



# NOTICE OF PRIVACY PRACTICES

ESTABLISHED JANUARY 25, 2007

6711 Old York Rd • Philadelphia PA 19126 • 215-276-3922 • [www.wedgepc.com](http://www.wedgepc.com)

## **Your Information. Your Rights. Our Responsibilities.**

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**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 privacy of persons served at Wedge Recovery Centers is protected by state and federal regulations, as well as our own commitment to maintain confidentiality. We will only use and disclose your personal health information ("PHI") as allowed by law. Your health information will be used to provide you care and may be used to educate health care professionals and for research purposes. We train our staff and work force to be sensitive about privacy and to respect the confidentiality of your PHI.

We are required by law to maintain the privacy of our patients' PHI and to provide you with notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice ("Notice") so long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new notice effective for all PHI maintained by us. You may receive a copy of any revised notice at any of Wedge Recovery Centers' locations.

The terms of this Notice apply to Wedge Recovery Centers' programs and the workforce treating individuals at each of the program locations.

## **YOUR RIGHTS**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting the Privacy Officer at 215-276-3922 to request a complaint form, or contact the Privacy Officer at:

Wedge Recovery Centers  
6711 Old York Rd  
Philadelphia, PA 19126  
Attention: Privacy Officer, Vice President of Compliance & CQI

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) to complete the process
- Suspected violations may be reported to your State Attorney General at:

Pennsylvania Office of Attorney General  
Strawberry Square  
Harrisburg, PA 17120  
717 - 787-3391

- Suspected violations by an opioid treatment program may be reported to:  

Substance Use and Mental Health Services Administration (SAMHSA)  
Opioid Treatment Program Compliance Office by phone at 204-276-2700,  
or online at [OTP-extranet@opiod.samhsa.gov](mailto:OTP-extranet@opiod.samhsa.gov).
- *We will not retaliate against you for filing a complaint.*

## **YOUR CHOICES**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **OUR USES AND DISCLOSURES**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

- We can use your health information and share it with other professionals who are treating you.
- *Example: A doctor treating you asks another doctor about your overall health condition.*

#### **Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- *Example: We use health information about you to manage your treatment and services.*

### **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.
- *Example: We give information about you to your health insurance plan, so it will pay for your services.*

### **Confidentiality of Alcohol and Drug Abuse Patient Records and HIV-Related Information.**

The confidentiality of alcohol and drug abuse treatment records, as well as HIV-related information maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances, as required by Federal Confidentiality rules (42 CRF, part2) relative to the release of drug and alcohol treatment information. We are required to adhere to the most restrictive Federal or State law.

### How else can we use or share your health information?

**We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**OUR RESPONSIBILITIES**

- **We are required by law to maintain the privacy and security of your protected health information.**
- **We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- **We must follow the duties and privacy practices described in this notice and give you a copy of it.**
- **We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

**Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

**For Further Information:** If you have questions or need further assistance regarding this Notice, you may contact the Wedge Recovery Centers’ Privacy Officer by telephone at 215-276.3922

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Client Signature Date

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Parent or Primary Caregiver Signature Date

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Wedge Staff (Witness) Signature Date