

NOTICE OF PRIVACY PRACTICES

LIFE LUTHERAN SERVICES, INC

Effective Date: August 1, 2007

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND
HOW YOU CAN GET ACCESS TO YOUR MEDICAL INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This Notice describes LIFE Lutheran Services, Inc.'s ("LIFE") practices in connection with the use and disclosure of your medical information, your rights and certain obligations we have regarding the use and disclosure of your medical information. This notice applies to LIFE staff and contracted providers and to the physicians, nurses, therapists and other healthcare professionals who are involved in your care through LIFE or are authorized to enter information into or review your medical record or records, and all of our employees, staff, volunteers, trainees and other personnel. This notice and the privacy practices described in it applies to your medical information regardless of where the information is maintained or collected. All sites and locations may share your medical information with each other for purposes of your treatment, payment for your care or general health care operations as described in this Notice.

We are required by law to maintain the privacy of your medical information and to provide you with this Notice describing our privacy practices. We are required to abide by the terms of this Notice, as it is modified from time to time.

WE MAY MAKE CHANGES TO THIS NOTICE IN THE FUTURE, AND ANY OF THE TERMS OF THIS NOTICE THAT ARE CHANGED WILL APPLY TO ALL OF YOUR MEDICAL INFORMATION. IF WE CHANGE OUR NOTICE, YOU MAY OBTAIN A COPY OF THE REVISED NOTICE BY REQUESTING IT IN PERSON AT OUR SITE OR BY SENDING A WRITTEN REQUEST FOR A COPY TO OUR PRIVACY OFFICER. YOU MAY ALSO REVIEW OUR NOTICE ON OUR WEB PAGE AT:
www.lifelutherservices.org

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LIFE LUTHERAN SERVICES, INC

HOW WE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

We are permitted or required to use your medical information for various purposes. We cannot describe every possible use or disclosure of your medical information in this Notice. However, uses or disclosures that we are permitted or required to make will generally fall within one of the following categories:

- **For Treatment.** We may use and disclose medical information about you in order to ensure that you receive proper medical treatment. We may disclose medical information about you to doctors, nurses, therapists, technicians, medical students, or other personnel who are involved in taking care of you. For example, if you require treatment in a hospital emergency room, information regarding your condition and the care we have provided to you may be disclosed to emergency room personnel so that they may provide you with appropriate care. If you are referred for therapy services, information regarding your healthcare may be shared with the therapist in order to assist him or her in evaluating your healthcare needs.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services we provide to you may be billed to and payment may be collected from you, an insurance company or another third party. For example, we may need to give your health insurance plan information, your diagnosis, and a description of the care that we provided to you in order to receive payment for your care. We may also tell your health insurance plan about a treatment you are going to receive in the future in order to obtain the plan's prior approval or to determine whether your plan will cover the treatment. We may also disclose your medical information to another entity that is covered by the privacy regulations or a health care provider for that entity's payment activities.
- **For Health Care Operations.** We may use and disclose medical information about you for healthcare operations. Healthcare operations are activities that are necessary to run a health care provider; to maintain licensure and accreditation status, and to make sure that our participants receive quality care. For example, we may use your medical information to review our treatment of you and the services we provided and to evaluate the performance of our staff in caring for you. We may also disclose your medical information to another entity that is covered by the privacy regulations for certain of their healthcare operations if that entity also has a relationship with you.

Appointment Reminders. We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care through one of our providers.

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

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- **Fundraising Activities.** We may use or disclose your name, address and phone number and the dates you received treatment or services in connection with our fundraising efforts.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to, or discuss your health and health status with or in the presence of, a family member or close personal friend who is involved in your medical care or payment for that care. In addition, if you are treated due to injuries resulting from a disaster, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You have the right to restrict or object to any of these uses or disclosures.
- **Research.** We may allow a researcher to have access to your medical information for research purposes. For example, a research project may involve looking at the length of time it takes to recover from a procedure that you received. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with participants' need for privacy of their medical information. Before your medical information is used for research, the project will have been approved through this research approval process.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. This includes reports to the authorities if we believe that a child may have been the victim of abuse or neglect. We may also be required to disclose your medical information to the Secretary of the Department of Health and Human Services for purposes of reviews associated with our compliance with this Notice.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threatened harm.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness as required or permitted by law.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;

