

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

Last Board Approved Date: September 16, 2020

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.

If you have any questions about this notice, please contact Lifesteps Compliance Officer at (724) 283-1010.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of Lifesteps, Inc. and all of its subsidiaries and other persons below (“Provider” or “we”). “Subsidiaries” includes *accessAbilities, Inc., All Abilities, Inc., accessAbilities Foundation, Inc., and accessAbilities Children’s Services, Inc.*

- Any health care professional authorized to enter information into your medical record/chart.
- All departments and units of the organization and its subsidiaries.
- Any member of a volunteer group we allow to help you while you are receiving care/services from the Provider or its subsidiaries.
- All staff, Board Members and other Provider personnel.

All of these persons and entities follow the terms of this notice and may share protected health information (PHI) with each other for treatment/services, payment or provider operations purposes as described in this notice.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that PHI about you and your health is personal. We are committed to protecting your PHI. In order to provide you with quality care/services and to comply with legal requirements, we create a record of the care/services you receive from the Provider and its subsidiaries. This notice applies to all of the records of your care/services maintained by the Provider and its subsidiaries. Your other health care providers, such as your personal doctor, may have different policies or notices regarding the use and disclosure of your PHI created and maintained in the doctor’s own office or clinic.

This notice provides the ways in which the Provider and its subsidiaries may use and disclose your PHI. It also describes your rights and makes certain the Provider and its subsidiaries obligations regarding use and disclosure of your PHI.

The Provider and its subsidiaries are required by law to:

- Safeguard your PHI;
- Give you this notice of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of this notice as currently in effect; and
- Notify you of any changes to this notice.

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HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we “use” and “disclose” your PHI. Each category is followed by an explanation and in some instances an example. For purposes of this notice, the term “use” refers to PHI that is used within the Provider or its subsidiaries for your treatment/services, the Provider or subsidiaries operations, or the payment of your care/services. The term “disclose” refers to PHI that is given to outside entities for one of the purposes described in this notice. Whether your PHI is used or disclosed, the use disclosure will fall within one of the categories listed below and will be used or disclosed only in the minimal amount necessary to carry out the purpose. The term “may” means that the Provider is permitted under federal law to use or disclose this information without obtaining an additional or specific authorization from you to do so. Even though the Provider may be permitted to use or disclose information in a given instance, it does not mean that we will use or disclose the information. We will still try to assure that any use or disclosure is in your interest or is consistent with practices in the health care field.

- **For Treatment** We may use and disclose PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students, and Provider or its subsidiaries personnel who are involved in providing care/services to you. For example, a doctor treating you for an injury may need to know if you have diabetes because diabetes may slow the healing process. In addition, the Provider or its subsidiaries may need to tell the dietician if you have diabetes so that the dietician can arrange for appropriate meals. Different departments of the Provider or its subsidiaries may also share PHI about you in order to coordinate the different things you need. We also may disclose PHI about you to people outside the Provider or its subsidiaries who may be involved in your medical care/services when you are absent, such as family members, clergy, providers of day services, volunteers, Independent Support Coordinators, case managers, respite care staff and others engaged to provide care/services to you.
- **For Payment** We may use and disclose PHI about you so that the treatment and services you receive from the Provider, subsidiaries, or other providers may be billed to and payment may be collected from you, the government, and an insurance company or a third party. For example, we may disclose information to the county or state mental health and/or intellectual disability office in order to receive payments for your treatment/service. We may also tell your insurer or governmental payer about a treatment/service you are going to receive to obtain prior approval or to determine whether your plan or the government will cover the cost of the treatment/service.
- **For Health Care Operations** We may use and disclose PHI about you for Provider operations, subsidiary operations or operations of another provider or payer. These uses and disclosures are necessary to make sure that all of our individuals/participants receive quality care/services. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff in caring or providing services for you. We may also combine PHI about many Provider or subsidiary individuals/participants to decide what additional services the Provider or its subsidiaries should offer, what services are not needed, and whether certain new treatments/services are effective. We may also disclose information to doctors, nurses, technicians, medical students, direct care providers, behavioral therapists, special therapists, and other Provider or subsidiary personnel for review and learning purposes. We may also disclose information in order to comply with our incident reporting requirements under state, local, or federal law. We may also combine the PHI we have with PHI from other providers to compare how we are doing and see where we can make improvements in the care/services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific individuals/participants are.

