



HSAO 2801 Custer Avenue Pittsburgh, PA 15227  
Phone: 412-884-4500 Fax: 412-885-3900  
Website: [hsao.org](http://hsao.org)

## **NOTICE OF PRIVACY PRACTICES**

***This notice describes how personal health information about you, both paper and electronic, may be used and disclosed and how you can get access to this information.***

### ***YOUR RIGHTS:***

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 3 for more information on these rights and how we exercise them***



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## **YOUR CHOICES:**

You have some choice in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide mental health care

➤ *See page 4 for more information on these rights and how we exercise them*

## **OUR USES AND DISCLOSURES:**

We may use and share your information as we:

- Provide services to you
- Run our organization
- Bill for your services
- Comply with the law
- Respond to lawsuits and legal actions

➤ *See page 4 for more information on these rights and how we exercise them*



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***YOUR RIGHTS: When it comes to your personal health information, you have certain rights. This Section explains your rights and some of our responsibilities to help you.***

**Get an electronic or paper copy of your medical record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your personal health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct your medical record:**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

**Request confidential communications:**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

**Ask us to limit what we use or share:**

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your “request”, and we may say “no” if it would affect your care.

**Get a list of those with whom we’ve shared information:**

- You can ask for a list of the items we’ve shared about your health information for six years prior to the date you ask, who we share it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice:**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.



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**Choose someone to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise our rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated:**

- You can complain if you feel we have violated your rights by contacting us using the information at the top of the page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

***YOUR CHOICES:*** *For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information, in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.*

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family or close friends
- Share information with others involved in your care



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***OUR USES AND DISCLOSURES: How do we typically use or share your health information? We typically use or share your health information in the following ways:***

- We can use your health information and share it with other professionals who are treating you
- We can use and share your health information to run our agency, improve your care, and contact you when necessary
- We can use and share your health information to bill and get payment from health plans or other entities

***OUR RESPONSIBILITIES:***

- We are required by law to maintain the privacy and security of your protected health information, both written and electronic.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Effective: July 1, 2014