



## Notice of Privacy Practices

### **Our Responsibilities**

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

In the performance of our duties and the services provided to people with disabilities, their families, friends, advocates and/or legal representatives, KenCrest Services and Centers (hereafter referenced as “KenCrest”) creates, receives and/or maintains health information.

Each time you receive a health-related service from KenCrest, a record of your service visit is made. Typically, this record contains information about your general condition, symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment. This information is communicated among the KenCrest professionals who contribute to your care. This information is also used by KenCrest to obtain payment for services, for educating our staff, as a source of data for research, as a source of information for public health officials charged with the responsibility for monitoring our agency and the services it provides, for agency-wide strategic planning, and to apply for and maintain accreditation from the Council on Quality and Leadership.

Understanding what is in your medical record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information and to make more informed decisions when you are requested to authorize disclosure of healthcare information to others.

### **We are required to:**

- ↳ Maintain the privacy of your health information.
- ↳ Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- ↳ Not use or share your information other than as described in this notice unless you give us permission in writing. You are free to change your mind and revoke these permissions at any time, so long as it is in writing.
- ↳ Abide by the terms of this notice; and,
- ↳ Notify you following a breach of unsecured protected health information.

### **We may use and share your information as we:**

- ↳ Treat you.
- ↳ Run our organization and conduct regular health care operations.
- ↳ Bill for your services.
- ↳ Help with public health and safety issues.
- ↳ Perform research.
- ↳ Comply with the law (federal, state, and local).
- ↳ Respond to organ and tissue donation requests.
- ↳ Work with a medical examiner or funeral director.
- ↳ Address workers’ compensation, law enforcement, or other government requests.
- ↳ Respond to lawsuits or other legal action.

### **Your Rights**

Although your health record is the physical property of KenCrest, the information contained in our records belongs to you. You have the right to request a restriction on certain uses or disclosures of your information. This includes the right to obtain a paper copy of this notice, and to inspect and/or obtain a

copy of your healthcare record. Before requesting a copy of your healthcare record, please discuss whether any fee will be charged for the reproduction of the information requested. You also have the right to receive an accounting of disclosures of your health information for reasons other than treatment, payment or healthcare operations (as defined below). You may request communications of your health information by alternative means or to alternative locations, revoke your authorization to use or disclose health information except to the extent that use, or disclosure has already been taken.

A special relationship normally exists between parents and their minor child affording parental rights to control and protect the health information of their child. KenCrest offers parents access to their minor child's health records unless 1) an applicable law prohibits such disclosure; 2) an order from a court of competent jurisdiction appoints a personal representative for the minor other than the parents; or 3) a written agreement between parents and their minor, furnished to KenCrest in advance of any disclosure, limits access of a parent to a minor's health information

You have several rights regarding your health information, including the following:

- ↳ The right to request that we limit or not use or disclose your health information in certain ways or with certain individuals or entities.
- ↳ The right to request to receive communications in an alternative manner or location.
- ↳ The right to access and obtain a copy of your health information.
- ↳ The right to request an amendment to your health information.
- ↳ The right to an accounting of the disclosures of your health information.
- ↳ The right to choose a personal representative to act fully in your stead.
- ↳ The right to file a complaint if you believe your privacy rights have been violated.

All requests must be submitted in writing and are subject to approval by KenCrest Services.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make better informed decisions when authorizing disclosures of your health information to others.

### **How We Will Use and Disclose Your Health Information**

⇒ *Treatment*: We will use and/or disclose your health information for treatment purposes, including for the treatment activities of other healthcare providers. This means that information obtained by a nurse, physician or other member of the KenCrest staff will be recorded in your health record and used to determine the course of treatment that should work best for you. Physician orders and notes from the staff who comply with these orders will be recorded along with any observations. This practice helps the healthcare team know how you are responding to the services outlined in your service plan.

⇒ *Health Care Operations*: We will use and/or disclose your health information for our regular health care operations. This includes effectively running our organization and improving the care you receive. For example, members of clinical operations staff, the risk or quality manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of health care and those we serve.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had, a relationship with you; (b) the health information used or disclosed must relate to the other entity's relationship with you; (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) populated-based activities relating to improving health or reducing healthcare costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

⇒ *Billing*: We will use and/or disclose your health information to bill and receive payment from health plans or other entities. For example, we will provide information to your health insurance plan so they will pay for services rendered.

