



HIPAA NOTICE OF PRIVACY PRACTICES AND NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Berkshire Wellness Center of Reading is required by Federal law to maintain the privacy of your health information and not discriminate on the basis of race, color, national origin, ancestry, age, language, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). This Notice, effective November 11, 2022, describes the privacy practices utilized by this practice, as well as the non-discrimination policy and accessibility of services requirements. It defines how your health information may be used and disclosed, and how you can have access to this information. It also provides information on free aid and services available to those with disabilities. This practice reserves the right to change our privacy practices or non-discrimination and accessibility policies as the law permits. This Notice will be amended accordingly. This practice takes all reasonable measures to prevent unauthorized access to the Protected Health Information (PHI) of our patients/clients. PHI refers to any information that can be used to identify a patient/client in our practice. We will not disclose your PHI without your consent and/or authorization, except as allowed by law and described in this Notice. Discrimination is against the law. *This practice will not discriminate on the basis of race, color, national origin, ancestry, age, language, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).*

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION (PHI):

A. Release of patient/client PHI is limited for any given purpose to the minimum amount needed to disclose. Without patient/client, or guardian, authorization, a patient/client's PHI may be disclosed via mail, electronically, by telephone or facsimile machine under the following circumstances:

1. For Treatment: Which is described as the provision, coordination or management of health care and related services; this includes consultation with the following:

- a) another health care provider;
- b) pharmacist;
- c) home health care agency or worker;
- d) nursing home staff
- e) case managers;
- f) clinical laboratories.

2. For Payment of Services Provided: This includes disclosure to insurance companies or other providers of reimbursement and/or collection agencies.

3. For Health Care Operations: Which is described as activities needed to keep our practice operable. This includes disclosure to our office staff in preparation of medical records, outside health or management reviewers and individuals performing similar duties.

4. Business Associates: In support of our operations, we may contract with business associations, such as our answering service, who assists us in providing services. We may disclose PHI for contracted tasks to be performed.

5. For Contacting You: Appointment reminders to patients/clients at the residence telephone number/answering machine, or cellular phone number/voice mail provided. Telephone numbers for places of employment would only be contacted with direct authorization from patient/client.

6. Health Oversight and Public Health Activities: To prevent or control disease, injury, or disability, as required, or allowed by law.

7. In Case of Emergency/To Avert Serious Threat to Health or Safety: Using our best judgement, we may use or disclose PHI necessary to notify or assist in notifying another healthcare provider, family member, or personal representative in the case of emergency, or to avert a serious threat to the health and safety of you or others.

8. **As Required or Allowed by Law:** We may disclose your health information in other circumstances, as required or allowed by applicable regulation or law.

9. **Worker's Compensation:** We may disclose treatment information if you file a workers' compensation claim.

10. **Coroner's and Funeral Directors:** We may disclose information about you to a coroner if the information is relevant to the coroner's duties such as contacting a decedent.

B. Release of patient/client information is limited for any given purpose to the minimum amount needed to disclose. With patient/client, or guardian, authorization a patient/client's confidential information may be disclosed via mail, electronically, by telephone, facsimile machine, or in person under the following circumstances:

1. A patient/client may request confidential information contained in their record be disclosed to a family member, other relative, close friend, or any other person identified as a personal representative. The information shared will be directly relevant to the individual's involvement with your care or payment for services. For example, an authorized individual may be allowed to pick up a prescription or make a payment on your behalf.

2. A patient/client may request copies of their record be forwarded to an attorney, insurance company or government agency upon signing a Release of Information. The requested information will be forwarded after payment of cost-based fees.

3. In addition to maintaining patient/client PHI in accordance with Federal laws such as HIPAA and HITECH, this practice, and any qualifying third-party business associates, strictly abide by the requirements under the Genetic Information Nondiscrimination Act (GINA). Title I of GINA addresses the use of genetic information in health insurance. Title II of the Act prohibits the use of genetic information for underwriting purposes and imposes strict confidentiality requirements.

4. This practice will not share or disclose patient/client PHI for marketing or fundraising purposes without obtaining the patient/client's authorization.

You may revoke an authorization at any time, in writing. Disclosure made prior to the receipt of documentation revoking an authorization cannot be considered a violation.

C. A patient/client, or guardian, has the right to request in writing a limitation or restriction on the use or disclosure of confidential information, which may be accepted or denied.

