

NOTICE OF PRIVACY PRACTICES

(Version 1, effective April 14, 2003)

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.

OUR RESPONSIBILITIES CONCERNING YOUR MEDICAL INFORMATION

- Information about you and your health is very personal. . This Notice describes how we may use and disclose (share) medical Information that identifies you. We reserve the right to change the terms of this Notice at any time. Any such changes will apply to all Information we keep, even if it was collected before the change.
- By law, we must:
 - Keep your Information confidential, with certain exceptions described in this Notice; and
 - Give you this Notice of our legal obligations and privacy practices regarding your Information; and
 - Follow the terms of the Notice currently in effect.

IMPORTANT WORDS

In this Notice:

- **You:** means the patient. If you are a parent or guardian (or other person acting in place of a parent) of a patient, please remember we are talking about the child's Information.
- **VACHP** means: The Ventilator Assisted Children's Home Program
- **Information:** means any Information, whether oral, electronic, or on paper, which is created or received by VACHP and relates to a patient's healthcare or payment for the provision of healthcare. This includes the results of tests and notes written by doctors and nurses, as well as your name, address, and telephone number.

WHO MUST PROTECT YOUR PRIVACY AT VACHP?

- Any healthcare professional who can enter Information into your record or has access to it.
- All other personnel in all areas of VACHP.

HOW WE MAY USE AND SHARE YOUR INFORMATION ?

Federal and state law requires us to protect your Information, and federal law requires us to describe to you how we handle that Information. When state and federal privacy laws differ, and Pennsylvania law is more protective of your Information, or provides you with greater access to your Information, then the law of the appropriate state will override federal law. Also, different types of Information may be subject to different legal rules about use and sharing.

There are also other ways we will collect, use, and share your Information: .

- **Business Associates.** We may provide your Information to other persons or organizations, known as business associates, who provide services to VACHP. We require our business associates to protect the confidentiality of the Information we provide to them.
- **Health-Related Benefits and Services.** We may use and/or share Information to inform you of health-related benefits or services that may interest you.
- **Persons Involved in your Care.** Under law, we may share relevant Information with a family member or friend involved in your care, who is handling bills for you.. We are legally permitted to share limited Information to notify a family member or legal representative of your location, condition, or death.

OTHER POTENTIAL SHARING OF INFORMATION

- **As Required By Law.** We will share Information as required by federal, state, or local law. Sometimes sharing required by law does not require us to notify you. For example, certain diseases and conditions must be reported to the state or city health departments, and patients are not notified about that reporting.
- **Health Oversight Activities.** We may share Information with local, state, federal, or private health oversight agencies for activities permitted/allowed by law. These activities include, among other things, preparing for state and federal regulatory reviews or for audits, investigations, inspections, and licensing. They may also include activities necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws. An example includes sharing Information with state Health Department inspectors. In addition, a federal agency inspector may review patient records in a laboratory to ensure that accurate and complete records are kept for patient safety.
- **Law Enforcement.** We may release Information if requested by a law enforcement official for purposes that include, among other things, the following:
 - 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 certain injuries to our patients, for example, by firearms.
- 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or legal dispute, or if someone requests your Information in connection with a lawsuit or legal dispute even if you are not directly involved, then we may share Information in response to a subpoena or other lawful request. But we will do so only if we first have tried to make sure that the lawyers asking for the Information have told you about the request, or that there is an agreement or court order that would protect the asked-for Information from further sharing.
- **National Security and Intelligence Activities.** We may share Information with authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- **Public Health Activities.** We will share Information with public health authorities for purposes that may include, among other things, the following:
 - Preventing or controlling disease, injury or disability.
 - Reporting births and deaths.
 - Reporting suspected child abuse or neglect, or domestic violence.
 - Reporting on the quality, safety and effectiveness of a product or activity regulated by the FDA, for example, or reactions to medications or problems with products.
 - Notifying people of recalls of FDA regulated products they may be using.
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **To Avert a Serious Threat to Health or Safety.** We may use and/or share Information to prevent a serious threat to your health and safety, or to the health and safety of the public or another person. But the Information would only be shared with persons who could help reduce the threat.

YOUR RIGHTS REGARDING INFORMATION These are your rights concerning Information we keep about you:

