

**WARWICK FAMILY SERVICES, INC., WARWICK HOUSE, INC., WARWICK
FAMILY BASED PROGRAM, INC., MATERNAL CHILD CONSORTIUM, INC.,
ASSOCIATES HOME CARE, INC. AND AFFILIATES (THE "COMPANY")
800 CLARMONT AVENUE, SUITE B, BENSLEM, PA 19020
1460 MEETINGHOUSE ROAD, HARTSVILLE, PA 18974
500 EAST STATION AVENUE, COOPERSBURG, PA 19036
7B MYSTIC LANE, MALVERN, PA 19355**

NOTICE OF PRIVACY PRACTICES

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 Health Insurance Portability & Accountability Act of 1996 (HIPAA) and the HITECH Act of 2009 requires all health care records and other individually identifiable health information used or disclosed to us in any form, whether electronically, on paper or orally be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information. We have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We are committed to preserving the privacy and confidentiality of your health information.

Without your specific written authorization, we are permitted to use and disclose your health care records for the purposes of treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers so our Company can treat you or assist others in your treatment. Examples would include doctors, nurses, pharmacists, social workers, therapists and affiliated health care personnel as well as hospitals, clinics, nursing homes, residential treatment facilities, laboratory and diagnostic facilities etc. Treatment would also include sharing information with your family, personal representative or care partner if they will be involved in your care and treatment.
- **Payment** means such activities as confirming insurance coverage, obtaining reimbursement for services, billing /collection activities and utilization review. Payment may also require that we provide details regarding your pre-treatment condition and/or periodic updates concerning your progress to obtain payment for required services.
- **Health Care Operations** include the operating aspects of our business, such as conducting quality assessment and improvement activities internally and through accrediting and credentialing organizations, auditing and corporate compliance functions, cost-management analysis and customer service.

In addition, we are permitted by law to make certain uses and disclosures of your personal health information without your consent, subject to those conditions specified in the law. Your confidential information may be released to:

- comply with federal, state or local law, statute or regulations
- for public health activities, such as required reporting of disease, injury, death and for required public health investigations
- notify certain governmental agencies if we suspect child abuse or neglect; or if we believe that you may be a victim of abuse, neglect or domestic violence.
- notify entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls
- comply with government oversight agencies that have legal authority to conduct audits, investigations, inspections and related functions
- prevent a serious and imminent threat to a person or to the public as would be encountered in an

emergency situation

- comply with a bona fide court or administrative order, subpoena or discovery request; in most cases you will have notice of such release
- comply with requests from law enforcement officials to identify or locate suspects, fugitives or witnesses or victims of crime or for other allowable law enforcement purposes.
- notify coroners, medical examiners and/or funeral directors
- If you are a member of the military, for activities set out by certain military activities by certain military command authorities as required by the armed forces; we may also release your personal health information if necessary for national security, intelligence or protective services activities
- For purposes related to your workers compensation benefits
- provide notice to you or a family member with a reminder (i.e. telephonic, US Mail etc.) of an upcoming appointment.
- obtain your comments, feedback and measure your satisfaction regarding the quality of the services provided

You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have certain rights in regard to your protected health information, which you may exercise by presenting a written *request to our Privacy Officer at the location listed below*. Although under specific circumstances these rights may be limited, generally they include:

- The right to have your personal health information kept confidential.
- The right to know why we need to ask questions about your past medical history and current medical condition and the right to refuse to answer such questions.
- The right to request restrictions in our use or disclosure of your protected health information for treatment, payment or health care operations including that related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to such a restriction.
- If we do agree to a restriction and we later deem that the restriction to be inappropriate, we retain the right to terminate an agreed upon restriction and we will provide you notice of this change
- The right to request to receive confidential communications of protected health information from us by alternative means or at alternative locations. We will accommodate reasonable requests by you.
- The right to request an amendment to your protected health information if you believe that it is incorrect or incomplete.
- The right to access, inspect and copy your protected health information. Generally, this does not include psychotherapy notes. Our Company may charge a cost based fee for copying and mailing such information.
- The right to receive an “accounting of disclosures” or list of certain protected health information disclosures our organization has made excluding those related to treatment, payment and health care operations. Under certain circumstances, there may be a cost based charge for compiling this list.
- The right to obtain a paper copy of this notice from us upon request.
- The right to file a complaint if you believe your privacy rights have been violated
- The right to request restrictions on the release to your health plan of treatment that we provide as long as you have paid separately for these services and you have made this request to us in writing. Unless the request involves disclosures to your health plan about treatment for which you have paid, we are not required to agree to your request. If we agree to this request, this discrete information will remain confidential unless it is needed for you to receive emergency treatment.
- The right to provide an authorization for other use and disclosure that is not identified in this notice or permitted by applicable law.

