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HIPAA Notice of Privacy Practices (NPP)

Effective Date: 05/01/2021

Please note that this notice is required by Federal law, and the information it contains is mandated by that law. If you have any questions about how your Protected Health Information (PHI) is used, please contact our office.

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

II. WE HAVE A LEGAL DUTY TO PROTECT YOUR PROTECTED HEALTH INFORMATION (PHI)

We offer you this HIPAA Notice of Privacy Practices because of the privacy regulations of a federal law known as the *Health Insurance Portability and Accountability Act* (HIPAA). This notice will explain to you how Cognitive Health Solutions, LLC (CHS) handles information about you. It describes how we “use” this information internally, how and why we may sometimes share (“disclose”) it with other professionals, and how you can have access to it. CHS is legally required to follow the privacy practices described in this notice. However, the CHS leadership reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to PHI on file with CHS already. Before any changes are made, CHS will promptly update this Notice and post a new copy in our office and on our website. You may request a copy of this Notice from our office at any time or you can review it on our website at www.cognitivehealthsolutions.com.

Because the federal law and the laws of Pennsylvania are complicated, we have simplified some parts. If you have any questions or want to know more about anything contained in this Notice, please ask a CHS care team member for additional explanation and details.

III. WHAT IS MEANT BY MEDICAL INFORMATION?

Each time you visit our practice (or any other doctor’s office, hospital, clinic, or “healthcare provider”), information is collected about you regarding your physical and mental health. It may be information about your past, present, or future health or conditions; treatment and other services you received from us or from others; or about payment for healthcare. The information we collect about you is called *PHI*, which stands for *Protected Health Information*. This information goes into your healthcare record at our office and may include all or some of the following:

- *History or Background Information* (Developmental, educational, work, marital, and/or personal).
- *Reasons for Referral* (problems, complaints, symptoms, needs, and/or goals of treatment or the reason you came to our office).
- *Diagnoses* (Medical terms for your problems or symptoms).
- *Treatment Plan* (Treatments and other services that we think will be helpful to you).
- *Progress Notes* (What we write down about how you are doing, what we observe about you and what you tell us that shows progress).
- *Records* (What we obtain from others who treated you or evaluated you and what it generated by our office).
 - Psychological test scores and evaluations, school records, and so forth.
 - Information about any medications you took or are taking.
 - Legal matters.
- *Billing and Insurance Information*.

This above list gives you an idea of the kind of information that may go into your healthcare record at our office. We use this information for many purposes including the following:

- To determine the kinds of intervention that will best help you or your child

- To decide how well intervention is working for you or your child
- To talk with other healthcare professionals who are also treating you or your child, such as a primary care physician, family doctor, or the professional who referred you or your child to our practice
- To show that you received the services from us that we billed to you or to your health insurance company
- For teaching or training other healthcare professionals
- For medical or psychological research
- For public health officials trying to improve healthcare in the country
- To improve the way we do our jobs by measuring the results of our work

IV. **HOW WE MIGHT USE AND/OR DISCLOSE YOUR PHI?**

When the CHS care team reads or reviews your information, it is referred to as “*use*” under the law. If the information is shared with or sent to others outside this office, that is referred to as “*disclosure*” under the regulations. Except in special circumstances, when we use your PHI within the office or disclose your PHI to others, only the *minimum necessary* PHI needed for the purpose is shared or referenced. The law gives you the right to know about your PHI, understand how it is used, and have a say as to how it is disclosed to others.

CHS might use and disclose PHI for many reasons, most of which are routine. For other uses, we must obtain **Consent to Release/Obtain Information** from you, unless the law requires us to make the use or disclosure without your authorization. The law does permit us to make some use and disclosures without your consent or authorization and these cases are explained in detail below. After you read this Notice, you will be asked to sign a separate **Acknowledgment of Receipt of Privacy Practices** to confirm your receipt of this Notice, as well as to document your understanding of our use and disclosure for Treatment, Payment, or Healthcare Operations (TPO).

A. **Uses and Disclosures of PHI for Treatment, Payment, or Healthcare Operations (TPO) Do Not Require Your Prior Written Consent**

1. **Treatment/Evaluation/Intervention**

- We use your PHI to provide you with treatment, evaluation, intervention, and related services. Services may include individual, family, or group psychotherapy; psychological and neuropsychological testing; treatment planning and intervention; other related services; and measuring the effects of service.
- We may disclose your PHI to physicians, psychiatrists, psychologists, and other licensed healthcare providers who provide you with healthcare services or are involved with your care. For example, we may share your information with your primary care physician to provide a continuity of care, including diagnosis, treatment recommendations, scheduling, etc.
- We may refer you to other professionals or consultants for services that we cannot offer, such as for special testing or treatment. When we do this, we need to tell them some things about you so that they can be aware of our reasons for referral.
- We will often receive copies of the findings and opinions of other professionals and that information will be entered into your healthcare record at our office. If you receive treatment in the future from other professionals, we may also share your PHI with them.

