THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Important
Notice of Privacy Practices

Keystone Service Systems

It is important to read and understand this Notice of Privacy Practices before signing the Consent and Acknowledgment Form.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Keystone Service Systems.

Keystone Service Systems
Corporate Privacy Officer
124 Pine Street
Harrisburg, PA 17101

KEYSTONE SERVICE SYSTEMS

NOTICE OF PRIVACY PRACTICES
Protected Health Information
Effective Date: April 14, 2003
Amended: September 19, 2013

Purpose of the Notice of Privacy Practices

This Notice of Privacy Practices (the "Notice") is meant to inform you of the uses and disclosures of Protected Health Information that we may make. It also describes your rights to access and control your Protected Health Information and certain obligations we have regarding the use and disclosure of your Protected Health Information.

Your "Protected Health Information" is information about you created and received by us, including demographic information, that may reasonably identify you and that relates to your past, present, or future physical or mental health or condition, or payment for the provision of your health care.

We are required by law to maintain the privacy of your Protected Health Information. We are also required by law to provide you with notice of our legal duties and privacy practices with respect to your Protected Health Information and to abide by the terms of the Notice that is currently in effect. If you would like to receive a copy of any revised Notice, you should contact Keystone Service Systems, or visit our website (www.keystonehumanservices.org).

How Keystone Uses and Discloses Your Health Information

Keystone Service Systems provides a broad range of services through a wide variety of programs. If you receive services from a Keystone Service Systems' Service Area, the Service Area may use your Protected Health Information for treatment, billing or health care operations, including patient safety activities, such as:

- Plan and provide your care and treatment
- Communicate with other health care professionals who care for you
- Describe the care you receive
- Obtain reimbursement from private insurers or other government programs
- Confirm that services billed were actually provided
- Pay for services you receive
- Educate health professionals
- Oversee health activities such as licensure, audits, investigations and inspections
- Administer Keystone Service Systems' programs which provide public benefits, and/or health or human services
- Assess and improve the services we provide and outcomes achieved
- Inform you about other public programs and services
- Provide information in an emergency situation

Others Who May Receive Your Health Information

Business Associates: There are some services provided by our organization through contracts with other health service providers. When these services are contracted, we may disclose your health information only to the extent needed for our business associate to perform the job we've asked him/her to do. However, we require the business associate to appropriately safeguard your information.

Public Health: We may disclose your Protected Health Information to public health or legal authorities authorized to prevent or control public risk to disease, injury, or disability.

Public Safety: We may disclose your Protected Health Information when necessary to prevent a serious threat or injury to your safety or the safety of another person.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose your Protected Health Information in response to a court or administrative order. We may also disclose your Protected Health Information in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

Law Enforcement: We may disclose health information for your health and the health and safety of others for law enforcement purposes.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your Protected Health Information to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organizations involved in the donation of organs and tissues.

Research: We may disclose information to researchers only when the information does not identify you personally and/or when their research has been approved by an institutional review board that has reviewed the research proposal and established procedures to ensure the privacy of your health information.

Fundraising Activities: We may use Protected Health Information, limited to contact information such as name, date of birth, address, phone number, and email, as well as the dates of treatment or services, and treatment or services outcome information, in an effort to raise money for Keystone Service Systems. Each fundraising communication will include an opportunity to opt out of receiving further fundraising communications. A decision by the recipient to opt out will be treated as a revocation of authorization.

Individuals Involved in Your Care or Payment of Your Care: Unless you object, we may disclose your Protected Health Information, as permitted by law, to a family member, a relative, a close friend, or any other person you identify, if the information relates to the person's involvement in your health care or payment related to your health care. We may disclose your Protected Health Information to individuals involved in your care or payment of your care following your death unless doing so is inconsistent with your previously expressed preferences.

When Pennsylvania State law requires your signed authorization/consent to release any of the above information, this will be explained to you by your treatment professional.

You may then be requested to sign an authorization/consent before the information can be sent.

Situations When an Authorization is Required for Use and Disclosure

Psychotherapy Notes: Notes recorded by your therapist documenting the contents of a counseling session with you.

Marketing: A communication about a product or service that encourages recipients of the communication to purchase the product or service.

Sale of Protected Health Information: Any disclosure of Protected Health Information for marketing purposes that results in the organization to receive remuneration for the information

For the use and disclosure of your Protected Health Information for any other reason not listed above, we will obtain an authorization. Federal and state laws may require separate authorizations to disclose other highly confidential health information as described below.

Highly Confidential Health Information

"Highly confidential health information" may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

- HIV/AIDS;
- Mental health
- Genetic tests
- Alcohol and drug abuse
- Sexually transmitted diseases and reproductive health information
- Child or adult abuse or neglect, including sexual assault

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.
For example: A member of your support team may receive information about your health condition and document it in your record. This information may be used to determine the course of care that should work best for you.

