

NOTICE OF PRIVACY PRACTICES

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

Safeguarding Your Protected Health Information

Vesta, Inc. is committed to protecting your health information. In order to provide treatment or to pay for your healthcare, Vesta, Inc. will ask for certain health information, and that health information will be put into your record. The record usually contains your symptoms, examination and test results, diagnoses, and treatment. That information, referred to as your health or medical record, and legally regulated as health information may be used for a variety of purposes. Vesta, Inc. is required to follow the privacy practices described in this notice, although Vesta, Inc. reserves the right to change our privacy practices and the terms of this Notice at any time. You may request a copy of the new notice from Vesta, Inc. or from any Department of Health and Mental Hygiene Agency.

Vesta, Inc. May Use and Disclose Your Protected Health Information

Vesta, Inc. employees will only use your health information when doing their jobs. For uses beyond what Vesta, Inc. does, Vesta, Inc. must have your written authorization unless the law permits or requires disclosure without your authorization. The following are some examples of our possible uses and disclosures of your health information.

Use and Disclosures Relating to Treatment, Payment, or Health Care Operations

For Treatment: Vesta, Inc. may use or share your health information to approve, deny treatment and to determine if your medical treatment is appropriate. For example, Vesta, Inc. employees may need to review your treatment plan with your healthcare provider for medical necessity or for coordination of care.

To Obtain Payment: Vesta, Inc. may use or share your health information in order to bill and collect payment for your health care services and to determine your eligibility to participate in our services. For example, we send claims for payment of services provided to you.

For Health Care Operations: Vesta, Inc. may use and share your health information to evaluate the quality of services provided or to our state or federal auditors.

Other Uses and Disclosures of Health Information Required or Allowed by Law

Information Purposes: Unless you provide us with alternative instructions, Vesta, Inc. may send appointment reminders and other materials about the program to your home.

Required by Law: Vesta, Inc. may disclose health information when a law requires us to do so.

Public Health Activities: Vesta, Inc. may disclose health information when we are required to collect or report information about disease or injury or to report vital statistics to other public health authorities.

Health Oversight Activities: Vesta, Inc. may disclose your health information to other departments in our agency or other agencies for oversight activities required by law. Examples of these oversight activities are audits, inspections, investigations, and licensure.

Coroners, Medical Examiners, Funeral Directors and Organ Donations: Vesta, Inc. may disclose health information relating to a death to coroners, medical examiners or funeral Directors, and to authorized organizations relating to organ, eye or tissue donations or transplants.

Research Purposes: In certain circumstances, and under supervision of our administrators, Vesta, Inc. may disclose Health information to assist medical research.

Avert Threat to Health or Safety: In order to avoid a serious threat to health or safety, Vesta, Inc. may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

Abuse and Neglect: Vesta, Inc. will disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or some other crime. Vesta, Inc. may disclose your health your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Specific Government Functions: Vesta, Inc. may, in certain situations, disclose health information of military personnel or veterans to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

Families, Friends, or Others Involved in Your Care: With your written authorization, Vesta, Inc. may share your health information with people as it is directly related to their involvement in your care. Vesta, Inc. may share your information with regards to payment of your care. With your authorization, Vesta, Inc. may also share health information with people to notify them about your location, general condition or death.

Worker's Compensation: Vesta, Inc. may disclose health information to worker's compensation programs that provide benefits for work- related injuries or illnesses without regard to fault.

Patient Directories: The health plan under which you are enrolled does not maintain a directory for disclosure to callers or visitors who ask for you by name. You will not be identified to an unknown caller or visitor without authorization.

Lawsuits, Disputes, and Claims: If you are involved in a lawsuit, a dispute, or claim, Vesta, Inc. may disclose your health information in response to a court or administrative order, subpoena, discovery request, investigation of a claim filed on your behalf, or other lawful process.

Law Enforcement: Vesta, Inc. may disclose your health information to a law enforcement official for purposes that are required by law or in response to a subpoena.

You Have a Right to:

Request Restrictions: You have a right to request a restriction or limitation on the health information Vesta, Inc. uses or discloses about you. Vesta, Inc. will accommodate your request if possible, but is not legally required to agree to the request to the requested restriction. If Vesta, Inc. agrees to a restriction, Vesta, Inc. will follow it except in emergency situations.

Request Confidential Communications: You have the right to ask that Vesta, Inc. send you information at an alternative address or by alternative means. Vesta, Inc. must agree to your request as long as it is reasonably easy for us to do so.

Inspect and Copy: You have a right to see your record (excluding psychotherapy notes) or to receive a summary of your record upon your written request. Vesta, Inc. may only release information that was produced by Vesta, Inc. You may review and copy your psychotherapy notes only if consent is given to you by your therapist. Unlike the rest of your medical record, you may not see your therapy notes without the express permission of your therapist. Psychotherapy notes may be used by your therapist for your treatment without your authorization. The notes may also be used by the program without your authorization for certain other limited health care operations. Otherwise, the use and disclosure of your psychotherapy notes requires your written authorization. If you want copies of your health information, you may be charged a fee for copying, depending on your circumstances. To request a copy of your record, please contact your therapist or service coordinator.

Request Amendment: You may request in writing that Vesta, Inc. correct or add to your health record. Vesta, Inc. may deny the request if Vesta, Inc. determines that the health information is: 1) correct and complete, 2) not created by us and/or not part of our records, or 3) not permitted to be disclosed. If Vesta, Inc. approves the request for amendment, Vesta, Inc. will change the health information and inform you, and will tell others that need to know about the change in the health information.

Accounting of Disclosures: You have a right to request a list of disclosures made of your health information after April 14, 2003. Exceptions are health information that has been used for treatment, payment, and operations. In addition, Vesta, Inc. does not have to list disclosures made to you, based on your written authorization, provided for national security, to law enforcement officials or correctional facilities. There will be no charge for up to one such list each year.

Notice: You have the right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

For More Information:

For more information or to file a complaint, we encourage you to follow Vesta, Inc.'s chain of command and the procedure for filing a grievance as outlined in Vesta, Inc.'s client guide. This means, you should first contact your therapist. If your issue is still not resolved, you should contact the director of the program of concern. If you feel that this has not resolved your complaint, you may file a formal complaint by following the procedures listed below.

To Report a Problem About Our Privacy Practices:

If you are a resident of a DHMH facility and believe your privacy rights have been violated, you may file a complaint.

You can file a complaint with the Department of Health and Mental Hygiene, Resident Grievance System Central Office at 1-800-747-7454.

You can file a complaint with the Secretary of the U. S. Department of Health and Human Services, Offices of Civil Rights:

Region III - Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)

Barbara Holland, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
150 S. Independence Mall West
Suite 372, Public Ledger Building
Philadelphia, PA 19106-9111
Main Line (800) 368-1019
FAX (215) 861-4431
TDD (800) 537-7697

Vesta, Inc. will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective on April 14, 2003

Rev 11/19/2013