

# Patient Services, Inc.

## Notice of Privacy Practices

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

**Effective Date: September 26, 2014**

**Revision Date: June 15, 2019**

If you have any questions about this notice, please contact our Privacy Officer at 1-800-366-7741. Written requests may be made via email to [hipaaprivacyofficer@unneedpsi.org](mailto:hipaaprivacyofficer@unneedpsi.org) or to the address below:

Patient Services, Inc.  
Attn: Privacy Officer  
P.O. Box 5930  
Midlothian, Virginia 23112

### **Our Commitment To Your Privacy**

We understand the importance of keeping your personal and health information secure and private. By following the rules set forth by the Health Insurance Portability and Accountability Act of 1996 ('HIPAA'), we maintain the privacy of your protected health information ('PHI') in written, verbal, and electronic form, provide you with notice of our legal duties and privacy practices with respect to your PHI, and abide by the terms of this notice. This notice informs you about your privacy rights and about how we may use and share your PHI. If this notice is updated, changes will apply to PHI that we already have about you as well as any PHI that we may receive or create in the future. You may request a copy of our privacy practices at any time.

### **Your Rights**

**When it comes to your PHI, you have certain rights.**

For example, you have the right to:

- Get a copy of your PSI Patient File
- Correct your PSI Patient File
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your PHI
- Get a copy of this privacy notice
- Choose someone to act for you and/or have your PHI disclosed to them
- Request restrictions
- File a complaint if you believe your privacy rights have been violated.

### **Getting a copy of your PSI Patient File**

You can inspect and obtain a copy of your PSI Patient File. If you request it, we will provide you with a copy or a summary of your PSI Patient File, usually within 15 days. To do so, please submit your request in writing to our Privacy Officer at the address listed on the first page of this notice. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request depending upon local laws. If we maintain your PSI Patient File electronically, you may also request an electronic copy.

### **Asking us to correct your PSI Patient File**

If you believe that any information in your PSI Patient File is incorrect or incomplete, you may ask us to amend it. To request an amendment, please submit your request in writing to our Privacy Officer at the address listed on the first page of this notice with a reason that supports your request. If we feel that your request is not correct, we may deny it and you may then submit a statement of disagreement. If we say "no" to your request, we'll tell you why in writing within 60

days.

### **Requesting confidential communications**

You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. *For example, you may ask that we contact you by mail, rather than telephone; or at work, rather than at home.* Such a request must be made in writing to our Privacy Officer at the address listed on the first page of this notice. We will accommodate all reasonable requests, and we must say “yes” if you tell us that your safety would otherwise be in jeopardy.

### **Asking us to limit the information that we use or share**

You have the right to request restrictions on certain uses and disclosures of your PHI but PSI is not legally required to agree to any such requested restriction. Please submit any restriction request in writing to our Privacy Officer at the address listed on the first page of this notice. In your request, you must tell us what information you want to limit and to whom you want the limitations to apply. We may say “no” to your request, but we’ll tell you why in writing.

### **Getting a list of those with whom we’ve shared your PHI**

You can ask for a list (accounting) of the times we’ve shared your PHI for six years prior to the date you ask, who we shared it with, and why. To request such an accounting, please submit your written request to our Privacy Officer at the address listed on the first page of this notice. Your accounting will include all the disclosures made (except for those about treatment, payment, and health care operations, and certain other disclosures including those you asked us to make). We’ll provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Getting a copy of this privacy notice**

If you ask for a paper copy of this notice at any time, we will promptly give it to you free of charge (even if you have agreed to receive it electronically).

### **Choosing someone to act for you and/or have your PHI disclosed to them**

If you have given someone medical 'power of attorney', or if someone is your legal guardian, that person is legally permitted to exercise your rights and make certain choices for you. Before we take any action based upon such a request, we will verify that the person has authority to act for you. You may also give verbal or written permission to have your PHI disclosed to another individual (such as a family member).

### **Filing a complaint if you feel your rights are violated**

If you feel we have violated your rights, you can file a complaint with our Privacy Officer at the address listed on the first page of this notice. You can also 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, 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.

### **How do we typically use or share your PHI?**

We typically use or share your PHI in the following ways:

#### **Helping to manage the health care treatment you receive**

We can use your PHI and share it with professionals who are treating you. *Example: A doctor sends us PHI about your diagnosis and treatment plan so we can arrange additional services.*

#### **Running our organization**

We can use and disclose your PHI to run our organization and contact you when necessary. *Example: We use PHI about you to develop better services for you.*

## **Paying for your health services**

We can use and disclose your PHI as we pay for your health services. *Example: We share PHI about you with your health insurance company or a pharmacy.*

## **Administering the program under which you are receiving assistance**

We may disclose your PHI to your health plan sponsor for program assistance administration. *Example: We contract with a Pharmacy Benefit Manager (PBM) to process and pay prescription drug claims, and we provide certain PHI so that we can process and pay the claim for you.*

## **How else can we use or share your PHI?**

We are allowed or required to share your PHI in some other ways – usually in ways that contribute to the public good, such as public health and research. Before we can share your PHI for these purposes, we must meet all legal standards. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Helping with public health and safety issues**

We can share your PHI for certain reasons such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Participating in research**

We can use or share your PHI for health research purposes.

## **Complying with the law**

We will share PHI about you if state or federal laws require us to do so.

## **Responding to lawsuits and other legal actions**

We can share your PHI in response to a court or administrative order, or in response to a subpoena.

## **Responding to organ and tissue donation requests and working with a medical examiner or funeral director**

We can share your PHI with organ procurement organizations. If applicable, we can share your PHI with a coroner, medical examiner, or funeral director.

## **Addressing workers' compensation, law enforcement, and other government requests**

We can use or share your PHI for:

- Workers' compensation claims
- Law enforcement purposes or with a law enforcement official
- Activities authorized by law by health oversight agencies
- Special government functions such as military, national security, and presidential protective services.

## **Your Choices**

### **For certain PHI, you can tell us your choices about what we share.**

If you have a clear preference for how we share your PHI in the situations described below, please 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 PHI with your family, close friends, or others involved in payment for your care
- Share PHI in a disaster relief situation.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your PHI if we believe it is in your best interest. We may also share your PHI when needed to lessen a serious and imminent threat to health or safety.*

**Unless you give us written permission, we will *never* share your PHI for:**

- Marketing purposes
- Sale of your PHI

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may compromise the privacy or security of your PHI.
- 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 PHI other than as described here unless you tell us we can in writing or through electronic consent. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all PHI we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.