Confidentiality of Alcohol and Drug Abuse Records HIV- Related Information and Mental Health Records. The confidentiality of alcohol and drug abuse records, HIV related information and mental health

records 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 other limited and regulated circumstances. We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

Business Associates Certain aspects and components of our services are performed through contracts with other healthcare professionals and / or organizations, such as auditing, accreditation, legal services etc. At times it may be necessary for us to provide certain of your personal health information to one or more of these persons or organizations who assist us with treatment, payment/ billing and healthcare operations. In such circumstances, we require these business associates to appropriately safeguard the privacy of such information as required by law.

Persons Involved In Your Care. Unless you specifically object, we may, in our professional judgment, disclose to a member of your family or personal representative, a close friend or any other person you identify, your personal health information to facilitate that person's involvement in caring for you or in payment for that care. We may use or disclose personal health information to assist in notifying a family member, a personal representative, or any other person that is responsible for your care and general condition. We may also disclose limited personal health information to a public or private entity that is authorized to assist in disaster relief efforts to locate a family member or other persons that may be involved in some aspect of caring for you.

Paper Copy As Notice As a patient, you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such a copy by email or other electronic means. You may also download and print a copy of this Notice from our website.

Research We may use and disclose your personal health information as permitted or required by law for research, subject to your explicit authorization.

Other Disclosures of Protected Health Information *Be advised that, as part of a therapy session, the client and other family members may be video recorded. These recordings will be used as a teaching tool to enhance the supervision and professional development of your behavioral health team with the goal of enhancing the therapeutic outcome achieved by each client. The Company is committed and required to assure the confidentiality of your personal health information recorded in this manner. By affixing your signature at the end of this document you are acknowledging your awareness of this practice and your agreement to participate.*

Your personal health information may be used on discrete welcome postings, birth dates and rosters of our client/residents.

Be advised that from time, the company may have students in training (interns) who participate in your therapy sessions and may be involved in certain aspects of your treatment and care coordination. When performing these functions, interns will become aware for your PHI. Interns are obligated to protect, safeguard and assure the confidentiality of your PHI as required by law.

This notice is effective as of September 23, 2013 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. Revisions to our Notice of Privacy Practices will be posted on the effective date and you may request a written copy of the Revised Notice from this office.

You have the right to file a formal, written complaint with us at the address below, or with the Department of Health and Human Services. Office of Civil Rights, in the event you feel your privacy rights have been violated. We will not retaliate against you for filing a complaint.

For more information about our privacy practices, please contact:	For more information about HIPAA or to file a complaint:
Maureen Stoll, Privacy Officer Warwick Family Services and Affiliates 800 Clarmont Ave, Suite B Bensalem, PA 19020 Phone: (267) 525-7000	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue SW Washington, D.C. 20201 Phone: (877) 696-6775

Acknowledgement of Receipt of Privacy Practices

NOTE: We are required by law to provide each patient or their personal representative with a copy of our Notice of Privacy Practices; obtain acknowledgement that the Notice was provided and keep that acknowledgement in our records. The undersigned will be given a copy of this Notice of Privacy Practices and a copy of the Acknowledgement for his/her records.

I acknowledge that on the date indicated below, I was provided a paper copy of the Company's Notice of Privacy Practices. I understand that this Notice describes how medical and mental health information about the patient may be used and disclosed and how such information may be accessed. I understand that I should review this Notice of Privacy Practices carefully.

Patient's Name	Patient's Signature	Date	
Name of Personal Representative	Representative's Signature.	Date	Relationship to Patient