



---

## NOTIFICATION OF PRIVACY PRACTICES

This Notification is to inform you about how Protected Health Information (PHI) about you may be used and disclosed by SAM, Inc. and how you can obtain access to this information.

Please read this notification carefully. Your privacy rights are important to us.

Effective Date: 11/01/2002

Revision Date: 2/04/2013

---

### Legal Requirements

SAM, Inc. is required by federal and state law to maintain the confidentiality of your private health information. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we are also required to provide this Notification of our privacy practices, our legal responsibilities, and your rights regarding your private health information. SAM, Inc. is required to follow the practices listed in this Notification.

*Protected health information ("PHI") includes information that we have created or received about your past, present, or future health or condition; the provisions of health care services to you; or the payment of these health care services. Your PHI also includes your name, address, contract identification number, etc. With some exceptions, we may not use or disclose anymore of your PHI than is necessary to accomplish the purpose of the use or disclosure.*

This Notification may change at any time, consistent with prevailing federal and state laws. New notices will be posted, when changed, and will be made available upon request. If you have any questions about the provisions contained within this Notification, please call 610-236-0530 and ask to speak with the HIPAA Compliance Officer.

---

### How do we use and disclose your health information?

SAM, Inc. uses and discloses your *PHI* for treatment, payment and healthcare operations in compliance with HIPAA and the MH/MR Act of 1966.

- **Treatment:** We may use or disclose your *PHI* on to a behavioral or physical healthcare provider who will be providing treatment to you. *We may also use and disclose your demographic and health information to the various County agencies and departments for case management and care coordination activities.*
- **Payment:** We may use or disclose your *PHI* to obtain payment for services provided by us. *Examples of this would include using and disclosing PHI to determine eligibility, pay claims, and conduct utilization review. We may also disclose your PHI to another organization that is subject to federal privacy rules for its payment activities.*
- **Healthcare Operations:** We may use or disclose your *PHI* during the course of our internal operations, including, but not limited to, quality control; efficiency management; review procedures; employee and provider evaluations; credentialing, certification, licensing, or training activities.
- **Marketing:** SAM, Inc. will not use your *PHI* for any marketing or sales purposes under any circumstances.

- Intimidation and Retaliation: We will not refuse treatment, refuse to arrange for treatment, refuse payment, nor take any acts of intimidation or retaliation against any individuals exercising their rights under HIPAA or as outlined in this Notification.
- Emergency Notification: SAM, Inc. may use or disclose your *PHI* in the event of a medical emergency to obtain treatment consistent with the medical emergency and to notify a family member or other person responsible for your care in the event of a medical emergency. Such use or disclosure will be limited to the minimum necessary to obtain specific treatment or notification, or as prior authorized by you.
- Abuse or Neglect: Employees of SAM, Inc. are “mandated reporters”. As such, we are required by law to report suspected abuse, neglect, or domestic violence. We may disclose your *PHI* to the extent it is necessary to report suspected abuse, neglect, or domestic violence to the appropriate authorities.
- Duty to Warn: Employees of SAM, Inc. have the responsibility to warn a potential victim of violence if a consumer expresses specific threats of *severe bodily harm or death* against an identifiable *foreseeable* victim. We may disclose *PHI* to the extent necessary to advise and warn the potential victim and the *necessary law enforcement officers with jurisdiction*.
- Authorization for Release of Information: Except as required by law, we will not release your *PHI* to a third party without a duly executed Authorization, in accordance with SAM, Inc.’s Confidentiality Policy. You may rescind such Authorization at any time for any reason.
- Required by Law: SAM, Inc. may use or disclose your *PHI* when required to do so by law. *For example, we may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your PHI to law enforcement officials. We may also disclose limited information to a law enforcement official concerning the health information of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose the PHI of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstance. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participate in a crime or has escaped from lawful custody.*

---

## What are your rights?

### Access Rights

With limited exception, you have the right to view your *PHI*. You must submit requests to view your *PHI*, in writing, to the address that appears at the top of this Notification. Your request must be made to the attention of: HIPAA Compliance Officer. We reserve the right to charge a *reasonable, cost-based* fee to cover our costs related to providing you access to your *PHI*. *HIPAA regulations allow us to charge a fee for copying your records, but this fee must include only the cost of the copies (including supplies and labor), postage, and/or the cost of preparing an explanation or summary if this has been requested.*

