



## BETHLEHEM HEALTH BUREAU AND ITS AFFILIATES NOTICE OF PRIVACY PRACTICES

**THIS NOTICE OF PRIVACY PRACTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. WHO PRESENTS THIS NOTICE**

This Notice of Privacy Practices (“Notice”) is given on behalf of certain health care provider affiliates of Bethlehem Health Bureau and all their departments, units, employed health professionals, students, and members of volunteer groups who are allowed to help while you are being treated at Bethlehem Health Bureau clinics. All of Bethlehem Health Bureau’s entities are legally required to follow the privacy practices that are described in this notice.

**This Notice of Privacy Practices is effective as of 10/1/2014. If you have any questions about this Notice, please contact the City of Bethlehem’s Legal department at 610-865-7011.**

Bethlehem Health Bureau is required to give you this Notice to comply with the regulations (the “Privacy Rule”) established under federal laws called the Health Insurance Portability and Accountability Act (“HIPAA”) Privacy Rule and the Health Information Technology for Economic and Clinical Health Act (“HITECH”). Bethlehem Health Bureau is committed to protecting your medical information, including health information protected by HIPAA and other federal and state laws, and using that information appropriately.

This Notice is intended to describe your rights, and to inform you about ways in which Bethlehem Health Bureau may use and disclose your protected health information (“PHI”), and the obligations Bethlehem Health Bureau has when using and disclosing your PHI. Your personal physician or any other provider of your health care services may have different policies or Notices regarding their use and disclosure of your PHI which is created in that provider’s office.

### **II. HOW MAY WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

**A.** The Privacy Rule allows Bethlehem Health Bureau to use and disclose PHI about you for purposes of treatment, payment, and Bethlehem Health Bureau public health operations. Any uses or disclosures for payment or public health operations must be limited to the minimum necessary to accomplish the purpose of the use or disclosure.

**1. Treatment.** Bethlehem Health Bureau may use your PHI to provide you with medical treatment or services, to coordinate or manage your health care services, or to facilitate consultation or referrals as part of your treatment. Bethlehem Health Bureau may disclose your medical records to people

outside of Bethlehem Health Bureau including other health care providers or public health departments for treatment or investigations.

- 2. Payment.** Bethlehem Health Bureau may use and disclose your medical record to send bills and collect payment from you, your insurance company or other third parties, for the treatment and services provided to you by Bethlehem Health Bureau. For example, Bethlehem Health Bureau may provide portions of your PHI to your health plan to get paid for the health care services Bethlehem Health Bureau provided to you. Bethlehem Health Bureau may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.
  - 3. Persons Involved in Your Care or Payment for Your Care.** Bethlehem Health Bureau may release PHI about you to a family member, friend or someone you designate who is involved in your care or payment of medical bills. Bethlehem Health Bureau may also disclose your health information to an entity authorized to assist in disaster relief so that those who care for you can receive information about your location or health status.
  - 4. Treatment Options.** Bethlehem Health Bureau may use or disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be beneficial to you. For example, your name, address, and electronic mail address may be used so we can send you newsletters or health care bulletins about Bethlehem Health Bureau and the services we provide. You may write to Bethlehem Health Bureau, 10 East Church Street, Bethlehem, PA 18018 or e-mail [Askbhb@Bethlehem-pa.gov](mailto:Askbhb@Bethlehem-pa.gov) as notification that you do not wish to receive any of our newsletters or other information.
  - 5. Client/Patient Satisfaction Surveys.** Bethlehem Health Bureau may conduct client/patient satisfaction surveys to understand how we can improve our services to patients and their families or friends.
  - 6. Business Associates.** There are some services at Bethlehem Health Bureau that may be provided through contracts with business associates. Examples include but are not limited to referrals for programs that we may use to make copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- B. Health Information Exchange.** A patient's PHI will be available electronically through a local, state, or national Health Information Exchange (HIE). An HIE is a repository that facilitates the exchange of health information allowing approved participating providers to have a more complete picture about a patient's health such as lab results, radiology reports, and other medical data. Patients can choose to prohibit sharing their PHI through an HIE by completing a process referred to as Opting-Out. Opting-Out will prevent participating providers and its authorized users from viewing PHI. To opt-out, please contact us at 610-865-7083 or via e-mail at: [askbhb@bethlehem-pa.gov](mailto:askbhb@bethlehem-pa.gov).

**C. Certain Uses and Disclosure Do Not Require Your Consent.** The Privacy Rule and Pennsylvania Law allow Bethlehem Health Bureau to use or disclose your protected health information/patient health care records without your authorization or informed consent for a number of special functions and activities, described below.