- **Health Care Quality Units and Other Quality Review Organizations** We may disclose information to the Pennsylvania Department of Public Welfare, ODP, OLTL, OCDEL and other state and county agencies through their appointed agents, including Health Care Quality Units and independent monitoring groups, in order to comply with Federal, state and local laws and regulations.
- **Appointment Reminders** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment, services, or medical care with the Provider or its subsidiaries.
- **Treatment Alternatives** We may use and disclose PHI to tell you about or recommend possible treatment/ service options or alternatives that may be of interest to you.
- **Health – Related Benefits and Services** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities** We may use *contact* information, such as your name, address and phone number, email address and the dates you received treatment or services from the Provider or its subsidiaries to contact you and your family members in an effort to raise money for the Provider or its subsidiaries. We may disclose this contact information to a foundation related to the Provider or its subsidiaries so that the foundation may contact you and your family members in raising money for the Provider. If you do not want the Provider or the foundation to contact you or your family members for fundraising efforts, you must notify the Compliance Officer.
- **Provider Directory** We may include certain limited information about you in the provider directory while you are an individual/participant of the Provider or its subsidiaries. This information may include your name, location at the Provider or subsidiary, your general condition, and your religious affiliation. At this time the Provider and its subsidiaries do not maintain a provider directory.
- **Individuals Involved in Your Care/ Services or Payment for Your Care/Services** We may disclose PHI about you to your family members, personal representatives, your personal friends, or any other person identified by you, but we will only disclose information that we feel is relevant to that person's involvement in your care/services or the payment for your care/services. If you are able to make decisions about your care/services, we will follow your directions as to who is sufficiently involved in your care to receive information. If you are not present or cannot make these decisions, we will make a decision based on whether we believe it is in your best interest for a family member or friend to receive private health information and how much information they should receive. We may also disclose information to disaster relief agencies or to family, friends or others in an effort to locate or identify family members or personal representatives.
- **For Research Purposes** We may disclose PHI about you but only to the extent that certain steps, as required by law, are taken to protect your privacy.
- **As Required by Law** We may disclose PHI about you when required to do so by federal, state or local law. For instance, the Provider and its subsidiaries are obligated to report to public health officers the occurrence of certain communicable diseases or acts of violence. Additionally, the Provider and its subsidiaries are required to report certain incidents to the Pennsylvania Department of Public Welfare, the Pennsylvania Department of Health, The Bureau of Program Integrity, etc.
- **To Avert a Serious Threat to Health or Safety** We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Day Providers** We may use and disclose information about you, if necessary, to facilitate your application for admission to, or use of, day programs such as supported employment and sheltered employment.
- **Residential Facilities** We may use and disclose PHI about you, if necessary, to facilitate your application for admission into, or use of, residential facilities.
- **In-Home Services** We may use and disclose PHI about you, if necessary, to facilitate your application for, or use of, in-home services.
- **Family Living Arrangements** We may use and disclose PHI about you, if necessary, to facilitate your application for admission into, or use of, family living arrangements.
- **Supports Coordinators** We may use and disclose PHI about you, if necessary, for supports coordinators, service coordinators and case managers to complete their duties for you.
- **Transfers** We may use and disclose PHI about you to another Provider to which you are being transferred or which is considering you as a transfer.
- **Employers** We may use and disclose PHI about you to an employer or prospective employer in connection with your application for, or continuation of, employment.

