



QCHC Family Health Center 2501 W. Lehigh Avenue, Philadelphia, PA 19132 (215)227-0300
Meade Family Health Center 18th & Oxford Streets, Philadelphia, PA 19121 (215)765-9501
Cooke Family Health Center 1300 W. Loudon Street, Philadelphia, PA 19141 (215) 457-3002

HIPAA: Notice of Privacy Practices December 2024

This Notice Describes How Medical Information About You May Be Used and Disclosed and How you can Get Access to This Information. Please Review Carefully.

QUALITY COMMUNITY HEALTH CARE, INC. IS COMMITTED TO YOUR PRIVACY

QCHC, Inc. understand that information about you and your health is extremely personal, that is why it is our commitment to strive to protect patients' privacy. QCHC, Inc. is required by law to maintain the privacy of our patients' protected health information ("PHI"). In addition, we are also required to provide notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of this notice and to make a new notice effective for all PHI we maintain. Updated notices can be obtained by patients at <https://www.qchc.org> or by contacting the Compliance and Risk Management Director.

WHO THIS NOTICE APPLIES TO

The term of this notice applies to Quality Community Health Care, Inc. locations: 2501 W. Lehigh Ave., Cooke Family Health, and Meade Family Health. This notice does not apply to non-employed Quality Community Health Care, Inc. providers that work with patients of QCHC, Inc. in their private medical facilities.

Below is a description of how your health information will be used and disclosed to advance our mission.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT DO NOT REQUIRE AN AUTHORIZATION

Treatment: For example, doctors, providers, dentists and other staff members involved in your care will use and disclose your PHI to coordinate your care, or to plan a course of treatment for your health services.

Payment: For example, we may disclose information regarding your medical procedures and treatment to your insurance company to arrange payment for the services that were provided to you by our medical, dental, or behavioral health providers.

Health Care Operations: For example, QCHC, Inc. may disclose your PHI for billing or interpreter support. We may use your PHI to conduct evaluations of the treatment and services provided or to conduct peer to peer reviews of clinical staff performance. We may disclose your PHI for education and training purposes to providers and others outside of QCHC, Inc.

To Persons Involved in Your Care: QCHC, Inc. ask all patients to complete their consent to release forms at time of registration for persons involved in your care. Based on our professional judgment, we may have to disclose your PHI to a family member or other persons you have consented to have information released to, who are involved in your care, or paying for your care. Similarly, we may also disclose limited PHI to an entity authorized to assist in disaster relief and emergency treatment efforts for the purpose of coordinating notification to someone responsible for your care of your general condition or location.

Communicating with You: QCHC, Inc. will use your PHI to communicate with you directly about several important topics, including information about appointments, your treatment, additional external treatment options and other health-related services, as well as payment for your treatment.

Business Associates: At times, we may need to disclose your PHI to persons or organizations outside QCHC, Inc., who assist the health center with payment/billing activities and health care operations. We require these business associates and their subcontractors to appropriately safeguard your PHI.

Other Uses and Disclosures: QCHC, Inc. may be permitted or required by law to make certain additional uses and disclosures of your PHI without your authorization. Subject to conditions specified by law, we may release your PHI: • for any purpose required by law • for public health activities, including required reporting of disease, injury, birth and death, for required public health investigations, and to report adverse events or enable product recalls • to government agencies if we suspect child/elder adult abuse or neglect.

QCHC, Inc. may also release your PHI to local government agencies if we believe you are a victim of abuse, neglect or domestic violence. In addition, we may release your PHI to your employer when we have provided screenings and health care at their request for treatment; to a government oversight agency conducting an audit, an investigation, inspections and related oversight functions; in the event of an emergency, such as to prevent a serious and imminent threat to a person or the public; if required by a court or administrative order, subpoena or discovery request; for law enforcement purposes, including to law enforcement officers to identify or locate suspects, fugitives or witnesses, or victims of crime; to coroners, medical examiners and funeral directors, and for purposes related to workers' compensation benefits.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BASED ON A SIGNED AUTHORIZATION

Except as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed a form authorizing the use, or disclosure. You may revoke an authorization in writing, except to the extent we have already relied upon. The confidentiality of substance use disorder and mental health treatment records as well as HIV-related information maintained by QCHC, Inc. 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, regulated circumstances.

YOUR RIGHTS

Access to Your PHI: Generally, you can access and inspect paper or electronic copies of certain PHI that we retain about you as a patient. You may readily access much of your health information without charge using the patient portal.

Amendments to Your PHI: You can request amendments, or changes, to certain PHI that we maintain about you that you think may be incorrect or incomplete. All requests for changes must be in writing, signed by you, or your representative, and state the reasons for the request. If we decide to make an amendment, we may also notify others who have copies of the information about the change. Note that even if we accept your request, we may not delete any information already documented in your medical record.

Accounting for Disclosures of Your PHI: In accordance with applicable law, you can ask for an accounting of certain disclosures made by us of your PHI. This request must be in writing and signed by you, or your representative. This does not include disclosures made for purposes of treatment, payment, or health care procedures, or for certain other limited exceptions. An assigned staff will include prior disclosures made to the date of a request.

Restrictions on Use and Disclosure of Your PHI: You can request restrictions on certain of our uses and disclosures of your PHI for treatment, payment, or health care operations. We are not required to agree but will attempt to accommodate reasonable requests when appropriate.

Restrictions on Disclosures to Health Plans: You can request a restriction on certain disclosures of your PHI to your health plan. Such requests must be made in writing and identify the services to which the restriction will apply.

Confidential Communications. You can request that we communicate with you through alternative means, or at alternative locations, and we will accommodate requests in a reasonable time frame. You must request in writing such confidential communication to the Compliance and Risk Management Director, at 2501 W. Lehigh Avenue., Philadelphia, PA.

Breach Notification: QCHC, Inc. is required to notify you in writing of any breach of your unsecured PHI without unreasonable delay and no later than 60 days after we discover the breach.

Paper Copy of Notice. You can obtain a paper copy of this notice, even if you agreed to receive an electronic copy. This notice is available in person and/or on our website at <https://www.qchc.org>.

ADDITIONAL INFORMATION

Complaints: If you believe your privacy rights have been violated, you can file a complaint with the Compliance and Risk Management Director, in writing, at 2501 W. Lehigh Avenue, Philadelphia, PA 19132.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. A complaint must be made in writing and will not in any way affect the quality-of-care you receive at any QCHC, Inc. health care centers.

For further information. If you have questions about this notice, or requests regarding privacy, please contact the Compliance and Risk Management Director at 267-973-5423 or kcwilcox@qchc.org.

Effective Date. This Notice of Privacy Practices is effective December 6, 2024.