1. **As Required by Law.** Bethlehem Health Bureau is permitted to disclose your protected health information when required to do so by federal, state or local law.
2. **Public Health.** Bethlehem Health Bureau may use and disclose medical information about you for public health activities. These activities generally including the following:
  - a. To State electronic disease surveillance systems to prevent or control disease, injury or disability, to report vital statistics such as births and deaths, and for public health surveillance or interventions;
  - b. To report births and deaths;
  - c. To report abuse or neglect of children, elders, and dependent adults;
  - d. To the Federal Drug Administration (FDA), to report reactions to medications or problems with products, to track products, to enable product recalls, or to conduct post-market surveillance as required by the FDA;
  - e. To notify people of recalls of products they may be using; and
  - f. 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.
3. **Victims of Abuse, Neglect or Domestic Violence.** The Privacy Rule authorizes Bethlehem Health Bureau to notify the appropriate government authority if Bethlehem Health Bureau believes a patient or resident has been a victim of abuse, neglect, or domestic violence. Bethlehem Health Bureau will only make this disclosure if you agree or when required or authorized by law.
4. **Health Oversight Activities.** Bethlehem Health Bureau is permitted to disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary activities, and other similar proceedings. Bethlehem Health Bureau may not disclose the PHI of a person who is the subject of an investigation that is not directly related to that person's receipt of health care or public benefits.
5. **To Avert a Serious Threat to Health or Safety.** Bethlehem Health Bureau 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 threat.
6. **Funeral Directors, Medical Examiners, and Coroners.** Sometimes Bethlehem Health Bureau may deem it necessary to release medical information to funeral directors, so that they can carry out their duties appropriately. Sometimes, when there are concerns about identification of a patient, or determining what caused a death, we will release medical information to medical examiners or coroners.
7. **Specialized Government Functions.** In certain circumstances, the Privacy Rule authorizes Bethlehem Health Bureau to use or disclose your PHI to facilitate specified government functions to include:

- a. **Medical Suitability and Intelligence Activities.** Bethlehem Health Bureau may disclose your PHI to the Department of State for use in making suitable determinations.
- b. **Inmates and Correctional Institutions.** Should you be an inmate of a correctional institution or under the custody of a law enforcement official, Bethlehem Health Bureau may release the PHI of inmates and others in law enforcement custody to the correctional institution or law enforcement official, where necessary 1) for the correctional institution or official to provide you with health care; 2) to protect your health and safety or health and safety of others; or 3) for the safety and security of the correctional institution. An inmate does not have a right to the Notice.
- c. **Government Security, Intelligence and Bioterrorism:** Bethlehem Health Bureau may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. Bethlehem Health Bureau 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.

**8. Disputes, Lawsuits, Administrative Proceedings.** If you are involved in a lawsuit or dispute, the Privacy Rule allows Bethlehem Health Bureau to disclose your PHI in response to a court or administrative order. Bethlehem Health Bureau may disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested if that is required by law.

**9. Law Enforcement.** Bethlehem Health Bureau may release medical information if asked to do so by a law enforcement official:

- a. In response to a court order, subpoena, warrant, summons, or similar process;
- b. To identify or locate a suspect, fugitive, material witness, or missing person;
- c. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d. About a death Bethlehem Health Bureau believe may be the result of criminal conduct;
- e. About criminal conduct at Bethlehem Health Bureau; and
- f. 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.

Pennsylvania law generally requires a court order for the release of patient health care records in these circumstances, and may be considered more protective of your privacy than the Privacy Rule. However, Pennsylvania law does allow the release of confidential patient health care records when a crime occurs on the premises and a victim is threatened with bodily harm.

**10. Other Uses of Medical Information.** Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose the medical information about you for the reasons covered in your authorization. You understand that we are unable to take back any disclosure that Bethlehem Health Bureau has already made with your permission, and that we are required to retain our records of the care that we provided to you.

### III. HITECH

A. Bethlehem Health Bureau will notify affected individuals, Department of Health and Human Services, and the media, as applicable, of any Breach of unsecured PHI that compromises the security or privacy of the PHI. All suspected Breaches will be investigated and all necessary notifications will be sent, in accordance with federal guidelines. Examples of unsecured PHI includes but are not limited to:

1. Medical record left unattended in a public location (e.g., cafeteria or office waiting room);
2. Misdirected e-mail to an external group that includes a listing of patients' accounts that have addresses, social security numbers, date of birth, or medical diagnosis; and
3. Intentional and non-work related access by Bethlehem Health Bureau's workforce member or its business associate of your PHI.

B. "Breach" means the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information.

### IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have several rights with regard to the PHI that Bethlehem Health Bureau maintains about you. If you wish to exercise any of the following rights, please contact as described below.