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- To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recall of products they may be using;
 - To notify a person who may have 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 you have 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 include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release information about you if asked to do so by a law enforcement official:
- As required by laws that require use to report certain types of wounds or other injuries;
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To assist law enforcement in identifying or locating a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime and you agree to the disclosure or, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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- **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 participants to funeral directors as necessary to carry out their duties.
- **Government Purposes.** 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 military authority. We may release medical information about you to authorized federal official for intelligence, counterintelligence and other national security activities authorized by law. 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. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official if it is necessary (1) to allow the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Incidental Uses and Disclosures.** We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.

DISCLOSURES WITH YOUR AUTHORIZATION

We may only use or disclose medical information about you for purposes other than those generally described above if you authorize us to do so in writing. We are required to obtain your authorization prior to disclosure of your psychotherapy notes or in connection with certain marketing activities. If you do authorize us to use or disclose your medical information for a purpose not described above, you have the right to revoke that authorization at any time.

YOUR RIGHTS IN CONNECTION WITH YOUR MEDICAL INFORMATION.

You have the following rights in connection with the medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy your medical information that is in our possession. You may not, however, have access to psychotherapy notes or information that is put together for use in a civil, criminal or administrative proceeding.

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To inspect or copy your medical information, you must submit your request in writing to:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect or copy your health information in certain very limited circumstances. If you are an inmate, we may deny your request if access to your medical information would jeopardize your health, safety, security, custody or rehabilitation or that of any other person. If your medical information involves research that you were participating in, your request for that information may be denied until after the research has been completed. Your request may also be denied to the extent that the information is protected by the Privacy Act or was provided to your healthcare providers by someone else under a promise of confidentiality.

If you are denied access to your medical information for any of the following reasons, you may request that the denial be reviewed:

- If a health care professional determines that providing you with access may endanger your life or physical safety or that of someone else or cause substantial harm to another person; or,
- If you are the personal representative of a participant, and a licensed health care professional has determined that your access to information about that participant is reasonably likely to cause substantial harm to the participant or another person.

Your request for review of the denial of access will then be reviewed by a health care professional who was not involved in the initial decision to deny access.

- **Right to Amend.** If you feel that your medical information is incorrect or incomplete, you may ask us to amend that information. You have the right to request an amendment for as long as the information is kept by or for the health care provider.

To request an amendment, your request must be made in writing and submitted to:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

You must explain why you believe that the medical information is incorrect or incomplete.

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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;
- Is not part of the medical information kept by or for us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

➤ **Right to an Accounting of Disclosures.** You have the right to request, and we must provide you with, a list of our disclosures of your medical information. We are not required to include on that list any of the following:

- Disclosures to carry out your treatment, payment for your care and our health care operations;
- Disclosures to you or with your written authorization;
- Disclosures for facility directories or to persons involved in your care (if you did not object to being included in the directory or involving others in your care);
- Disclosures for national security or law enforcement purposes;
- In you are an inmate, disclosures to correctional institutions or law enforcement officials; or
- Disclosures that occurred prior to April 14, 2003; *or*
- Disclosures that were made in accordance with your authorization.

To request this list or accounting of disclosures, you must submit your request in writing to:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

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Your request must state a time period covered by your request. That time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, 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 for 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, but we may terminate the restriction at any time by notifying you that we are terminating the restriction.

To request restrictions, you must make your request in writing to:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request 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 ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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- **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.

You may obtain a copy of this notice at our website: www.lifeservices.org.

You may request a paper copy of this Notice in person or by sending a written request for a copy to:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at the following address:

Terry Shade, Privacy Officer
LIFE Lutheran Services, Inc.
840 Fifth Avenue
Chambersburg, PA 17201

All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

If you have any questions about this notice, please contact our Privacy Officer at the address listed above.