2. **To Obtain Payment for Services**

- CHS can use and disclose your PHI to bill and collect payment for services provided to you by our offices. For example, we might send your PHI to your insurance company, health plan, or other third-party payer to receive payment for the health services provided.
- CHS may be contacted by your insurance company to determine what your insurance covers. We may have to tell them about your diagnoses, what treatment/intervention/evaluation you will or have received from our offices, and what additional services we expect to render to you. We may also need to tell your insurance company about the dates that services were provided, what tests were given, your progress, or other matters to determine what services your insurance plan

may reimburse. Whenever possible, we will not release “treatment notes” to health insurance companies unless required.

- You have the right to restrict disclosure of PHI information to your insurance company; however, by choosing to do so, you will be a “self-pay patient” and will be responsible for all fees incurred.

3. **For Healthcare Operations**

- CHS may use your PHI to evaluate and see where we can make improvements in the healthcare services that we provide to our patients or to evaluate the CHS care team members providing such services to you.
- CHS may provide your PHI to our accountants, attorneys, consultants, and others to make sure CHS is complying with applicable laws.

4. **Other Disclosures**

- We may use and disclose your PHI to reschedule or remind you of appointments. If you want us to call or write to you only at your home or your work (or if you prefer that we reach you in some other way), we usually can arrange that. Please just let us know.
- There are times when your PHI might be provided to associated businesses with CHS, such as billing companies, claims processing companies, and others who process our claims. In addition, there are times we use tests that are computer scored and information is provided to the test publisher for scoring. All our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- We may provide your PHI to provide you information about treatment alternatives or other healthcare services offered.
- We may use or share your PHI to do research, such as, comparing two treatments for the same disorder to see which one works better, faster, or costs less. **(Note: In all such cases your name, address and other information that reveals who you are will be removed from the data given to researchers.)**

B. **Certain Uses and Disclosures of PHI Do Not Require Your Consent or Authorization**

CHS can use and disclose some of your PHI **without** your consent or authorization in these situations:

1. **Abuse or Neglect**

If, based on professional judgment, a CHS care team member suspect that a child has been abused or neglected we are required to report suspicions to the authority or government agency vested to conduct child-abuse investigations. We are required to make such a report even if we do not see the child in a professional capacity. We are mandated to report suspected child abuse if anyone aged 14 or older tells us that they committed child abuse, even if the victim is no longer in danger. We are also mandated to report suspected abuse if anyone discloses that he or she knows of any child currently being abused. We are also required to report suspected elder abuse.

2. **Public Health Activities**

CHS may be required to release information about you to the county coroner.

3. **Law Enforcement and Legal Cases**

If you are involved in a lawsuit or a legal proceeding and we receive a subpoena, court order, or discovery request, we may have to release some of your PHI. We may release PHI if asked to do so by law enforcement officials to investigate a crime or criminal offense. **(Note: We will only do so after trying to tell you about the request, consulting your lawyer, or trying to get a court order to protect the information.)**

4. **Healthcare Oversight Prevention**

CHS may have to disclose some PHI to government agencies, which monitor us, to ensure that we are obeying the privacy laws.

5. Specific Government Functions

We may disclose the PHI of military personnel/veterans to government benefit programs for determination or eligibility and enrollment in Workers' Compensation programs, to correctional facilities if you are an inmate, and for national security reasons.

6. Safety

If we come to believe you pose a serious threat to your own health/safety or that of another person/public we can disclose some of your PHI. We will only disclose such information, however, to those who can prevent the danger from occurring. This includes impaired driving.

C. Certain Uses and Disclosures Require Your Written Authorization

If CHS wants to use your information for any purpose besides TPO (described above), we need your written permission on a **Consent to Release/Obtain Information** form.

- If you do authorize us to use or disclose your PHI, you can revoke (cancel) that permission, in writing, at any time.
- After that time, we will not use or disclose your information.
- We cannot take back, however, any information we previously disclosed with your permission or used in our office for TPO.

D. Uses and Disclosures Require You Have the Opportunity to Object

- We can share some information about you with your family or significant others. We will only share such information with those involved in your care or with others, you choose, such as close friends, attorneys, educators, or clergy. We also only share the information that you want us to share and we will honor your wishes if they are not against the law.
- If there is an emergency – and we cannot ask if you disagree – we can share information that we believe you would have wanted shared and if we believe it will help you. If we do share your PHI information, in an emergency, we will inform you about this as soon as we can. If you do not approve, we will stop sharing such PHI, if it is not against the law.
- Most uses and disclosures of psychotherapy notes and of PHI for marketing purposes and the sale of PHI require an authorization. Other uses and disclosures not described in the notice will be made only with your written authorization.