We will use your health information for payment.
For example: A bill may be sent to you or any private or public source of health coverage you have identified. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations:
For example: Members of a quality assurance team may use information in your health record to evaluate the care and outcomes in your services and others like it. This information

will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

We may use certain information for fundraising (name, address, telephone number, dates of service, age, and gender).
For example: A member of our Partnership may contact you in the future to raise money for Keystone Service Systems. We may also provide this name to our institutionally-related foundation, for the same purpose. The money raised will be used to expand and improve the services and programs we provide the community.

Keystone Service Systems and its programs will not use or disclose your Protected Health Information except as described in this notice, or otherwise authorized by law.

Your Health Information Rights

You have the right to:

- Request to see or obtain an electronic or paper copy of your Protected Health Information
- Request a restriction on certain uses and disclosures of your Protected Health Information
  - Keystone Service Systems is not required to agree to a requested restriction; however,
  - Keystone Service Systems will consider a requested restriction specific to those services for which you have paid out pocket
- Request amendments to your Protected Health Information
- Obtain an accounting of disclosures of your Protected Health Information, including Protected Health Information maintained or transmitted electronically, for the 6 years prior to the date of your request
  - The accounting of disclosures will include who we shared your Protected Health Information with, and why.
  - The accounting of disclosures will not include those disclosures for treatment, payment, and health care operations, and certain other disclosures, such as those you requested Keystone Service Systems to make.
- Request communications of your Protected Health Information by alternative means or at an alternative address
- Request to opt out of receiving further fundraising/marketing communication and/or materials
- To give someone medical power of attorney, or if you have a legal guardian, that person can exercise your rights and make choices about your health information
- File a complaint with the Privacy Officer of Keystone Service Systems and/or the Office for Civil Rights (OCR), U.S. Department of Health and Human Services if you believe your privacy rights have been violated
- Be notified of a Breach of your Unsecured Protected Health Information
- Obtain a paper copy of this Notice of Privacy Practices upon request

Keystone Service Systems' Duties

Each of the Service Areas of Keystone Service Systems have a duty to:

- Maintain the privacy of your Protected Health Information
- Provide you with this notice as to our legal duties and privacy practices with respect to the Protected Health Information we collect and maintain about you
- Consistently follow 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 health information by alternative means or at an alternative address
- Provide an accounting of disclosures of your Protected Health Information
- Make a reasonable effort to honor an opt out request for fundraising and/or marketing activities

By law, Keystone Service Systems will maintain the above privacy practices for your Protected Health Information for 50 years following your date of death.

Keystone Service Systems may change its privacy practices within the limits of the law and make new privacy practices effective for all Protected Health Information we maintain. Should our privacy practices change, we will provide you with a revised notice to the address you have supplied us.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact
DeVera Ricks, Privacy Officer
(717) 232-7509 ext. 124

If you believe your privacy rights have been violated, you may file a complaint with:

Keystone Service Systems
Corporate Privacy Officer
124 Pine Street
Harrisburg, PA 17101
(717) 232-7509

You may also file a complaint with the Office of Civil Rights, United States Department of Health and Human Services at:

Region III, Office for Civil Rights
U.S. Department of Health and Human Services
150 South Independence Mall West
Suite 372
Public Ledger Building
Philadelphia, PA 19106-9111
(215) 861-4441
Toll Free (800) 368-1019

There will be no retaliation for filing a complaint.

KEYSTONE SERVICE SYSTEMS

NOTICE OF PRIVACY PRACTICES
CONSENT AND ACKNOWLEDGMENT FORM

I consent to the use or disclosure of my Protected Health Information by Keystone Service Systems to any person or organization for the purpose of carrying out treatment, obtaining payment, or conducting certain healthcare operations. I understand that further information regarding how Keystone Service Systems will use and disclose my information can be found in Keystone Service Systems' Notice of Privacy Practices, which may be amended from time to time.

By signing below, I understand and acknowledge the following:

- I have read and understand this consent.
- I understand that my Protected Health Information may be used or disclosed for treatment, payment, and healthcare operations, which includes fundraising communications.
- I understand that I may request restrictions on the use and disclosure of my Protected Health Information.
- I have had the opportunity to ask any questions regarding my rights relating to the use and disclosure of my Protected Health Information.
- I have received Keystone Service Systems' Notice of Privacy Practices currently in effect and understand that it may change at any time with respect to my Protected Health Information.

_____

Print Name of Individual or Personal Representative

_____ _____

Signature of Individual or Personal Representative **Date**

If signed by the individual's representative, describe the legal authority of the representative to act on behalf of the individual:_____

_____

Print Name of Staff

_____ _____

Signature of Staff **Date**

Unable to obtain written consent and acknowledgment because:

- ☐ **Individual refused**
- ☐ **Emergency treatment situation**
- ☐ **Individual not able to sign due to incompetence or other medical reason**
- ☐ **Other:**_____