SPECIAL SITUATIONS

- **Organ, Eye and Tissue Donation** If you are an organ or tissue donor, we may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Staff Compensation** We may release PHI about you for staff compensation or similar programs including workers compensation. These programs provide benefits for work related injuries or illness. Under the privacy regulations, staff compensation claims are exempted from coverage, and thus we may release PHI about you to your employer for staff compensation purposes.
- **Public Health Risks** We may disclose PHI about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe an individual/participant has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. The federal government has determined that it must have access to this information to adequately monitor beneficiary eligibility for government programs (for example, Medicare or Medicaid), compliance with program standards, and/or civil rights laws.
- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if appropriate efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement** We may release PHI if asked to do so by a law enforcement officer for the following reasons:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at work locations or licensed and unlicensed settings; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about individuals/participants of the Provider or its subsidiaries to funeral directors as necessary to allow them to carry out their duties.
- **National Security and Intelligence Activities** We may release PHI about you to authorized federal officers for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others** We may disclose PHI about you to authorized federal officers so they may provide protection to the President, other authorized persons, foreign heads of state or to conduct special investigations.
- **Inmates** If you are an inmate in a correctional institution or under the custody of a Law Enforcement Officer, we may disclose PHI about you to the correctional institution or Law Enforcement Officer. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding PHI we maintain about you:

- **Right to Inspect and Copy** You have the right to inspect and receive a copy PHI both via hard copy and electronic medium that may be used to make decisions about your care/services. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Compliance Officer. If

you request a copy of the information, we customarily charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Provider or its subsidiaries will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Append and Amend** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to append or amend the information. You have the right to request an amendment for as long as the information is kept by or for the Provider or its subsidiaries. If we do not agree to amend your information, you may add a supplemental statement to your records indicating why you believe the information should be changed. We will append or otherwise link your statement to your records.

An amendment request must be made in writing and submitted to the Compliance Officer. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by the Provider or its subsidiaries, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the PHI kept by or for the Provider or its subsidiaries;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to an Accounting of Disclosures** You have the right to request an “accounting of certain disclosures of your PHI.”

To request this list or accounting of disclosures, you must submit your request in writing to the Compliance Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations and in special circumstances when the services or item has been paid for out of pocket in full. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care/services or the payment for your care/services, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Compliance Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only

contact you at work or by mail. To request confidential communications, you must make your request in writing to the Compliance Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Request a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice on the Provider or its subsidiaries websites: www.lifesteps.net, www.accessabilities.org, www.AllAbilitiesinc.org and www.accessabilitiesfoundation.org. To obtain a paper copy of this notice, please write to 383 New Castle Road, Butler, PA 16001 or call 724 283-1010.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Provider and subsidiaries websites. The notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register with or are admitted to the Provider for treatment or health care/services as an individual/participant, we will offer you a copy of the current notice in effect.

COMPLAINTS

This provider and its subsidiaries encourage open communication of concerns about the use or disclosure of your PHI, and we want all individuals and participants to be assured that each concern will be addressed. If an individual/participant does not believe their concern has been addressed to their satisfaction and that their privacy rights have been violated they may file a complaint. To file a complaint with the Provider or its subsidiaries regarding your privacy rights, please contact Lifesteps Compliance Officer at (724) 283-1010.

Additionally, you may also file a complaint with the Secretary of the Department of Health and Human Services. Complaints to the Secretary of the Department of Health and Human Services must be submitted in writing (whether paper or electronic) and must identify the entity about which the complaint is being made, must describe the situation that gives rise to the complaint, and must be filed within 180 days of the date when the complainant knew or should have known of the event that gives rise to the complaint. You will not be penalized or retaliated against for filing a complaint.

OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care/services that we provided to you.

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PROVIDER DUTIES

- The Provider and its subsidiaries are required by law to maintain the privacy of PHI and to provide you with notice of its legal duties and privacy practices with respect to PHI.
- The Provider and its subsidiaries are responsible to notify you in the case your unsecured (not encrypted or masked by some technology) PHI has been or is reasonably believed to have been accessed, acquired, or disclosed as a result of a breach.
- The Compliance Officer will retain copies of the Notice of Privacy Practices for at least six years from the date when the notice is superseded by a revised notice.
- Written acknowledgement of receipt of a notice of privacy practices will be kept for at least six years.
- The Provider and its subsidiaries are required to and will abide by the terms of the notice currently in effect.

Effective Date: April 14, 2003
Revised Date: September 1, 2005
Revised Date: October 11, 2013
Revised Date: March 17, 2016
Last Board Approved Date: September 16, 2020

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