### Amendment Rights

*If you believe that the PHI we have about you is incorrect or incomplete, you have the right to request that we correct or update this information. Routine requests to change information, such as updating address information, correcting the spelling of a name, etc., can be handled most efficiently by contacting the HIPAA Compliance Officer. For other information, you may obtain a form to request an amendment by using the contact information at the end of this notice. If you are requesting changes to information which we did not create, but which we received from another source,*

*we have the right to refer you back to the creator of this information to make your request.*

*A request for access may be denied under the following situations:*

- If the PHI requested was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source, you can deny access to the information;*
- If a licensed health care professional has determined that the access requested is reasonably likely to endanger the life or physical safety of the participant or another individual, you can deny access to the information, but the participant (or the participant's personal representative) has the right to have the decision reviewed. The review must be conducted by a licensed health care professional who did not participate in the decision to deny access.*

*If access is denied to a request (for one of the reasons discussed above), we must provide you with notice of that denial in writing within 30 days. In that notice, we must provide you an explanation of the basis for the denial, a statement of your rights to a review of the denial and information about the complaint procedures.*

*If we deny your request, we will provide you with a written explanation of the denial and explain your right to file a written statement of disagreement with the denial which may be attached to all future disclosures of your PHI to which the disagreement relates. If we accept your request to amend the information, we will make reasonable efforts to inform others that need to know about the change to your information.*

#### Disclosure Rights

*You have the right to be informed of those instances in which your PHI was used or disclosed without your consent or authorization for purposes other than those outlined in this notification. You have the right to receive a list of certain instances in which we have disclosed your PHI to others. This list will not include any disclosures that we make for purposes of treatment, payment, or health care operations. This list will also not include permitted disclosures to: you, family, friends, and others involved in your health care or payment for your health care; personal representatives; authorized officials for correctional institutions and other law enforcement custodial situations or for national security purposes; or others as permitted by your written authorization.*

*This list will not include disclosures we make that are incidental to disclosures we are permitted to make or disclosures of information in a "limited data set" that does not include your name, address, or certain other identifying information. You may obtain a form to request this disclosure by using the contact information at the end of this notice. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we made the disclosure, a description of the PHI we disclosed, and the reason for the disclosure. We will provide this list at no charge, but if you make more than one request in a 12-month period, we may charge you a reasonable, cost-based fee to respond to this request.*

#### Confidential Communication Rights

*You have the right to request that we send your PHI to you by alternative means or to an alternative location if this is required to avoid harm to you. You may obtain a form to request confidential communications by using the contact information at this end of this notice. We must accommodate your reasonable request.*

#### Restriction on Uses and Disclosure Rights

*You have the right to ask that we place additional limits on how we use and disclose your PHI. However, we are not required to agree to such requests. If we do agree to the additional restriction, we will do so in writing and will follow such restriction, with*

*one exception, in an emergency situation, we do not have to follow the restriction if following it would cause further imminent harm to you or another individual. However, if the information is disclosed in an emergency situation, we will request that the information not be further disclosed. We are permitted to terminate any agreed upon restriction with your permission to the termination in writing.*

---

## Questions and Complaints

If you have questions about this Notification or about our Privacy Practices, please contact us by calling 1-855-737-2223 and requesting to speak with the HIPAA Compliance Officer, or by writing to us at 19 North 6<sup>th</sup> Street, Suite 200, Reading, PA 19601 Attn: HIPAA Compliance Officer.

If you have any concerns about your privacy rights, or feel that we have violated them, or you disagree with a decision regarding access to your *PHI*, you may use the same contact information as above to register a formal complaint. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you the address to file your complaint upon request. In compliance with the Intimidation and Retaliation provisions of this Notification, SAM, Inc. will take no deleterious actions against any person exercising their rights by contacting the U.S. Department of Health and Human Services.

-----

I received but disagree with information in the organization's Notification of Privacy Practices. (Please print your name and sign and date below only to indicate disagreement with information in the above Notification.)

---

Printed Name of Consumer or Authorized Legal Representative

---

Signature of Consumer or Authorized Legal Representative

---

Date

*\*SAM staff shall please forward questions and/or concerns regarding the above Notification to their site's HIPAA Compliance Officer.*