



## LAUREL HEALTH LOCATIONS

### **Blossburg Laurel Health Center**

6 Riverside Plaza  
570-638-2174

### **Elkland Laurel Health Center**

103 Forestview Drive  
(814) 258-5117

### **Lawrenceville Laurel Health Center**

32 East Lawrence Road  
570-827-0125

### **Mansfield Laurel Health Center**

416 South Main Street  
570-662-2002

### **Troy Laurel Health Center**

45 Mud Creek Road  
570-297-3746

### **Wellsboro Laurel Health Center**

7 Water Street  
570-724-1010

### **Westfield Laurel Health Center**

236 East Main Street  
814-367-5911

### **Laurel Dental - Blossburg**

116 Seymour Street, Blossburg  
570-638-3468

### **Laurel Dental - Lawrenceville**

32 East Lawrence Road  
570-827-0145

### **Laurel Dental - Towanda**

346 York Avenue, Towanda  
570-828-3992

### **Laurel Behavioral Health Office and Laurel Health & Wellness Center**

40 West Wellsboro Street, Mansfield  
570-723-0620

### **Laurel Pediatrics**

1 B Main Street, Wellsboro  
570-724-7100

### **Laurel Health Administrative Office**

570-662-1945

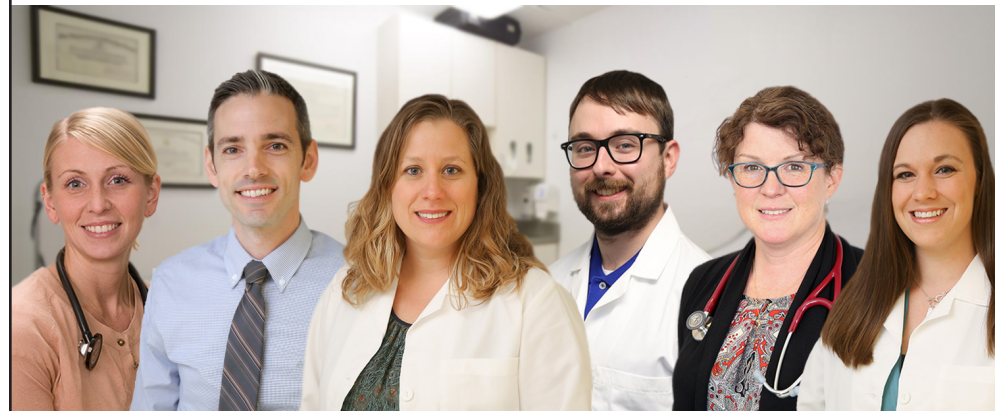
### **Laurel Health Toll-Free Number**

1-833-LAURELHC, All Locations  
(1-833-528-7354)

Rev. 02/2023

# Notice of Privacy Practices

Notice of Privacy Practices for North Penn Comprehensive Health Services doing business as the Laurel Health Centers (herein referred to as the Laurel Health Centers)



This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.



## Introduction

At the Laurel Health Centers, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect as well as how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice has been updated effective October 1, 2020 and applies to all protected health information as defined by federal regulations.

## Understanding Your Health Record & Patient Information

Each time you visit the Laurel Health Centers, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Communications platform for the team of healthcare professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals.
- Data source for medical research.
- Information resource for public health officials charged with improving the health of this state and the nation.
- Source of data for our planning and marketing.
- Tool to assess and continually improve care and patient outcomes.

Understanding what is in your record and how your health information is used helps you to ensure its accuracy; better understand who, how, when, and why others may access your health information; and make more informed decisions when authorizing its disclosure to others.

## Your Health Information Rights

Although your health record is the physical property of the Laurel Health Centers, your health information belongs to you.

You have the right to:

- Request a paper or electronic copy of this Notice of Privacy Practices.
- Review and obtain a copy of your health record as permitted by law.
- Request amendment(s) to your health record as permitted by law.
- Obtain an accounting of disclosures of your health information as permitted by law; an accounting will not contain disclosures that were made for treatment, payment, or healthcare operations purposes, or disclosures that were made under your direct authorization.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety others.

**Media Inquiries:** Unless you notify us that you object, we may provide your one-word condition to inquiring media if the reason for your visit is a matter of public record (e.g., if you were involved in a car accident).

Federal law allows your health information to be released to an appropriate health oversight agency, public health authority, or attorney if a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

## For More Information or to Report a Problem

If you have questions about this notice and would like additional information, you may call our toll-free number **1-833-LAURELHC** (528-7354) or contact the North Penn Comprehensive Health Services Administrative Office in writing at 40 West Wellsboro Street, Mansfield, PA, 16933.

If you believe your privacy rights have been violated, you can file a complaint with the North Penn Administrative Office or with the Office for Civil Rights, U.S. Department of Health and Human Services. All complaints will be investigated. There is no retaliation for filing a complaint with either the North Penn Administrative Office or the Office for Civil Rights, which can be reached at the address listed below:

### Office for Civil Rights

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

In accordance with the 2009 *Health Information Technology for Economic and Clinical Health* (HITECH) Act and its regulations, if a breach of personal health information is determined, the Laurel Health Centers will notify you, the Secretary of the U.S. Department of Health and Human Services, and the Office of Civil Rights of the breach.

