



## **Notice of Privacy Practices for the Laurel Health Centers (North Penn Comprehensive Health Services)**

**THIS PRIVACY PRACTICES NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, INCLUDING HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Introduction:**

At the Laurel Health Centers, we are committed to safeguarding protected health information (PHI) and using it 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 PHI. This notice has been updated effective March 2026 and applies to all PHI as defined by federal regulations.

### **Understanding Your Health Record & Patient Information**

Each time you visit a Laurel Health facility; 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 follow-up treatment.

This information, often referred to as your health or medical record, functions as a:

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

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

### **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 our Notice of Privacy Practices. You may ask us to give you a copy of this notice or download a copy of this notice from our website at any time.
- Review and obtain a copy of your health record as permitted by law in your "designated records set" (as defined by HIPAA), which includes medical and billing records about you and other related records we use to make decisions about your care.

- Request amendment(s) to your health record as permitted by law. If you feel any health information about you is incorrect or incomplete, you may ask us in writing to correct that information.
- 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.
- 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 should one occur.
- 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 the requested restriction.
- Accommodate reasonable requests to communicate health information by alternative means or at alternative locations.
- 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. When new provisions are made to the privacy notice, they are effective immediately for all the protected health information we maintain. Should our privacy practices change, we state when the latest revision was made in our notice.

### **How We May Use and Share Your Health Information**

We may use and share your health information in certain ways, such as to better treat you, when we receive your written permission, or as permitted / required by the law. The following list describes different ways that we may use and share your health information with provided examples.

**Laurel Health's *Consent for Treatment, Payment, and Healthcare Operations* document allows us to use your information for the following purposes:**

**Treatment:** We will use your health information to provide medical treatment or related services, including coordination of care and case management.

**For example:** Information provided to 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. At all times, we will comply with any laws that apply.

**Payment:** We will use your health information to facilitate payment(s).

**For example:** To receive payment for the services we provide you, we may use and share your health information with your insurance company or a third party who is paying for your care. 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.

**Health Care Operations:** We may use and share your health information for business and other operational purposes in order to provide efficient and quality healthcare services.

**For example:** We may use your health information to evaluate the quality of the treatment we provided. We may share information with our staff, trainees, or clinical students for review and training purposes. We may share your health information for case management and care coordination purposes. We will *not* sell your name or any identifiable health information to others without your permission.

**Medical Record & Healthcare Exchanges:** Laurel Health is an independent health system, but we participate in a healthcare information exchange with other local and regional healthcare providers to better facilitate care for our patients. We participate in the EpicCare Community Health Record by UPMC MedChart, which can 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 in these 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).

**Business Associates:** Our organization provides some services through business associates. Examples include certain laboratory tests, accrediting agencies, and 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 correctly bill for the services rendered. To protect your health information, we require business associates to appropriately safeguard your information at all times.

**Appointment Reminders:** We may use and share your health information to remind you of an appointment for medical or dental care. For example, we may call, text, or e-mail you to remind you of an upcoming scheduled appointment. We may also use and share your health information to confirm the time, place, and attendance of your appointment for treatment with third-party transportation services and any other related services (including but not limited to third parties involved in your treatment).

**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. Money raised is 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 Development Office at 40 West Wellsboro Street, Mansfield, PA, 16933.

**Marketing:** We may contact you to provide information about new treatments, providers, services, locations, or other health-related benefits that may be of interest to you such as wellness information or education. We will not use your personal information to market services or products sponsored / paid for by third-party vendors without your permission.

**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 with regard to research.

### **Special Situations:**

In the following situations, the law either permits or requires us to use or share your health information with others. However, laws governing sensitive information may limit these disclosures, including behavioral health information, drug and alcohol treatment information, and HIV status.

**As Permitted or Required by Law:** We will disclose medical information about you when required to do so by federal, state, or local law. For example, if we believe that you have been a victim of abuse, neglect, or domestic violence, we may share your health information with an authorized government agency.

**Averting a Serious Health and 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 and/or the health and safety of others. Any disclosure would only be to someone able to help prevent said threat.

**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.

### **Special Government Purposes:**

We may use and share your health information with certain government agencies, such as:

- **Military and Veterans :** We may share your health information with military authorities as the law permits if you are a member of the armed forces.
- **National Security and Intelligence :** We may share your health information with authorized federal officials for the purpose of intelligence, counterintelligence, and/or other national security activities as authorized by the law.
- **Protective Services for the President and Others:** We may share your health information with authorized federal officials to protect the President of the United States, other authorized persons, or foreign heads of state. We may also share your health information for purposes of conducting special investigations as authorized by law.

**Workers' Compensation:** We may share your health information for Workers' Compensation or similar programs that provide benefits for work-related injuries or illnesses.

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

**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 surveillance information to enable product recalls, repairs, or replacements.

**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.

**Coroners, Medical Examiners, and Funeral Directors:** We may share your health information with a coroner or medical examiner in order to identify a deceased person, determine the cause of death, or other reasons allowed by law. We may also share your health information with funeral directors, as necessary, so they can carry out their duties.

**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.

**Other Ways We are Allowed to Use and Provide Your Health Information to Others:**

**People Involved in Your Care or Payment of Your Care :** Unless you object, health professionals may share the minimum necessary health information relevant to a family member, caregiver, or any other person you authorize based on that person's involvement in your care or for 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 for payment related to your care.

**Permissible Disclosures to Law Enforcement:** We may share your health information with a law enforcement official or authorized individual:

- In response to a court order, subpoena, warrant, summons, or similar legal process.
- 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.

**Exception to the Above:** If you are a patient in a psychiatric, mental, or behavioral health facility or a patient in drug and alcohol facility, additional authorization may be required to release your information outside of Laurel Health. Subject to laws that allow certain minors to consent to medical treatment, permission to release your information must come from your parents or legal guardian(s) if you are under age 18.

Substance use disorder treatment records received from programs subject to 42 CRF part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless we have your written consent, or are so ordered by a court. A court order authorizing disclosure must be accompanied by a subpoena or other legal document.

**Where Written Permission is Required:** Except as stated in the sections above, your written permission is required before we can use or share your health information with anyone outside of Laurel Health. If you give us permission to use and/or share your health information, you may cancel that permission in writing at any time. However, this does not recall health information that we have already shared with your permission.

**Reproductive Health Information:**

We are committed to protecting the privacy of your reproductive health information.

- **Prohibition of Use or Disclosure:** We will not use or disclose PHI for the purpose of investigating or imposing liability on any person for seeking, obtaining, providing, or facilitating reproductive healthcare that is lawful under the circumstances in which it is provided.
- **Attestations:** We require a signed and dated written attestation from any person requesting PHI related to reproductive healthcare, attesting that the information will not be used for purposes of investigation or imposing liability.

**For More Information or to Report a Problem:**

If a breach of your health information occurs at Laurel Health or at one of its Business Associates, you will be provided with a written notification as required by the Health Insurance Portability and Accountability Act (HIPAA) and its regulations.

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 through 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

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