is a reasonable basis to believe that the information can be used to identify you.

UNDERSTANDING WHO WILL FOLLOW THIS NOTICE:

- Good Shepherd Rehabilitation (“Good Shepherd”) provides inpatient and outpatient rehabilitation services as well as long term residential care for persons with disabilities. Good Shepherd includes the following legal entities:
- Good Shepherd Rehabilitation Hospital, including
 - Inpatient Pediatric Unit;
 - Outpatient sites;
 - Good Shepherd Pediatrics Group
 - Good Shepherd Physicians Group; and
 - Good Shepherd Psychology Group
 - Good Shepherd Specialty Hospital; and
 - Good Shepherd Home Long Term Care Facilities, including
 - Good Shepherd Home – Raker; and
 - Good Shepherd Home – Bethlehem

This joint notice applies to all Good Shepherd entities, sites and locations. This notice also applies to the Medical Staffs of Good Shepherd as it relates to services provided at any Good Shepherd entity, site or location. All of these entities, sites and locations will follow the terms of this notice. Any person involved in your care, entities, sites, and locations may share medical information with each other for treatment, payment or health care operations as described in this notice.

GOOD SHEPHERD’S RESPONSIBILITIES

Good Shepherd is required by law to: (1) maintain the privacy of your protected health information; (2) provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you; and (3) provide you with information about your individual rights.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will post the revised notice in appropriate locations and we will offer you a current copy of this notice upon your next visit. You may also access the most current version of our Notice of Privacy Practices on our website at www.GoodShepherdRehab.org.

A. HOW WE MAY USE YOUR HEALTH INFORMATION

We may use or disclose your protected health information as necessary for purposes of treatment, payment and health care operations. We have provided examples for the types of permitted uses and disclosures for treatment, payment and health care operations. Not every use in the following categories will be listed. However, all of the ways in which we are permitted to use and disclose your PHI will fall within one of the categories listed in this notice.

1. **Treatment.** We may use your PHI to provide, coordinate or manage your health care and related services provided by us as well as other health care providers. For example, your physician and physical therapist may share information to develop a plan of care for you. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility. We may consult with other health care providers concerning your care and, as part of the consultation, share your medical information with them.
2. **Payment.** We may use and disclose your PHI so that we can be paid for the services we provide to you. This can include billing you, your insurance company or a third party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for the amounts that you have paid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **Health Care Operations.** We may use and disclose your PHI for our own health care operations. Health care operations involve administration, education and quality assurance activities. For example, members of the medical staff, the risk or quality improvement director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide to you. We may disclose your PHI to train our staff, volunteers and students working at Good Shepherd. Other operational uses

or disclosures may involve business planning or the resolution of a complaint.

B. USES OR DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED

In addition to the use and disclosure of your PHI for treatment, payment and health care operations, we may also use and disclose your PHI for other purposes:

1. **Business Associates.** There are some services provided in our organization through contracts with “business associates,” such as record copying, accounting, legal representation, claims processing, consulting and claims auditing. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do and, if applicable, bill you or your third-party payer for services rendered. If we disclose protected health information to a business associate we will do so subject to a contract that provides that the information will be kept confidential.
2. **Directory.** Unless you notify us that you object, we will use your name, location in the facility, general condition and religious affiliation for our internal directory purposes. Our directory does not include specific medical information about you. We may release information in our internal directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.
3. **Appointments.** We may use your PHI for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter or call you to help you remember the appointment.
4. **Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose your PHI to recommend or inform you about possible treatment options or alternatives or health-related benefits, services or products that may be of interest to you. If you do not want to receive information of this type, please contact us at 1-888-44-REHAB (73422) or through our website www.GoodShepherdRehab.org. You may also contact our Marketing and Communications Department, 850 S. Fifth Street, Allentown, Pennsylvania, 18103.
5. **Individuals Involved in Your Care.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person identified by you, PHI relevant to that person’s involvement in your care or payment related to your care. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. We may also disclose your PHI to notify or assist in the notification of a family member or other person responsible for your care of your location, general condition or death.
6. **Disaster Relief.** In addition, we may release your PHI to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location or health status.
7. **Research.** We may disclose information to researchers when their research has been approved by our institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. We may also disclose information to researchers preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the information they review does not leave the facility.
8. **Patient/Resident/Client Satisfaction Surveys.** We may conduct Patient/Resident/Client satisfaction surveys to understand how we can improve our services. A patient/ resident/client may receive a survey from a patient satisfaction research organization asking for you to comment on the services provided to you.
9. **Funeral Directors, Coroners, and Medical Examiners.** We may disclose PHI to funeral directors, coroners, and medical examiners consistent with applicable law to carry out their duties related to your death, such as identifying the body, determining cause of death, or in the case of funeral directors, to carry out funeral preparation activities.
10. **Organ Procurement Organizations.** Consistent with applicable law, we may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
11. **Fundraising.** We may use information in your medical record, such as your name, address, phone number, and treatment dates to contact you as part of a fundraising effort. For example, in order to provide more charity care or otherwise improve the health of your community, we may want to raise additional money and therefore may contact you for a donation. Good Shepherd will not share your PHI with entities not affiliated with Good Shepherd for such other entity’s fundraising purposes. If you do not want to receive any fundraising requests in the future, you may contact our Development Office at 610-776-3146 or respond via any of the methods in the fundraising correspondence that you may receive in the future.
12. **Serious Threat to Health or Safety.** As required by law and standards of ethical conduct, we may release your PHI to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your or the public’s health or safety.
13. **Workers’ Compensation.** We may disclose PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illnesses.
14. **Public Health Activities.** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also have to report to your