**Averting a Serious Health / Safety Threat:** We may use and disclose medical information about you when we determine it is necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure would only be to someone able to help prevent said threat.

**Research:** We may disclose information to researchers when their research proposal has been evaluated by an institutional review board and approved. Protocols are established to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Marketing:** We may contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you. We will not use your personal information to market services or products sponsored / paid for by third-party vendors without your permission.

**Fundraising:** We may use certain limited information (e.g., name, address, telephone number, dates of service, age, and gender) to contact you in the future as part of a fundraising effort. The money raised will be used to expand and improve the services and programs we provide for the communities we serve. If you do not wish to be contacted for fundraising, please call our toll-free number 1-833-LAURELHC (528-7354) or send a notification in writing to the North Penn Comprehensive Health Services Director of Development at 40 West Wellsboro Street, Mansfield, PA, 16933.

**Food and Drug Administration (FDA):** We may disclose health information to the FDA relative to adverse events with respect to food, supplements, products, product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Workers' Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

- Request communication of your health information by alternative means or at alternative locations.
- Request a restriction on certain uses and disclosures of your information as permitted by law, although the Laurel Health Centers are not required to agree on a requested restriction.
- Revoke your authorization to use or disclose health information except to the extent that the information was already used or disclosed.
- Receive notice of health information breaches.
- Request to restrict disclosure of your health information to your health plan for services that you paid for in full.

Please contact the North Penn Comprehensive Health Services Administrative Office at 1-833-LAURELHC (528-7354) for more information if you would like to exercise any of the rights listed above.

### **Our Responsibilities**

The Laurel Health Centers are required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests to communicate health information via alternative locations or means.
- Follow all applicable federal, state, and local requirements for notification if your information is lost or stolen.

We reserve the right to update our privacy practices; new provisions are effective for all the protected health information we maintain. Should our privacy practices change, we will make a notification of this revision.

We will not use or disclose your health information without your authorization except as described in this notice. We will stop using or disclosing your health information after receiving a written termination of the authorization, according to the procedures included in said authorization.

### **Examples of Disclosures for Treatment, Payment, and Health Operations**

**We will use your health information to provide treatment.**

**For example:** Information obtained by your healthcare team will be recorded and used to determine your course of treatment. Your provider will document their expectations for the other members of your healthcare team, and the team will then record the actions they took and their observations. This way, your healthcare provider will know how you are responding to treatment.

We will also provide your family medicine physician, specialist, or a subsequent healthcare provider with access to your health information to assist them in treating you while you are a Laurel Health Center patient or once you've been discharged from our care.

**We will use your health information for payment.**

**For example:** A bill may be sent to you or a third-party payer like an insurance company. The information on or accompanying the bill may include information that identifies you (e.g., your name) as well as your diagnosis, procedures, service dates, and the treatment supplies used.

**We will use your health information for regular health operations.**

**For example:** We will use your provided name to call you from the waiting room for service. The medical staff, risk / quality improvement manager, or the quality improvement team may also use information from your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

**Other Uses or Disclosures That Can Be Made Without Authorization**

**Business Associates:** Our organization provides some services through business associates. Examples include certain laboratory tests, accrediting agencies, health record copy services, and emergency / radiology physician services. When these services are contracted, we may disclose your health information to our business associate so that they can perform their job and to bill you or your third-party payer for the services rendered. To protect your health information, we require the business associate to appropriately safeguard your information at all times.

**Workforce Members:** Laurel Health Center employees, volunteers, trainees, and other persons who work at the Laurel Health Centers may use your health information as related to treatment, operations, or billing.

**Notification:** Unless you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition.

**Communication with Family:** Unless you object, health professionals may disclose to a family member, caregiver, or any other person you authorize the minimum necessary health information relevant to that person's involvement in your care or payment related to your care. If you are unable to authorize this communication, health professionals will use their best judgment in providing this information for your care or payment related to your care.

**Military and Veterans:** We may release medical information about armed forces members as required by military command authorities or the Department of Veterans Affairs to determine benefit eligibility.

**Health Record & Exchanges:** Laurel participates in the EpicCare Community Health Record by UPMC MedChart, which may share information through Health Information Exchanges to assist with care coordination between specialists and primary care; you may opt out of these exchanges. Full details and a list of participating providers/exchanges may be found at [upmc.com/patients-visitors/privacy-info/notice-of-privacy-practice#coverage](http://upmc.com/patients-visitors/privacy-info/notice-of-privacy-practice#coverage).

**Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities as authorized by the law. These oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor healthcare systems, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in a lawsuit or dispute, but only if but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**National Security and Intelligence Activities:** We may release personal health information about you to authorized federal officials for the purpose of intelligence, counterintelligence, and / or other national security activities as authorized by the law.

**Law Enforcement:** We will disclose medical information about you when required to do so by federal, state, or local law. We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, or summons, etc.
- To assist in identifying or locating a suspect, fugitive, material witness, or missing person.
- About the victim of a crime if we are unable to obtain the person's agreement under certain limited circumstances.
- Regarding a death we believe may be the result of criminal conduct.
- About any suspected criminal conduct witnessed at a health center.
- In emergency circumstances to report a crime, the location of a crime or its victims, and / or the identity, description, or location of the person who committed a crime.