



Privacy Practices Notice

As required by The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) this notice of protected health information practices describes the information we collect, and how we use or disclose that information. This notice requires that all medical records and other individually identifiable protected health information used by this organization be kept properly confidential.

Each time you visit Community Health Net a record of your visit is made. This record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future treatment.

This information serves as a:

- Basis for planning your care and **treatment**
- Means of communication among the health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third party payer can verify services billed to obtain **payment**
- A tool for educating health professionals
- A source of data for medical research
- A source of information for public health officials to improve the health status of this area
- A source for our planning and marketing
- A tool with which we conduct our **health care operations**
- A tool with which we can assess and continually work to improve patient care and outcomes.

You have a right to:

- Inspect and obtain a copy of your health record
- Amend your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or locations
- Request a restriction on certain uses and disclosures of your information
- Revoke your authorization to use or disclose health information

Our Responsibilities:

Community Health Net is required to maintain the privacy of your health information and to provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. We are committed to abide by the terms of this notice. We will also notify you if we are unable to agree to a requested restriction or amendments; and accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations. All requests to exercise any of your rights must be made in writing.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we will mail a revised notice to the address you’ve supplied us. We will not use or disclose your health information without your authorization except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Office for Civil Rights, we will not retaliate against you for filing a complaint, nor will filing a complaint have any affect or bearing on the quality of care you receive.

To file a complaint or for more information about the compliance process and HIPAA, please contact	
Our Privacy Compliance Officer; Diana Zenewicz 1202 State Street, Erie, PA 16501 (814) 454-4530	U.S. Department of Health and Human Services Office of Civil Rights 200 Independence Avenue, S.W. Washington, D.C. 20201 (202) 619-0257 Toll Free: 1-877-696-6775

This notice is effective 4-14-2003