



## Privacy Policy

### Notice of Privacy Practices

Regarding the use and disclosure of treatment information

This Notice Describes How Health Information about You May Be Used and Disclosed and How You Can Get Access to This Information.

Please Review It Carefully. Changes On This Notice Will Not Be Honored.

#### **YOU WILL BE ASKED TO ACKNOWLEDGE THAT YOU HAVE RECEIVED OUR NOTICE OF PRIVACY PRACTICES.**

For over forty-five (45) years, respecting and protecting Member/Individual privacy has been one of the highest priorities for COMHAR. By explaining our Privacy Policy to you, we trust that you will better understand how we keep any information regarding your treatment private and confidential.

We understand that information about you and your health is very personal. Therefore, we strive to protect your privacy as required by law. We will only use and disclose your personal health information (“PHI”) as allowed by law. We are committed to excellence in the provision of state-of-the-art health care services through the practice of Member/Individual care, education, and research. Therefore, as described below, your health information will be used to provide you care and may be used to educate health care professionals and for research purposes. We train our staff and work force to be sensitive about privacy and to respect the confidentiality of your PHI.

We are required by law to maintain the privacy of our Member/Individual PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice (“Notice”) so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all PHI maintained by us. You may receive a copy of any revised notice at any of our facilities locations where you receive services, and on COMHAR’s website.

The terms of this Notice apply to COMHAR, and the physicians, licensed professionals, employees, volunteers, and trainees seeing and treating Member/Individual at each of these care settings.

If you have questions regarding the coverage of this Notice, or if you would like to obtain a copy of this Notice, please contact COMHAR’s Quality Improvement and Compliance Department as described below.

#### **USES AND DISCLOSURES OF YOUR PHI**

The following categories describe the ways we may use or disclose your PHI without your consent or authorization. For each category, we will give you illustrative examples.



## Uses and Disclosures for Treatment, Payment and Health Care Operations.

**Treatment.** We use and disclose your PHI as necessary for your treatment. For instance, doctors, nurses, and other professionals involved in your care – within and outside of COMHAR – may use information in your medical record that may include intakes, assessments, evaluations, and medications, to plan a course of treatment for you.

**Payment.** We use and disclose your PHI as necessary for payment purposes. For instance, we may forward information regarding your treatment to your insurance company to arrange payment for the service provided to you. Also, we may use your information to prepare a bill to send to you or to the person responsible for your payment.

**Health Care Operations.** We use and disclose your PHI for health care operations. This is necessary to operate COMHAR, including by ensuring that our Member/Individual receive high quality care and that our health care professionals receive superior training. For example, we may use your PHI to conduct an evaluation of the treatment and services we provide, or to review the performance of our staff. Your health information may also be disclosed to doctors, nurses, staff, medical students, residents, fellows, and others for education and training purposes. The sharing of your PHI for treatment, payment, and health care operations may happen electronically. Electronic communications enable fast, secure access to your information for those participating in and coordinating your care to improve the overall quality of your health and prevent delays in treatment.

**Health Information Exchanges.** COMHAR participates in initiatives to facilitate this electronic sharing, including but not limited to Health Information Exchanges (HIEs) which involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. Members/Individuals may opt-out of some of these electronic sharing initiatives, such as HIEs. COMHAR will use reasonable efforts to limit the sharing of PHI in such electronic sharing initiatives for Members/Individuals who have opted-out. If you wish to opt-out, please contact your treatment team member.

**Persons Involved In Your Care.** We may request that you sign an authorization to release confidential information to family/significant others. Unless you object, we may, in our professional judgment, disclose to a member of your family, a close friend, or any person you identify, your PHI, to facilitate that person's involvement in caring for you or in payment for your care. We may use or disclose your PHI to assist in notifying a family member, personal representative or any person responsible for your care of your location and general condition, or death. We may also disclose limited PHI to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons who may be involved in some aspect of caring for you.

