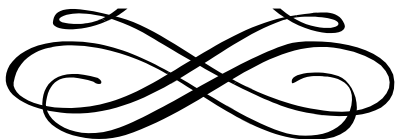


YOUR HEALTH INFORMATION RIGHTS

Although your medical/service record is the physical property of the agency, the information in your record belongs to you. You may exercise the following rights through a written request on a form provided by the agency and given to your case manager or Service Provider.

- The right to request restrictions on certain uses and disclosures; however, please be aware that we do not have to agree to your request.
- The right to receive confidential communications by alternative means, such as mail to another address or calls to another phone number.
- The right to inspect and receive copies of information in your record. You may be charged a fee for copies.
- The right to receive a list of information shared with others after April 14, 2003.
- The right to ask for correction to your records.
- The right to withdraw any authorization/ consent form you signed.
- The right to get a paper copy of our Notice of Privacy Practices.



FOR MORE INFORMATION

If you have questions and would like additional information, you may contact:

Quality Improvement Department
245 West Race Street
Somerset, PA 15501

(814) 443-4891
Monday – Friday
8:00 a.m. to 4:00 p.m.

TO REPORT A PROBLEM

If you believe that your privacy rights have been violated, you may file a complaint with the agency. Complaints must be filed in writing on a form provided by our facility.

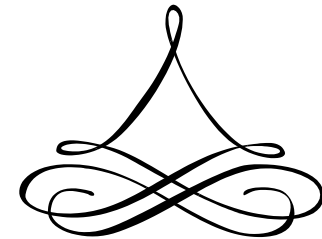
The complaint form may be obtained from the Base Service Unit or Cornerstone Community Services Service Provider. There will be no retaliation for filing a complaint.

You may also file a complaint with:

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue
Washington, D.C. 20201



NOTICE OF PRIVACY PRACTICES



This notice describes how your personal information may be used and shared with others and how you can get access to this information.

Please review it carefully.

1243 SHED ROAD
BEDFORD, PA 15522

(814) 623-5166

TOLL FREE: 1-877-814-5166

245 WEST RACE STREET
SOMERSET, PA 15501

(814) 443-4891

TOLL FREE: 1-877-814-4891

UNDERSTANDING YOUR HEALTH RECORD

Each time you visit us, a record of your visit is made. This record contains your diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your **health or medical/service record**, serves as a:

- basis for planning your care and treatment
- means of communication among our agency professionals involved in your care
- legal document describing the care provided
- means to prove that services billed were actually provided
- tool to assess your progress and improve your care
- means to help you make informed decisions when giving permission for your information to be shared

Your record is maintained and stored with your Service Provider.

AGENCY RESPONSIBILITIES

The agency is required to:

- assure your health information is kept private
- provide you with a notice about our legal duties and privacy practices
- follow the terms of this notice

We have the right to change our practices and to make the new requirement effective for all protected health information we keep. If our information practices change, we will provide you with a revised notice.

USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

You may give us your written permission to use or share your information for any purpose. You can change your permission, in writing, at any time.

We will not use or share your health information without your permission, except as described in this notice.

We will use your health information for treatment without a specific consent for the following reasons:

Treatment

Information is shared among agency employees and insurance companies/MCOs for the purpose of treatment and/or continuity of care.

Payment

To get payment or pay for services you receive from the third party payor you designate, including Medicare and Medicaid. The information on the bill or sent with the bill will be limited to information needed to develop the claims and receive payment.

Health Care Operations

To perform health care operations including: quality assurance, utilization reviews, licensing, credentialing, auditing, business management, and administrative activities; education purposes; rep payee services; and oversight agencies.

Family, Friends, and Others

Information may be shared with someone involved in your care or payment for your care such as a spouse, family member, or close friend.

By Law, For Law Enforcement, Court Orders, or Involuntary Commitments

When required by law, for law enforcement purposes, in response to a subpoena or court order; or for the purpose of involuntary commitment proceedings.

Mandated Reporting

Staff, who in the course of their employment, come into contact with a child, older adult consumer, or a care dependant consumer, that have reason to suspect has been abused is required, by law, to report this suspected abuse to the proper authorities.

Emergency Care, Disaster Relief, or to Avoid Harm

To provide emergency care, disaster relief and/or to prevent a serious threat to the health and safety of a person or the public, including those in the correction system.

Public Health

To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing and controlling disease.

Coroners, Funeral Director, or Medical Examiners

To perform their duties.

Workers' Compensation

To process benefits for work-related injuries or illnesses.

Special Government Purposes

To military authorities if you are a member of the armed forces; to federal officials for national security activities; and to protect the President of the United States.