V. WHAT RIGHTS DO YOU HAVE REGARDING YOUR PHI?

You have the following rights with respect to your PHI:

A. The Right to Request Limits on Uses and Disclosures of Your PHI

You have the right to request that CHS limit the use and disclosure of your PHI. CHS is not required to agree to your requests unless you are asking to restrict the use and disclosure of your PHI to a health plan for payment or healthcare operation purposes and such information you wish to restrict pertains solely to a healthcare item or service for which you have self-paid in full. If there is an agreement, CHS will comply with your requests unless the information is needed to provide you with emergency treatment. You may not limit the uses and disclosures that providers are legally required or allowed to make.

Self-Pay Payments. If you have self-paid (e.g., you have requested that CHS not bill your health plan) in full for a specific item or service, you then may restrict the information disclosed to a health plan for purposes of payment or healthcare operations, and CHS will honor that request. However, a **Self-Pay Agreement** must be in place and signed by you.

B. The Right to Choose How Your PHI is Sent to You

You have the right to ask CHS to send information to you at an alternate address (e.g., sending information to your work address rather than your home address) or by alternate means (e.g., electronic format). However, CHS must agree to your request so long as we can easily provide the PHI in the format that you request.

C. The Right to See and Get a Copy of Your PHI

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You have a right to inspect, see, or receive a copy of your PHI or designate a third party who may receive such information (with a written authorization). However, it is the CHS policy that you make this request in writing, and we will respond to you within 30 days of receiving your written request. In some very unusual situations, you cannot see everything that is in your record. If there is question or concern in releasing your PHI, CHS may deny your request, and we will do so in writing explaining the reasons for the denial and the steps you can take. **If you request copies of your PHI, CHS will charge you for physical copies (and postage if you want it mailed to you) according to our current fee schedule. There is no fee if you are requesting a digital copy of these records for personal use.** CHS maintains “treatment” or “progress notes” for psychotherapy, and these are a regular part of your PHI. We do not maintain “psychotherapy process notes,” which are a separate record and generally not accessible to patients.

D. The Right to Get A List of the Disclosures Made

You have the right to receive a list of instances in which CHS has disclosed your PHI. This list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or healthcare operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003. CHS will respond to your request for an accounting of disclosures within 60 days after receiving your written request. The list will include disclosures made in the last 6 years unless requested for a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed, a description of the information disclosed, and the reason for the disclosure. This list will be provided to you at no charge; however, if you make more than one request in the same year, CHS will charge a reasonable fee for additional requests.

E. The Right to Correct or Update Your PHI

If you believe there is an error or mistake in your PHI or that a piece of important information is missing, you have the right to request that CHS correct the existing information or add the missing information. You must provide this request in writing. A CHS staff member will respond within 60 days after receiving your request to correct or update your PHI. Your request may be denied in writing if the PHI is (1) complete and correct, (2) not created by a CHS care team member, (3) not allowed to be disclosed, or (4) not part of the healthcare record maintained by CHS. If your request is denied, a written statement will be provided to you explaining the reason for the denial and explaining your right to file a written statement of disagreement with the denial. If you do not file a written statement of disagreement, you have the right to request that your request and the CHS denial be attached to all future disclosures of your PHI. If we approve such request, the change will be made to your PHI, and we will provide information to you that it has been completed and we will tell others that need to know about the change to your PHI.

F. The Right to Get This Notice by Email

You have the right to receive a copy of this notice by email. Even if you have agreed to receive the notice via email, you have the right to request a paper copy.

G. The Right to Receive Notice of a Breach

If there is a breach of your confidentiality or PHI, CHS must inform you as well as Health and Human Services. A breach refers to information that has been released without authorization or without legal authority, unless CHS can show that there was a low risk that the PHI has been compromised because the unauthorized person did not review the PHI or it was de-identified.

VI. WHAT TO DO IF I HAVE QUESTIONS OR PROBLEMS ABOUT CHS PRIVACY PRACTICES?

If you need more information or have a question about the privacy practices described above, please speak directly to a CHS care team member. If you have any concerns, a problem with how your PHI has been handled, or if you believe your privacy rights have been violated, contact our CEO, Dr. Ray W. Christner. *You also have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We promise that we will not in any way limit your care at our office or take any action against you if you complain.* If you have any questions regarding this notice or our health information privacy policies, please contact our Administrative Office at 717-632-8400.

VII. HOW DO I FILE A COMPLAINT ABOUT CHS PRIVACY PRACTICES?

If you think we have violated your privacy rights, or if you want to discuss or file a complaint with us about our privacy practices, please ask to speak with our information security officer:

Cognitive Health Solutions, LLC
C/O Dr. Ray W. Christner
100 West Eisenhower Drive, Suite A
Hanover, PA 17331
717-632-8400

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services at the address listed below:

The U.S. Department of Health and Human Services
200 Independence Avenue, S. W.
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775