employer certain work-related illnesses and injuries so that your workplace can be monitored for safety. We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

15. **Health Oversight Activities.** We may disclose your PHI to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs; for example: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); The Commission on the Accreditation of Rehabilitation Facilities (CARF) and the Pennsylvania Department of Health.
16. **Military, National Security, or Incarceration/Law Enforcement Custody.** Should you be an inmate of a correctional institution, or involved with the military, national security or intelligence activities, we may disclose PHI necessary for your health and the health and safety of other individuals and to allow the proper authorities to carry out their duties under the law.
17. **Law Enforcement.** We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena. For example, we may have to report abuse, neglect, domestic violence or certain physical injuries, or to respond to a court order.
18. **As Required by Law.** We may use or disclose your PHI when we are required to do so by law.
19. **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your PHI to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, if we believe that you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if we are required or authorized to do so by law or if you agree to such disclosure.
20. **Judicial and Administrative Proceedings.** We may disclose your PHI in response to a subpoena, court order or other legal process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed. In the event that Pennsylvania laws afford greater protection with respect to the disclosure of your health information, we will follow Pennsylvania law.

C. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

1. Highly Confidential Information. Federal and State laws require special privacy protections for certain highly confidential information. We will not disclose your medical information 1) maintained in psychotherapy notes; 2) related to mental health treatment, developmental disabilities services, and drug and alcohol abuse treatment; 3) related to HIV status, testing and treatment as well as any information related to the diagnosis and treatment of sexually transmitted diseases; and 4) genetic information, without in each case obtaining your authorization unless otherwise permitted or required by applicable Federal or State law.
2. Other Uses or Disclosures Requiring Your Specific Authorization. Other types of uses and disclosures of PHI not identified in this notice will be made only with your written authorization. Except as permitted under this Notice or as permitted by law, we will request your written authorization before using or sharing your information for marketing purposes or selling your information. Your authorization may be revoked, in writing, at any time. However, should you revoke such an authorization, you should understand that we are unable to retract any disclosures we have already made with your permission and that we are required to retain our records as proof of the care that we provided you.

D. YOUR RIGHTS REGARDING YOUR PHI

1. **Right to request restrictions.** You have the right to request that we restrict the uses or disclosures of your PHI to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister. We are not required to agree to any requested restriction with one exception. We will honor your request not to share your PHI with your medical insurer or other third party payer, provided that you pay in full for the health care item or service. We will tell you in advance if we cannot comply with a requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide you with emergency treatment.

You must submit your limitation or restriction request in writing to our privacy specialist at the address indicated on the last paragraph of this notice or to the person or persons providing you with care at Good Shepherd. In your request you must tell us (1) what information you would like to limit or restrict, (2) whether you wish to limit the use or disclosure, or both, and (3) to whom you would like the limits to apply, for example, disclosures to your spouse.