⇒ *Public Health & Safety*: We are permitted to use and/or disclose your health information to contribute to the public good, via public health and safety efforts. We can share health information about you for certain situations, such as: (a) preventing disease; (b) helping with product recalls; (c) reporting adverse reactions to medications; (d) reporting suspected abuse, neglect, or domestic violence; and (e) preventing or reducing serious threat to anyone's health or safety.

⇒ *Research*: We may disclose your health information to researchers if certain conditions have been met.

⇒ *Comply with Law*: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

⇒ *Organ and Tissue Donation*: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities that engage in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

⇒ *Medical Examiner*: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

⇒ *Government Requests*: We can use or share health information about you for purposes of: (a) workers' compensation claims; (b) law enforcement or at the request of a law enforcement official; (c) health oversight agencies or other such activities authorized by law; and (d) special government functions, such as military, national security, and presidential protective services.

⇒ *Legal Action*: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

⇒ *Fundraising*: We may contact you for fundraising efforts, but you reserve the right to opt out of receiving such communications from us. KenCrest is registered with the Commonwealth of Pennsylvania as a not-for-profit agency as defined by IRS regulation [501(c)(3)]. Fundraising activities are an important operational component helping KenCrest to maintain its successful programs and operations. KenCrest, or one of its affiliated business partners, may solicit you as part of our fundraising activities. You have the right to have your name removed from the KenCrest solicitation list. You are not obligated to participate or support any fundraising activity and our services, or your employment status will not be affected in any manner by any decision to support or receive information regarding any fundraising activity. If you wish to remove your name from our solicitation list, please ask a KenCrest staff member for assistance or send your request to [www.kencrest.org](http://www.kencrest.org)

### **When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

⇒ **Limit our disclosures**: You may ask us *not* to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may decline if it would negatively affect your care.

⇒ **Request alternative communication**: You may ask us to contact you in a specific way (home or office or alternate number) or to send any mail to a different address.

⇒ **Get a copy of your health record**: You may submit a request in writing to receive a copy of your medical record or other health information we have about you. We will provide a copy or a summary of

your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

⇒ **Ask us to correct your health record:** You may submit a request in writing asking us to correct health information about you that you think is incorrect or incomplete. Requests must provide a reason to support the requested amendment. Requests must be submitted using the standard form provided by KenCrest. Forms may be obtained from our HIPAA Privacy Officer at (610) 825-9360.

⇒ **Request an accounting of disclosures:** You may ask for a list, or accounting, of the times we have shared your health information for six (6) years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you requested that we make). We will provide one (1) accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. Requests must be submitted using our standard form. The form may be obtained from our Compliance Officer at HIPAA Privacy Officer at (610) 825-9360.

⇒ **Elect a personal representative to act on your behalf:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

⇒ **File a complaint:** If you believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by KenCrest. The complaint form may be obtained from our HIPAA Privacy Officer at (610) 825-9360. When completed, the form should be returned to the HIPAA Privacy Officer at 960 A Harvest Drive, Blue Bell, PA 19422. You may also file a complaint with the Secretary of the Department of Health and Human Services. We will not retaliate against you for filing a complaint.

⇒ **Consent to specific use:** We will *never* share your information without written signed consent, specifically for the following:

- Marketing purposes.
- Sale of your information.
- Psychotherapy notes

⇒ **Revoke authorization:** You may revoke a prior authorization made to use or disclose your health information, except to the extent that action has already been taken. Such requests must be made in writing.

⇒ **Receive a copy of this notice:** You may request a paper copy of this notice at any time, and we will provide you with a copy promptly. You may also access and print a copy of this notice from our website.

For any questions or specific forms or additional information, please contact our HIPAA Privacy Officer at (610) 825-9360.

### **Our Promise to You**

We promise to abide by the terms of this notice and do everything required by law to protect your privacy and your rights.

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website [www.kencrest.org](http://www.kencrest.org)

**Acknowledgement of Receipt of  
KenCrest Notice of Privacy Practices**

By signing below, you acknowledge you have received our Notice of Privacy Practices. This Notice describes in detail how we might use and disclose your health information. This Notice also describes your rights and our duties to protect your information. You have the right to review this Notice before signing this acknowledgement.

\_\_\_\_\_  
Signature of Individual or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Individual

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**FOR STAFF ONLY**

If the individual refused or was unable to sign this acknowledgement, please provide a reason why below:

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date