**Marketing.** We may contact you to share information about COMHAR. If we contact you, you have the right to opt-out of receiving any future marketing information. As set forth above, if you permit us to use your photo for marketing and promoting COMHAR, we will ask you to sign a

Photo Release Agreement. If you provide us with a personal story of your recovery journey and permission to share it publicly, we will ask you to sign a release attesting that you permit us to disclose your such story.

**Appointments and Services.** We may use your PHI to remind you about appointments or to follow up on your visit.

**Health Products and Services.** We may, from time to time, use your PHI to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

**Research.** We may use and disclose your PHI, including PHI generated for use in a research study, as permitted by law for research, subject to your explicit authorization and/or oversight by Institutional Review Boards (IRBs), committees charged with protecting the privacy rights and safety of human subject research, or a similar committee. In all cases where your specific authorization has not been obtained, your privacy will be protected by confidentiality requirements evaluated by such a committee. For example, the IRB may approve the use of your health information with only limited identifying information to conduct outcomes research to see if a particular procedure is effective. COMHAR supports research and may contact you to invite you to participate in certain research activities. If you do not wish to be contacted for research purposes, please inform your treatment team member. In such case, we will use reasonable efforts to prevent this research-related outreach. This will not apply to the use of your PHI for research purposes as described above and will not prevent your care providers from discussing research with you.

**Business Associates.** We may contract with certain outside persons or organizations to perform certain services on our behalf, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations. In such cases, we require these business associates, and any of their subcontractors, to appropriately safeguard the privacy of your information.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your PHI without your consent or authorization. Subject to conditions specified by law, we may release your PHI:

- For any purpose required by law;
- For public health activities, such as required reporting of disease, injury, birth and death, and for required public health investigations;
- To certain governmental agencies if we suspect child abuse or neglect, or if we believe you to be a victim of abuse, neglect, or domestic violence;
- To entities regulated by the Food and Drug Administration, if necessary, to report adverse events, product defects, or to participate in product recalls;
- To your employer when we have provided health care to you at the request of your employer for purposes related to occupational health and safety. In most cases you will receive notice that your PHI is being disclosed to your employer;

- If required by law to a government oversight agency conducting audits, investigations, inspections, and related oversight functions;
- In emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- If required to do so by a court or administrative order, subpoena, or discovery request. In most cases you will have notice of such release;
- To law enforcement officials, including for purposes of identifying or locating suspects, fugitives, witnesses, or victims of crime, or for other allowable law enforcement purposes;
- To Mental Health Review Officer in the course of legal proceedings authorized by statute or regulations
- To coroners, medical examiners, and/or funeral directors;
- If you are a member of the military for activities set out by certain military command authorities as required by armed forces services. We may also release your PHI, if necessary, for national security, intelligence, or protective services activities; and
- If necessary for purposes related to your workers' compensation benefits.

**Your Authorization.** Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use or disclosure. The form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke your authorization in writing, except to the extent we have already relied upon it. These situations can include:

- Uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes, including marketing communications paid for by third parties;
- Uses and disclosures of PHI specially protected by state and/or Federal law and regulations;
- Uses and disclosures for certain research protocols;

**Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records.** The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

### **Reproductive Health Care Privacy**

The HIPAA Privacy Rule to Support Reproductive Health Care Privacy prevents the use or disclosure of protected health information to investigate or impose liability on anyone for the **mere act of seeking, obtaining, providing, or facilitating legal reproductive health care.** Among many things, this means that if you live in one state and travel to another state to receive lawful reproductive health care, neither your provider nor your health plan can share that information if someone tries to investigate you for obtaining that lawful reproductive health care.

