

ALLEGHENY REPRODUCTIVE HEALTH CENTER, INC.
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Effective Date: April 16, 2003

This notice describes how your health information may be used and disclosed and how you can get access to this information. Your privacy is important. Please review this information carefully.

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the terms of our notice that is currently in effect.

We reserve the right to change our privacy practices and the terms of this notice provided such changes are permitted by applicable law. We reserve the right to apply these changes to all existing health information that we maintain and any information we receive in the future. This notice will be promptly revised, distributed and made available should any material changes be made to our privacy practices.

You may request a copy of our notice at any time. For more information about our privacy practices or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following describes the ways we may use and disclose your health information. Except for **treatment, payment, and healthcare operations**, we will only disclose your health information with your written authorization.

Treatment We may use or disclose your health information to a physician or other healthcare provider providing treatment to you.

Payment We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health care information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this notice.

Friends and Family We must disclose our health information to you, as described in the Patients Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so.

Persons Involved in Care We may use or disclose health information in the notification of a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

Marketing Health-Related Services We will not use your health information for marketing communications without your written authorizations.

Required by Law We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect We may disclose your health information to appropriate authorities if we reasonably believe you are a possible victim of abuse/neglect, domestic violence or other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security If you are a member of the armed forces we may release health information as required by military command authorities. We may release health information to authorized federal officials for intelligence, counterintelligence, and other national security activities; to a correctional institution if you are an inmate or to a law enforcement official if you are in lawful custody under certain circumstances.

Appointment Reminders We may use or disclose your health information to remind you about an appointment (such as voicemail messages, letter).

PATIENT RIGHTS

Access You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting You have the right to request a list of certain instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations or for which you provided written authorization.

Restriction You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency).

Alternative Communication You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice If you receive this notice on our web site or by electronic mail (email), you are entitled to receive this notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with an address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Allegheny Reproductive Health Center, Inc.
5910 Kirkwood Street
Pittsburgh PA 15206
Email: alleghenyreproductive@gmail.com
Phone: (412) 363-1107 or (800) 221-3988
Fax: (412) 363-6901