

BERKSHIRE PSYCHIATRIC & Behavioral Health Services, P.C.
HIPAA NOTICE OF PRIVACY PRACTICES AND
NON-DISCRIMINATION AND ACCESSIBILITY REQUIREMENTS

Berkshire Psychiatric & Behavioral Health Services, P.C. is required by Federal law to maintain the privacy of your health information and not discriminate on the basis of race, color, age, sex, national origin, language, or disability. This Notice, effective October 16, 2016, 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 aids 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, age, sex, national origin, language, or disability.

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 assist 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 judgment, 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 personal 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 a 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. This review must be done in the presence of their clinician or a person designated by their clinician. 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 charge of 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 record 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. A 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 rights laws and does not discriminate on the basis of race, color, age, sex, national origin, language, or disability. This practice does not exclude people or treat them differently because of race, color, age, sex, national origin, language, or disability.

V. ACCESSIBILITY REQUIREMENTS:

If you need these services, you may contact the practice Civil Rights Coordinator

- 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:
4. Qualified sign language interpreters
 5. Written information in other formats (large print, audio, accessible electronic formats, other formats.)
- B. Berkshire Psychiatric & BHS, PC 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 any and all questions regarding this Notice to the practice Privacy Officer and/or Civil Rights Coordinator.

Should a patient/client, or guardian, feel their confidential information has been disclosed inappropriately, they have a right to file a complaint with:

Privacy Officer

716 N. Park Road

Wyomissing, PA 19610

Ph# 610-375-0544

Fax# 610-378-9779

Email info@berkshirepsychiatric.com

Or with the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

Should a patient/client, or guardian, believe that this practice has failed to provide accessibility services or discriminated in another way on the basis of race, color, age, sex, national origin, language, or disability, they can file a grievance with:

Civil Rights Coordinator

716 N. Park Road

Wyomissing, PA 19610

Ph# 610-375-0544

Fax# 610-378-9779

Email info@berkshirepsychiatric.com

Or with the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the practice Privacy Officer and/or Civil Rights Coordinator is available to help you. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

رقم ن. اتصل برقم [المجالسحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك با

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, gratis.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

ચુ ના: જો તમેજરાતી બોલતા હો, તો િન:લુક ભાષા સહાય સેવાઓ તમારા માટઉપલબ્ધ છ.

ប្រយ័ត្ន: បើអ្នកនិយាយភាសាខ្មែរ, មានសេវាជំនួយភាសាឥតគិតថ្លៃ ប្រសិនបើអ្នកនិយាយភាសាអង់គ្លេស

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.