## RIGHTS THAT YOU HAVE

**Access to Your PHI.** If you are of appropriate legal capacity and understand the nature of treatment information and the purpose for which treatment information may be used or disclosed, you generally have the right to reasonable access or copies of certain PHI that we maintain about you. *Access* refers to the *physical examination* of treatment information but does not include physical possession of this information. Requests for access or copies must be made in writing and be signed by you or, when applicable, your personal representative. COMHAR may charge you for a copy of your medical records in accordance with a schedule of fees under federal and state law. COMHAR can provide you the appropriate release form, or you may obtain the appropriate form from the location where you receive services. COMHAR reserves the right to limit or deny requests for access/copies based on the following:

1. There is compelling evidence that access may cause you substantial harm or detriment to the treatment process; and/or when disclosure of specific treatment information will reveal the identity of persons, or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality.
2. The limitations on access to treatment information are applicable to parents, guardians, and others who may otherwise have the right to control access over treatment records, except that the possibility of substantial detriment to the parent, guardian, or other persons may also be considered.
3. COMHAR retains discretion in reviewing the request for treatment information in advance of granting access or releasing records and may be present when the treatment information is being reviewed.
4. The request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding.
5. The requested PHI is in Privacy Act protected records and denial of access is consistent with the law.
6. The requested PHI was obtained by someone other than a health care provider under a promise of confidentiality and providing access to the information would be reasonably likely to reveal the source of the information.
7. The requested PHI is in a designated record set that is part of a research study that includes treatment and is still in progress, provided you agreed to the temporary suspension of access when consenting to participate in the research. Your right to access is reinstated upon completion of the research.

**Amendments to Your PHI.** You have the right to request that PHI that we maintain about you be amended or corrected. Requests for amendment must be made in writing and signed by you or, when applicable, your personal representative and must state the reasons for the amendment/correction request. We are not obligated to make all requested amendments but will give each request careful consideration. If we grant your amendment request, we may also reach out to other prior recipients of your information to inform them of the change. Please note that even if we grant your request, we may not delete information already documented in your medical record. You may obtain the appropriate form from the location where you received



services.

**Accounting for Disclosures of Your PHI.** You have the right to receive an accounting of certain disclosures made by us of your PHI, except for disclosures made for purposes of treatment, payment, and health care operations or for certain other limited exceptions. This accounting will include only those disclosures made in the six years prior to the date on which the accounting is requested. Requests must be made in writing and signed by you or, when applicable, your personal representative. The first accounting in any 12-month period is free; you will be charged a reasonable, cost-based fee for each subsequent accounting you request within a 12-month period. You may obtain the appropriate form from the location where you received services.

**Restrictions on Use and Disclosure of Your PHI.** You have the right to request restrictions on certain uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree to your restriction request, unless otherwise described in this notice, but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination. The appropriate form can be obtained from the location where you received services and must be signed by you or, when applicable, your personal representative.

**Restrictions on Disclosures to Health Plans.** You have the right to request a restriction on certain disclosures of your PHI to your health plan. We are required to honor such requests for restrictions only when you or someone on your behalf, other than your health plan, pays for the health care item(s) or service(s) in full. Such requests must be made in writing and signed by you and, when applicable, your personal representative. You may obtain the appropriate form from the location where you received services.

**Confidential Communications.** You have the right to request communications regarding your PHI from us by alternative means or at alternative locations and we will accommodate reasonable requests by you. You, or when applicable, your personal representative must request such confidential communication in writing to each department to which you would like the request to apply. You may obtain the appropriate form from the location where you received services.

**Breach Notification.** We are required to notify you in writing of any breach of your unsecured PHI without unreasonable delay, but in any event, no later than 60 days after we discover the breach.

**Paper Copy of Notice.** As a member/individual, you have the right to obtain a paper copy of this Notice. You can also find this Notice on our website at: <https://www.comhar.org/privacy-policy>.

## ADDITIONAL INFORMATION

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint in



writing at any of our facility locations where you receive services You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, DC. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

**For Further Information.** If you have questions or need further assistance regarding this Notice, you may contact the COMHAR Compliance Officer in the Quality Improvement and Compliance Department by telephone (215) 203-3000 or at 100 West Lehigh Ave, Philadelphia, PA 19133.

**This Notice is effective January 31, 2025.**