We may terminate your restriction if: (a) you agree or request the termination in writing; (b) you orally agree to the termination; or (c) if we inform you that we are terminating our agreement to your restriction, except that such termination will only be effective for your medical information that is created or received after you receive our notice of termination.

2. **Right to receive confidential communications.** We will accommodate reasonable requests to receive communications about your medical information from us by alternative means or to alternative locations. For example, you may ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communications. If you want to request confidential communications, you must make your request in writing to our privacy specialist at the address indicated on the last

paragraph of this notice or to the person or persons providing you with care at Good Shepherd.

3. **Right to inspect and copy protected health information.** With a few very limited exceptions, you have the right to inspect and obtain a copy of your PHI. To inspect or copy your PHI, you must submit your request in writing to our Manager, Health Information Services at 850 S. Fifth Street, Allentown, PA 18103. Your request should specifically state what medical information you want to inspect or copy. We will ordinarily act on your request within thirty (30) days of our receipt of your request. We may charge a fee for the costs of copying, mailing or other supplies associated with your request and will tell you the fee amount in advance.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to your medical information, you may submit a written request that such denial be reviewed to our privacy specialist at the address indicated on the last paragraph of this notice. In certain circumstances you will not be granted a review of a denial. Your denial of access will be reviewed by a licensed health care professional designated by us who did not participate in the original decision to deny access. We will ordinarily act on your request for review within thirty (30) days.

4. **Right to amend protected health information.** You have the right to request an amendment to your PHI. You have the right to request an amendment for as long as the information is kept by or for us. Your request must be submitted in writing to our Manager, Health Information Services at 850 S. Fifth Street, Allentown, PA 18103 and must specifically state your reason or reasons for the amendment. We will ordinarily act on your amendment request within sixty (60) days after our receipt of your request.

We may deny your request to amend PHI if we determine that the information: (1) was not created by us; (2) is not part of the medical information maintained by us; (3) would not be available for you to inspect or copy; or (4) is accurate and complete.

If we grant the request, we will inform you of such acceptance in writing. We will make the appropriate amendment to your PHI and we will request that you identify and agree that we may notify all relevant persons with whom the amendment should be shared: (a) individuals that you have identified as having medical information about you and (b) business associates that we know have your medical information that is the subject of the amendment.

5. **Right to receive an accounting.** You have the right to request an “accounting of disclosures” for disclosures of your PHI that we have made over the past six (6) years. The list of disclosures does not include disclosures: (a) for treatment, payment and health care operations; (b) made with your authorization or consent; (c) to your family member, close relative, friend or any other person identified by you; or (d) for national security or intelligence purposes. Additionally, under certain circumstances, government officials can request that we withhold disclosures from the accounting.

To request an accounting of disclosures, you must submit your request in writing to our Corporate Director of Health Information Management at 850 S. Fifth Street, Allentown, PA 18103. Your request must state the time period for which you would like an accounting which may not be longer than six (6) years prior to the date of your request. Your first accounting request within any twelve (12) month period will be provided to you free of charge. For additional accounting lists, we may charge you for the costs 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.

We will ordinarily act on your accounting request within sixty(60) days of your request. We are permitted to extend our response time for a period of up to thirty (30) days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your health information, if required to do so by law.

6. **Right to Breach Notification.** You have a right to receive written notification when a breach (as defined by HIPAA) of your PHI has occurred. You will receive notification no later than sixty (60) days after the breach has been discovered.
7. **Right to a paper copy of this notice.** You have the right to a paper copy of this notice. You may request a copy of this notice at anytime. Even if you have previously agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

E. COMPLAINTS

You may complain in writing to the privacy specialist at the address indicated on the last page of this notice and/ or to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. You will not be retaliated against for filing a complaint.

CONTACT INFORMATION - QUESTIONS, COMMENTS OR REQUESTS

If you have any questions about this notice, or to obtain a copy of this notice, please contact our Chief Compliance/Privacy Officer, 850 S. 5th Street, Allentown Pennsylvania, 18103 | 610-776-3367

Note: This is a joint notice for all of the facilities listed at the beginning of this notice. Provision of this notice to you by any one of the facilities satisfies the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its implementing privacy regulations requirements to provide you with a notice of our privacy practices. In addition, these facilities may share your protected health information with each other, as necessary to carry out treatment, payment, or healthcare operations.



Good Shepherd Rehabilitation