



Grace Wellness Center

Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR OFFICE AT (724) 863-7223.

This notice describes Grace Wellness Center's practices and that of any healthcare professional authorized to enter information in to your medical record, and that of all employees, staff and other personnel of Grace Wellness Center.

At Grace Wellness Center, we understand that medical information about you and your health is personal, and we are committed to protecting medical information about you. We create a record of the care and services you receive at Grace Wellness Center, and this record is necessary to provide you with quality care and to be in line with certain legal requirements. This Notice applies to all of the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

The law requires Grace Wellness Center to:

1. Maintain the privacy of your medical records
2. Give you this notice of our legal duties and privacy practices with respect to medical information about you, and
3. Follow the terms of the Notice that is currently in effect.

How we may use and disclose medical information about you:

For treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to Grace Wellness Center personnel who are involved in your care.

For payment: We may use and disclose medical information about you so that they treatment and services you receive at Grace Wellness Center may be billed to and payment may be collected from you, an insurance company, or a third party.

For Health Care Operations: We may use and disclose medical information about you for Grace Wellness Center operations. The uses and disclosures are necessary to run Grace Wellness Center and to make sure that all of our clients receive quality care.

Appointment Reminders: We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment at Grace Wellness Center.

Treatment Alternatives and Health-Related Benefits and Services: We may use or disclose medical information to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you.

Individuals Involved in Your Care: We may release medical information about you to a friend or family member who is involved in your medical care.

As Required by Law: We may disclose medical information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign medical authority.

Worker's Compensation: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks: We may disclose medical information about you for public health activities, which generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products.
- To notify people of recalls of products they may be using
- To notify a person who has been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance to civil rights laws.

Lawsuits and Disputes: In connection with a lawsuit or a dispute, we may disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We may use or disclose medical information in defending or asserting a lawsuit involving your treatment at Grace Wellness Center.

Law Enforcement: We may release medical information if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons or similar law enforcement process.

Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Grace Wellness Center to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may release medical information about you to authorized federal officials for intelligence, counter intelligence, and other security activities authorized by law.

Protective Services for the President and Others: We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but only limited access to psychotherapy notes per Pennsylvania regulations.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Grace Wellness Center, 8320 Pennsylvania Avenue, North Huntingdon PA 15642. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Grace Wellness Center will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Grace Wellness Center. To request an amendment, your request must be

made in writing and submitted to Grace Wellness Center, 8320 Pennsylvania Avenue North Huntingdon PA, 15642. In addition, you must provide a reason that supports your request. 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 information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- It is not part of the medical information kept by or for Grace Wellness Center
- It is not part of the information which you would be permitted to inspect or copy or
- Is accurate and complete

Right to an accounting of Disclosures: You have the right to request an accounting of disclosure, which is a list of disclosures we made of medical information about you. To request this accounting, you must submit your request in writing to Grace Wellness Center, 8320 Pennsylvania Avenue North Huntingdon PA 15642. Your request must state a time period, which may not be longer than six years and may not include dates before April, 2009. Your request should indicate in what form you want the list (paper or electronically). The first list you request within a 12-month period will be free. For additional 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.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Right to Receive Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Grace Wellness Center, 8320 Pennsylvania Avenue North Huntingdon PA, 15642. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Grace Wellness Center (724) 863-7223. You may also obtain a copy of notice on our website www.thegracewellnesscenter.com

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information.