

# Supportive Solutions, Inc. Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: April 14, 2004**

**Supportive Solutions, Inc.** is required by law to protect the privacy of your health information in the context of the crisis intervention services we offer. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law, which requires that we send you this notice when we use information given by you containing PHI. This notice explains how we may use information about you and when we may give out or “disclose” information about you to others as it relates to the crisis services that we provide you.

This notice describes our privacy practices, legal duties and your rights regarding your Protected Health Information (PHI). We must follow the terms of this notice while it is in effect. It will remain in effect until when and if we change it. If we change this notice, you may obtain an updated copy at our website [www.supportive-solutions.com](http://www.supportive-solutions.com) or by calling 1.800.982.8522 and requesting an updated copy be sent or emailed to you.

Supportive Solutions uses information about you to provide you with and refer you to appropriate and quality care. For example, we may use your information for:

**Treatment Coordination and Referral** Supportive Solutions may use your health information to provide you with assessment and referral services. We disclose Protected Health Information to the appropriate resource within the employer organization for coordination of care, follow-up on recommendations, to provide appropriate continuity of care and quality assurance purposes.

**Payment** Supportive Solutions may use your Protected Health Information to develop aggregate reporting tools to receive payment for the treatment and services you receive.

**Operations** Supportive Solutions may use your information to ensure quality care and services, to provide ongoing training to our staff or to ensure case coordination. We may use or disclose health information as necessary to operate and manage our crisis services business and to help manage your health care coverage.

When using and disclosing your Protected Health Information in our payment and operations activities, we may only request, use and disclose the minimum amount necessary of your Protected Health Information necessary to complete our task. We may also have business associates that have a contractual relationship with us assist in activities involving permitted uses and disclosures.

**Uses and Disclosures of Protected Health Information Allowed under the HIPAA Regulations**

The following is a listing of other ways we may, and are permitted by law to, use and/or disclose your Protected Health Information without your specific authorization:

**Required by Law:** Supportive Solutions may use and disclose information about you as required by law. Examples include to Health and Human Services for investigation of complaints; to report information regarding abuse and/or neglect; or to respond to a judicial proceeding, such as a court order. We also must use and disclose your health information to you or someone who has the legal right to act for you (your personal representative).

**Public Health and Safety:** Supportive Solutions may disclose your Protected Health Information to the extent necessary to avert a serious or imminent threat to your health or safety or the health and/or safety of others.

**Healthcare Oversight Activities:** Supportive Solutions may disclose your Protected Health Information to oversight agencies in the course of audits, inspections, license investigations, etc.

**Decedents:** Protected Health Information may be disclosed to a medical examiner or coroner to identify a deceased person, determine a cause of death or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.

### **Uses and Disclosures of Protected Health Information Based upon your Written Authorization**

Except as described in this Notice of Privacy Practices, Supportive Solutions will not use or disclose your health information without your written consent/authorization. If you give us a consent/authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures that were made while the authorization was in effect.

If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your consent/authorization may be required in order for us to disclose of your health information. Other federal and applicable state laws may require special privacy protections. These can include the Federal law governing alcohol and drug abuse information and treatment, state and Federal laws on HIV/AIDS, mental health, sexually transmitted diseases and child or adult abuse/neglect.

### **Your Individual Health Information Rights**

This is a listing of your rights with respect to your health information:

- You have the right to ask to restrict uses or disclosures of your information for reasons defined by the regulations and our policies. We will try to honor your request and will allow requests consistent with our internal policies. Supportive Solutions is not required to agree to a requested restriction.

- You have the right to view and obtain a copy of your designated record set. We require a written request from you defining the specific information you wish. Supportive Solutions may deny access to any portion of the record if we determine that release of that portion would be harmful to your physical or mental health or the well-being of another individual;
- You have the right to ask to amend your health record if you believe the information is wrong or incomplete. If we deny your request, you may have a statement of disagreement attached to your record.
- You have the right to ask to receive confidential communications of information by alternative means or alternative locations.
- You have the right to receive an accounting of disclosures made of your information as provided by the HIPAA regulations. This does not include any disclosures made which you have agreed to with a signed consent/authorization or information that relates to treatment, payment or operations of Supportive Solutions.

#### Complaints

You may complain to Supportive Solutions and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

#### Contact Information

If you have any questions or complaints, please contact:

Supportive Solutions, Inc.  
Tonya Slawinski Privacy Official  
2640 Pleasant Valley Road  
Murrysville, PA 15668  
1.800.982.8522