- **Right to Look at and Request a Copy.** You have the right to look at and request a copy of Information kept about you, with certain exceptions. You can look at and request a copy of your medical records, but not notes taken at a psychotherapy session, or certain other types of Information (for example, Information compiled for use in legal proceedings, certain Information collected for research purposes, or Information that is reasonably likely to endanger the life or physical safety of a person if shared).
 - If you are the parent or guardian of a patient, then in some circumstances you may not be able to look at and request a copy of some or all parts of your child's Information. For example, this might be the case if the Information relates to your child's pregnancy, contraception, mental health, drug or alcohol abuse, or other kinds of Information.
 - In some circumstances, we may deny your request. After certain denials you can ask that the denial be reviewed. Denials are reviewed by a licensed healthcare professional chosen by VACHP and who was not involved in the original denial. By law, we must comply with the reviewer's decision.
- **Right to Change.** If you believe that Information we keep about you is incorrect or incomplete, you may ask us in writing to change it. You may request this change so long as we have your Information on file.
 - In order to request a change, you must submit a written request to us. In your request, you should be specific about the changes you are requesting, and also give a reason for the change, or else your request may be denied.
 - We may deny your request if you ask us to change Information that:
 - Was not created by us (unless whoever created the Information is no longer available to make the change);
 - Is not part of the Information kept by or for VACHP.
 - Is not part of the Information which you would be allowed to inspect and copy; or
 - We believe the Information is accurate and complete.
 - If we deny your request for a change, then we will give you a written explanation of the denial. If you disagree with the explanation provided, then you can submit your written disagreement, or you can ask that your request for the change and the explanation of the denial be included in any future sharing of the relevant part of the Information.
 - If you submit a statement of disagreement, however, VACHP might then write a further explanation addressing your statement of disagreement, and the further explanation will be included in your Information and shared along with your statement of disagreement.

- **Right to a Listing of Certain Kinds of Sharing.** You have the right to request an "accounting of disclosures (sharing)." This is a list of certain sharing of your Information made by VACHP that you would not otherwise expect or already know about. That list would NOT include instances of sharing:
 - made directly to you; or
 - that you authorized in writing; or
 - provided from the VACHP's current patient list (directory); or
 - made for national security or intelligence purposes; or
 - made to correctional institutions or law enforcement having custody of the patient; or
 - made incidental to a permitted use or sharing of your Information, provided as part of a limited data set in the research, public health, or health care operations context. A limited data sets will not include items that directly identify you; or
 - that was made before April 14, 2003.
- To request an accounting, you must submit a written request to VACHP. Your request must include the time period for which you are asking an accounting. This period cannot exceed six years, and cannot include dates before April 14, 2003. You are entitled to one free copy of an accounting during a 12-month period. For each additional list within a 12-month period, we may charge you for the costs we incur in providing the list to you. Before sending the list, we will notify you of these costs. You then can withdraw or change your request before you incur any costs.
- **Right to Request Restrictions.** You have the right to ask us to limit the Information we use and/or share about you for treatment, payment, or healthcare operations. You can also ask us to limit the Information we share with someone involved in your care or payment for your care. For example, you can ask us not to share Information about a certain procedure that you had or a treatment you received.
 - We will carefully consider all requests. However, to avoid disruptions in operations we will not generally be able to honor most requests, nor are we legally required to do so. If we agree, we will comply with your request so long as the Information is not necessary to provide you with emergency care.
 - To ask us to put limits on your medical Information, you must submit a written request to the VACHP. You must: describe in detail the Information you wish to limit; tell us whether you want to limit the use, sharing, or both; and tell us to whom you want the limitations to apply.
- **Right to Request Alternate Methods of Communications.** You have the right to ask us to communicate with you about medical matters in a certain way or at a certain place. For example, you may ask us to contact you only at work or only at home.
 - To request confidential communication, you must submit a written request to the VACHP. You don't have to give a reason; we also won't ask you.
- **Authorizations.** Except as described in this Notice, or required or permitted by law, VACHP will not use or share your Information without a written authorization (permission) from you. At times, we may ask you to provide a specific authorization to allow us to use or share Information about you.
 - An authorization is your signed, written permission to release certain Information under certain conditions. You may be asked to sign the same authorization form periodically as required by law.
 - An authorization may be revoked in writing at any time except when VACHP has already acted on your authorization. Revocations of authorizations must be submitted VACHP.
- **Right to make a Complaint.** If you want make a complaint about our use or sharing of your Information, then you may file a written complaint with the VAACHP. You may also file a complaint with the United States Department of Health and Human Services - Office for Civil Rights, in Washington, D.C.
 - VACHP honors your right to share a concern or make a complaint. We will not take any action against you for filing a concern or complaint. VACHP, however, does reserve the right to take necessary and appropriate action to maintain an environment that serves the best interests of our patients and staff.
- **Key Details about this Notice.**
 - As stated on the first page of this Notice, this is Version 1 of the Notice, and is effective on April 14, 2003.
 - You have the right to get a paper copy of the current version of this Notice at any time, whether or not you have agreed to receive this Notice electronically. To do so you may contact VACHP at (215) 590-8830, or write to the VACHP, 100 N. 20th St., Suite 201, Philadelphia, PA 19103.
 - VACHP reserves the right to change the terms of this Notice under applicable law, and to make the new Notice provisions effective for all Information we hold, even if it was collected before the new Notice. VACHP will follow the terms and conditions of the Notice currently in effect at any particular time.

Please sign and return this portion to acknowledge that you received this notice. Thank you.

I have received the Notice of Privacy Practices.

Name printed :

Name signature:

Name of child enrolled in VACHP:

Date: