

Complaints

If you believe your privacy rights have been violated you may submit, in writing, a complaint to the Privacy Officer at:

110 South Arch Street
Suite 2A
Connellsville, PA 15425.
(724) 626-9941 ext. 309

You may also submit a complaint to the U.S. Department of Health and Human Services Office for Civil Rights.

You will not be penalized for filing a complaint.

Questions

If you have any questions about this notice, please contact the Privacy Officer at:

110 South Arch Street
Suite 2A
Connellsville, PA 15425
(724) 626-9941 ext. 309

**Program Offices of
THE STERN CENTER**

The Professional Building
110 Arch Street
Suite 2A
Connellsville, PA 15425
724-626-9941

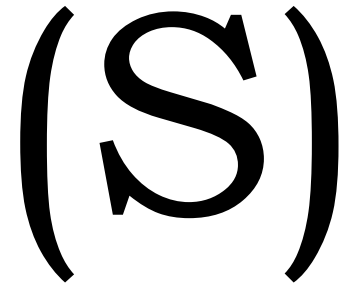
203 West George Street
Carmichaels, PA 15320
724-966-2289

8001 Rowan Road
Cranberry Township, PA 16066
724-799-9060

The John Irwin House
624 Main Street
Irwin, PA 15462 724-863-5950

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**



The Stern Center
for Developmental
and
Behavioral Health

**NOTICE OF
PRIVACY
PRACTICES**

Effective April 14, 2003

1-877-626-9941
PLEASE USE THIS NUMBER
FOR ALL INQUIRIES

Fax (724) 626-2785

Who will follow this notice?

The information practices in this notice will be followed by:

- Any health care professional who is allowed to enter information into your health record (such as therapists or members of The Stern Center staff);
- All departments of the companies listed above;
- All employees, contractors, staff and volunteers of the organization;
- Any business associate with whom we share health information.

The above individuals may share medical information with each other for treatment, payment, or health care operations purposes described in this notice.

Our pledge regarding medical information:

We realize that medical information about you and your health is personal. We are committed to protecting that information. We create a record of the care and services you receive to provide quality care and to comply with the law. This notice applies to all the records of your care that we keep, whether created by the organization's personnel or another physician or psychologist. Another provider may have different policies or notices regarding the use and disclosure of your medical information maintained in his/her office. We are required by law to:

- Make sure that medical information about you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect.

How we may use and disclose medical information about you:

1. Treatment –such as sending medical information about you to a specialist as part of a referral.
2. Payment – such as sending a bill, which may contain information about a surgery you had, to your insurance company.
3. Health Care Operations – such as comparing patient data to improve quality of care, combining information about many patients to decide which services the organization should offer, or for accreditation purposes.
4. We may contact you for appointment reminders, to reschedule appointments, or to tell you about treatment options.

5. Release of Information to Family/Friends – such as a parent/guardian/other family member involved in your daily care may ask that a baby sitter take their child to the psychologist's office for treatment of a behavior problem. In this case, the babysitter may have access to this child's medical information.

Special Circumstances

We may use or disclose medical information about you without your prior authorization for limited purposes permitted under the Federal Privacy Rule. Subject to certain requirements we may release medical information about you for public health purposes (such as reporting disease, injury, or demographic services), for abuse or neglect reporting, health oversight activities (such as audits or investigations to determine compliance with relevant laws), research that has received the necessary approval, to a coroner or medical examiner as required, funeral arrangements, organ donation, worker's compensation purposes, if you are an inmate of a correctional institution, or in an emergency. We may disclose medical information when required by law or certain judicial or administrative proceedings such as in response to a court order or subpoena.

We may release medical information to prevent a serious threat to the health or safety of another person or the public, for certain national security or intelligence activities, or to protect the President or other authorized persons or heads of state or to comply with the Patriot Act.

Our practice may disclose your medical information if you are a member of the military and if required by the appropriate authorities.

Other uses of medical information

Other uses and disclosures of not covered in this notice will be made only with your written permission. If you do permit another use or disclosure, you may later change your mind and cancel your permission in writing. Please understand that we cannot take back any disclosures we had already made while we had your permission.

Changes to this notice

We reserve the right to change this notice. Changes will apply to medical information we already hold. We will post a copy of the current notice in our facilities. The effective date is listed on the front page.

You will be asked to acknowledge in writing your receipt of this notice.

Your Rights regarding medical information about you:

- Except under limited circumstances, you have the right to inspect and copy medical information about you by submitting a written request. If you request a copy, we may charge a fee for the costs of copying, mailing, and related supplies. If we deny your request to inspect and copy, you may submit a written request for review of that decision.
- If you feel that medical information about you is incorrect or incomplete, you may submit in writing a request to amend the record. We may deny your request if the information was not created by us, is not part of the medical record maintained by us, or if we determine that the information is accurate. If your request is denied, you will receive a written explanation of the denial and information about further rights you would have at the point.
- You have the right to obtain a list of the disclosures of your medical information other than for treatment, payment, health care operations, or where you specifically permitted a disclosure. Your request must state a time period not longer than six years and may not be prior to April 14, 2003. The first disclosure list in a 12-month period is free; for additional lists, we may charge for the cost of providing the list. We will notify you of the fee ahead of time.
- You have the right to request (in writing) a restriction or limitation on the medical information we use or disclose for treatment, payment, or health care operations or to someone involved in your care except as required by law or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision regarding your request.
- You have the right to request that medical information about you be communicated in a confidential manner, such as a different address. You must submit the request in writing.
- You have the right to receive a paper copy of this notice even if you received a copy electronically. If you wish to exercise any of these rights, please contact the Medical Records department at The Stern Center.