

NOTICE OF PRIVACY PRACTICES

BETHANNA
1030 Second Street Pike
Southampton, PA 18966
1-800-394-6500

Effective date of this revised notice: June 30, 2009

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

SUMMARY

The privacy of your personal information is very important to Bethanna and a concern for many people. This notice describes ways Bethanna handles a certain type of information about our work with you. This information is called "Protected Health Information". Bethanna takes our duty to guard your privacy very seriously. If at any time you have a question or would like something explained to you in more detail please speak with the Bethanna representative working with you.

After you read this notice you, please sign and return to Bethanna the acknowledgement form to verify that you have received this notice from us

KINDS OF INFORMATION THAT THIS NOTICE APPLIES TO

This notice applies to any information in our possession that would allow someone to identify you and learn something about your health. It does not apply to information that contains nothing that could reasonably be used to identify you.

WHO MUST ABIDE BY THIS NOTICE

- Bethanna.
- All employees, staff, students, volunteers and other personnel whose work is under the direct control of Bethanna.

The people and organizations to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms. We may share your information with each other for purposes of treatment, and as necessary for payment and operations activities as described below.

OUR LEGAL DUTIES

- We are required by law to maintain the privacy of your health information.
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to abide by the terms of this notice until we officially adopt a new notice.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use your health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

1. Treatment. We will use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others, whose work is under our direct control, may read your health information to learn about your medical condition and use it to make decisions about your care. For instance:

- We might use your PHI to provide you with mental health treatment or services. These might include individual, family, or group therapy, psychological, educational, or vocational testing, treatment planning, or measuring the effects of our services.
- PHI will also be used to ensure children receiving foster care or adoption services (also known as “placement services”) and “after care” services receive medical, dental or mental health care that they need to ensure their healthy growth and development. It is also used to ensure these children receive the preventative, routine, specialized or emergency medical, dental or mental health care that they may need. Bethanna may provide these services directly to you, or provide case management services to ensure you receive these services from other providers.
- If you are being treated by a team of workers at Bethanna, we will share your PHI with them so that the services you receive will be coordinated. The treatment team serving you at Bethanna may include workers from one or more than one program working with you or your family.
- They will also enter their findings, the actions they took, and their plans into your record so we all can work together to implement the treatments or services you came to Bethanna to receive. We will also work with you to develop a Treatment Plan or Service Plan. Your Bethanna worker will also use your PHI to determine if you or your child would benefit from other services at Bethanna and talk to you about participating in these services.
- Because Bethanna provides placement services to children, these children are living in a substitute care givers home. In order to support each child’s growth and development, Bethanna ensures children participate in “family life” activities with the foster or pre-adoptive parents. As part of the services Bethanna is responsible to provide children in these programs, children will participate in family, educational, social, recreational, cultural and/or religious activities in the community, at Bethanna and in the foster home or pre-adoptive home.
- In the course of these activities, your child may come in contact with community members who may be able to infer that your child or you are receiving services at Bethanna. Bethanna workers will not confirm or deny that you or your child is receiving services from Bethanna in these situations. Bethanna foster parents and pre-adoptive parents are not required to keep their status as a foster parent confidential.

- Bethanna may refer you to other professionals or consultants for services we do not offer, such as special testing or treatments. When we do this we need to tell them some things about you and your conditions. We will get their findings and opinions, and those will go into your records here. If you receive treatment in the future from other professionals, we can also share your PHI with them once you sign a release of information consent.
2. **Payment.** We will use your health information, and disclose it to others, as necessary to obtain payment for the services we provide to you. For instance, we may contact your insurance company to check on exactly what your insurance covers. We may have to tell them about your diagnoses, what treatments you have received, and what we expect as we treat you. We will need to tell them about when we met, your progress, and other similar things. We will not use or disclose more information for payment purposes than is necessary.
 3. **Health Care Operations.** We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other patients to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services. This includes our lawyers, auditors, accreditation services, and consultants, for instance.
 4. **Legal Requirement to Disclose Information.** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by Medicare or Medicaid. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process.
 5. **Public Health Activities.** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.
 6. **To Report Abuse.** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence, this includes reporting suspected or alleged child abuse. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.
 7. **Law Enforcement.** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations.
 8. **Specialized Purposes.** We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president.

- 9. To Avert a Serious Threat.** We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.
- 10. Family and Friends.** We may disclose your health information to a member of your family or to someone else who is involved in your medical care when that disclosure is necessary for the individual's safety and welfare or payment for care. . Providing non-medical information to family, friends or others directly involved in the individuals care is not authorized by this policy. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.
- 11. Research.** We may disclose your health information in connection with medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.
- 12. Information to Patients.** We may use your health information to provide you with additional information. This may include sending appointment reminders to your address. We may also contact you by phone, note/letter or personal visit to remind you about or confirm appointments or visits with your child who may be receiving placement services. Bethanna may leave a phone message on your voice mail or a written note/letter on the door of your home. The message or note will contain only information regarding the appointment/visit we are attempting to confirm or conduct and a way to contact us. This may also include giving you information about treatment options or other health-related services that we provide.
- 13. Fund Raising.** We may use your information to contact you to ask for donations to Bethanna. We may disclose your information to a related foundation for the same purpose. If you do not want us to do this, contact the person listed under "Whom to Contact" at the end of this notice.
- 14. Photographs.** It is common for photographs to be taken at events or activities you or your child may be participating in or present for in the course of treatment or placement at Bethanna. These photographs may be of you, your child, your child in the same photo with other children receiving services from Bethanna and or in the same photo with Bethanna workers or foster parents. These photographs are used to provide your child with a visual record of their childhood and personal memories. These photographs may also become part of the visual record and memories of the foster or pre-adoptive family your child may be placed with.

Photos may also be displayed in foster homes or kept by foster parents in photo albums for similar reasons that may be viewed by others. Photos may be kept in personal photo albums or life books that belong to your child and will be taken with them when they leave Bethanna. A photograph of your child may appear in the photo album or life book of another child who lives or has lived at Bethanna.

Bethanna will **not** use photographs of you or your child for marketing or fundraising purposes without your specific written authorization.

YOUR RIGHTS

- 1. Authorization.** We may use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. If

you authorize us to use or disclose your health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under “Whom to Contact” at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization.

- 2. Request Restrictions.** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.
- 3. Confidential Communication.** You have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send mail to a different address rather than to your home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will not ask you to explain why you are making the request. We will agree to any reasonable request.
- 4. Inspect And Receive a Copy of Health Information.** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you. For instance, this includes medical and billing records. If you want to review or receive a copy of these records, you must make the request in writing. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under “Whom to Contact” at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.
- 5. Amend Health Information.** You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.
- 6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

7. **Paper Copy of this Privacy Notice.** You have a right to receive a paper copy this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under “Whom to Contact” at the end of this notice.
8. **Complaints.** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under “Whom to Contact” at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice that includes the change. We will post the new notice. The new notice will include an effective date.

WHO TO CONTACT

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

**Privacy Officer:
Karen Hamilton
1030 Second Street Pike
Southampton, PA 18966**