II. ACCOUNTING OF DISCLOSURES:

A. A patient/client has a right to request history of disclosures of their patient/client information.

B. An accounting of disclosures can be provided upon request once a year at no charge. Additional requests in the same twelve (12) month period may be assessed a fee.

C. Upon receiving a report of a potential breach of PHI, this practice, and any qualifying business associates, will follow the mandated breach notification procedures outlined in the HIPAA Security Rules.

III. PATIENT/CLIENT ACCESS TO MEDICAL RECORDS:

A. A patient/client's medical record is accessible to the patient/client, or guardian, for review by request in writing. The following items may be excluded from the record being reviewed.

1. Psychotherapy notes, identified as those notes kept separate from the remainder of the patient/client record.

2. Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.

3. Information that, if disclosed, is likely to endanger the life and physical safety of you or another person.

B. A patient/client, or guardian, may request a copy of the accessible patient/client's record. If the requesting individual agrees, a summary or explanation of the record may be provided. If the requesting individual does not agree to a summary of the record, a copy of the record may be provided. A reasonable, cost-based fee will be assessed for providing either a summary or copies of a patient/client record and must be paid prior to the release of the recorded information. The following items may be excluded from the record being copied:

1. Psychotherapy notes, identified as those notes kept separate from the remainder of the patient/client record.
2. Information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
3. Information that, if disclosed, is likely to endanger the life and physical safety of you or another person.

C. A patient/client, or guardian, has the right to make a request in writing, of their clinician for amendment to their individual record if they feel it is inaccurate or incomplete. A request to amend the record can be accepted or denied by the clinician. An appeal of any denial may be filed, subject to a rebuttal statement from the clinician.

D. Patient/client has the right to a paper copy of this notice and may ask to receive a copy at any time.

E. A patient/client has the right to restrict certain disclosures when they have paid out-of-pocket to health plans, unless for treatment purposes or if the disclosure is required by law.

IV. NON-DISCRIMINATION:

This practice complies with applicable Federal Civil Right Laws and does not discriminate on the basis of race, color, national origin, ancestry, age, language, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). This practice does not exclude people or treat them differently because of race, color, national origin, ancestry, age, language, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

V. ACCESSIBILITY REQUIREMENTS:

If you need these services, you may contact the Practice Administrator.

A. This practice provides free aids and services to patients/clients with disabilities from the DHS Bureau of FFS Programs TDD/TTY-PA Relay 711 (1-866-872-8969) to communicate effectively such as:

1. Qualified sign language interpreters
2. Written information in other formats (large print, audio, accessible electronic formats, other formats).

B. Berkshire Wellness Center of Reading provides free language services to patients/clients whose primary language is not English from the DHS Bureau of FFS Programs (1-866-872-8969) such as:

1. Qualified interpreters
2. Written information in other languages.



VI. QUESTIONS AND COMPLAINTS:

A patient/client, or guardian, may direct all questions regarding this Notice to the Practice Administrator. Should a patient/client, or guardian, feel their confidential information has been disclosed inappropriately and/or discriminated on the basis of race, color, national origin, ancestry, age, language, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity) they have the right to file a complaint in person or by mail, phone, or fax with:

Practice Director
1800 North 12th Street
Reading, PA 19604
Phone: 610-816-5728 Fax: 610-816-5710

Or with the Office for Civil Rights Complaint Portal, available at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by USPS at the addresses listed below:

<p>Commonwealth of Pennsylvania Department of Human Services BEO/Office of Civil Rights Compliance Room 225, Health & Welfare Building P.O. Box 2675 Harrisburg, PA 17120 Inquiries: (717) 787-1127 Email: RA-PWDHSCivilRights@pa.gov</p>	<p>Office for Civil Rights U.S. Department of Health and Human Services Centralized Case Management Operations 200 Independence Avenue, S.W. Room 509F HHH Bldg Washington, D.C. 20201 Customer Response Center: (800) 368-1019 TDD: (800) 537-7697 https://www.hhs.gov/ocr/complaints</p>
<p>U.S. Equal Employment Opportunity Commission 801 Market Street, Suite 1000 Philadelphia, PA 19107-3126 Inquiries: (800) 669-4000 https://www.eeoc.gov/federal-sector/overview-federal-sector-eeo-complaint-process</p>	<p>Pennsylvania Human Relations Commission 333 Market Street, 8th Floor Harrisburg, PA 17101 https://www.phrc.pa.gov/File-a-complaint Inquiries: (717) 787-4410</p>