- 1. Right to Request Restrictions.** You have the right to request restrictions or limitations on Bethlehem Health Bureau's uses or disclosures of PHI about you for treatment, payment or health care operations. Bethlehem Health Bureau will comply with your request unless the information is needed to provide you emergency treatment. A request for restrictions must be in writing, directed to the Bethlehem Health Bureau, 10 East Church Street, Bethlehem, PA 18018 and should include (1) name and address of where services were received; (2) what information you want to limit; (3) whether you want to limit its use, disclosure or both; and (4) to whom you want the limits to apply.
- 2. Right to Request Confidential Communications.** You have the right to request that Bethlehem Health Bureau communicate with you about medical

matters through specific channels, that is, in a certain way or at a certain location. For example, you can ask that Bethlehem Health Bureau only contact you at work, or only at home, or only by mail. To request confidential communications, you must make a request in writing to the Bethlehem Health Bureau, 10 East Church Street, Bethlehem, PA 18018 and your request must specifically and clearly state how or where you want to be contacted. Bethlehem Health Bureau will attempt to accommodate all reasonable requests.

**3. Right to Inspect and Copy.** You have the right to inspect and copy a designated set of your medical records. This designated set typically includes medical and billing records, but may not include HIV test results. A separate request is required for HIV test results. Please note that a request to inspect your medical records means that you may examine them at a mutually convenient time or place. If you request a copy of the information, your request must be in writing and must be submitted to the City of Bethlehem, Open Records Officer, Legal Department, 10 East Church Street, Bethlehem, PA 18018 or you can visit:

[www.bethlehem-pa.gov/about/righttoknow/](http://www.bethlehem-pa.gov/about/righttoknow/) for the form, contact person and a copy of the “Right to Know” policy. The City of Bethlehem may charge a reasonable fee for the costs associated with your request.

**4. Right to Amend.** If, in your opinion, your medical records are incorrect or incomplete, you may request that Bethlehem Health Bureau amend your records. You have the right to request an amendment for as long as the information is kept by or for Bethlehem Health Bureau. A request to amend your medical records must give the reasons for the amendment. Bethlehem Health Bureau may deny your request for an amendment if it is not in writing or does not include a reason. Bethlehem Health Bureau may also deny your request for amendment if it covers medical records that:

- a. Were not created by Bethlehem Health Bureau, unless the person who actually created the information is no longer available to make the amendment;
- b. Are not part of the medical records kept by or for Bethlehem Health Bureau.
- c. Are not part of the information which you would be permitted to inspect and copy, as discussed above; or
- d. Are accurate and complete.

**5. Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of PHI by Bethlehem Health Bureau. A request for accounting of disclosures must specify a time period, which may not be longer than six years. A request for accounting of disclosures must be in writing and must be submitted to the Bethlehem Health Bureau, 10 East Church Street, Bethlehem, PA 18018. Your written request should indicate in what form you want the disclosure (for example, on paper).

**6. Right to Complain.** If you believe your privacy rights have been violated, you may file a complaint with Bethlehem Health Bureau and/or with the federal Department of Health and Human Services (DHHS). A patient can send a letter to DHHS at:

Office for Civil Rights  
U.S. Department of Health and Human Services  
150 S. Independence Mall West  
Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111

Bethlehem Health Bureau cannot require you to waive your right to complain in order for you to receive treatment at Bethlehem Health Bureau. To file a complaint with Bethlehem Health Bureau, contact the Health Director, 10 East Church Street, Bethlehem, PA 18018. Bethlehem Health Bureau will not retaliate against you for filing such a complaint.

**7. 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. You may also obtain a copy of the current version by phone request at (610) 865-7083 or email [Askbhb@bethlehem-pa.gov](mailto:Askbhb@bethlehem-pa.gov).

**8. Right to Breach Notification.** You have the right to receive written notification when a breach of PHI has occurred. You shall receive notification no later than 60 days after the breach has been discovered.

#### **V. AMENDMENTS TO THIS NOTICE**

Bethlehem Health Bureau reserves the right to amend this Notice at any time. In addition, Bethlehem Health Bureau is required to amend this Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective day on the first page. Bethlehem Health Bureau reserves the right to make the amended Notice effective for PHI at the time the amendment is made, as well as for any PHI that Bethlehem Health Bureau may receive or create in the future.

#### **VI. BETHLEHEM HEALTH BUREAU DUTIES.**

Bethlehem Health Bureau is required by the Privacy Rule to maintain the privacy of your PHI. The Privacy Rule requires that Bethlehem Health Bureau provide notice of its privacy practices to all of its patients or clients. Bethlehem Health Bureau's obligations to maintain your privacy, and the situations and circumstances, in which your PHI may be used or disclosed, are described in more detail in this Notice of its legal duties and privacy practices. Bethlehem Health Bureau is required to comply with the terms and conditions of this Notice, and may not amend this Notice except as set forth above.