

**COMMUNITY LIFE
NOTICE OF PRIVACY PRACTICES**

This Revised Notice Effective: October 21, 2008

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU
CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the Notice that are currently in effect. This Notice applies to our use and disclosure of your health information for purposes of enrollment, eligibility and payment under the Community LIFE program as well as our use and disclosure of your health information for purposes of providing you with treatment under the Community LIFE program.

I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The following lists various ways in which we may use or disclose your health information for purposes of treatment, payment and health care operations.

For Treatment. We will use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses and home health aides as well as by physical therapists, social workers, personal care attendants or other persons involved in your care. For example, members of the multidisciplinary team (which includes your primary care physician, a registered nurse, a social worker, physical and occupational therapists, and other care givers) will discuss your plan of care and contact any specialists regarding care provided to you.

For Payment. We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your personal representative, or to an insurance or managed care company, Medicare, Medicaid or the PA Department of Public Welfare, the state agency charged with administering the Community LIFE program. For example, we may disclose health information to Medicare or the PA Department of Public Welfare, state administering agency in order to determine your continued eligibility for Community LIFE program services. We will also require you to sign a release permitting the disclosure of personal information to Medicare, Medicaid, and the PA Department of Public Welfare, the state administering agency for these purposes as a condition of your enrollment agreement.

For Health Care Operations. We may use and disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor quality of care. For example, we will use data about your treatment in order to conduct quality assessment activities. We may disclose your health information to another entity

with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities.

II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your health information.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

Emergencies. We may use or disclose your health information as necessary in emergency treatment situations.

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

Business Associates. Our business associates are individuals and organizations that carry out functions or activities on our behalf that involve protected health information. We may disclose your protected health information to a contractor or business associate who needs the information to perform services for the Community LIFE Program. Our business associates are committed to preserving the confidentiality of this information.

Public Health Activities. We may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elderly abuse or neglect or reporting deaths.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system. As a condition of enrollment, we will require you to sign a release permitting the disclosure of personal information to Medicare, Medicaid, and the PA Department of Public Welfare, the state administering agency for these purposes.

To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.

Research. We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Disaster Relief. We may disclose health information about you to a disaster relief organization.

Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

Fundraising Activities. We may use certain limited information to contact you in an effort to raise funds for the Community LIFE Program and its operations.

Appointment Reminders. We may use or disclose health information to remind you about appointments.

Treatment Alternatives and Health-Related Benefits and Services. We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION

Except as described in this Notice, we will use and disclose your health information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to the Community LIFE Program. At your request, the Community LIFE Program will supply you with the appropriate form to complete. You have the right to:

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. This includes the right to submit a written consent limiting the degree of information disclosed and the persons to whom information is disclosed. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction on how we use your health information within the Community LIFE Program. We will limit disclosures outside the Community LIFE

Program (except for disclosures to CMS and the PA Department of Public Welfare, the State Administering Agency) in accordance with your written consent. We will grant requests to restrict use of protected health information within the Community LIFE Program if they are reasonable and can be accommodated. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Access to Personal Health Information. You have the right to inspect and obtain a copy of your clinical or billing records or other written information that may be used to make decisions about your care, subject to some exceptions. Your request must be made in writing. In most cases we may charge a reasonable fee for our costs in copying and mailing your requested information.

Request Amendment. You have the right to request amendment of your health information maintained by the Community LIFE Program for as long as the information is kept by or for the Community LIFE Program. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by the Community LIFE Program, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Community LIFE Program; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Community LIFE Program.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by the Community LIFE Program or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosures made pursuant to your Authorization, and certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Request a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website, www.commlife.org.

Request Confidential Communications. You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

V. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Privacy Officer at 412-436-1337.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Community LIFE Program or with the Office of Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

To file a complaint directly with Community LIFE, contact the Privacy Officer at 412-436-1337. You may also call the Compliance Hotline, which will accept both identified and anonymous calls at 1-877-785-0006.

VI. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Community LIFE Program as well as for all health information we receive in the future. We will provide a copy of the revised Notice upon request.