

Philadelphia FIGHT HIPAA Notice of Privacy Practices

This notice describes how Philadelphia FIGHT (“**FIGHT**”) uses or discloses patient medical information and how you can access this information (the “**Notice**”). *Please review it carefully.*

FIGHT’s commitment to privacy

FIGHT understands that information about you and your health is very personal. We strive to protect our patient’s privacy. We are required by law to maintain the privacy of our patient’s protected health information (“**PHI**”). We are required to provide notice of our legal duties and privacy practices with respect to PHI and to abide by the terms of this Notice.

Fight must 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.

We can change the terms of this Notice and make a new Notice effective for all PHI we maintain. An updated Notice will be available upon request, in our locations, and on our website.

Who this Notice applies to

This Notice applies to all records of your care created or received by FIGHT’s HIPAA-covered components, which are listed at <https://fight.org/about/notice-of-privacy-practices/hipaa-privacy-rule-covered-components/>. This Notice also applies to the physicians, licensed professionals, employees, volunteers, and trainees seeing and treating patients at FIGHT.

FIGHT provides culturally competent comprehensive primary care, and state of the art HIV primary care to low-income members of the community, along with research, consumer education, advocacy, social services and outreach to people living with HIV and those who are at high risk, including family members, communities with high rates of HIV, formerly incarcerated persons, and young people at risk; and access to the most advanced clinical research in HIV treatment and prevention. Below is a description of how your health information will be used and disclosed to advance this mission.

FIGHT’s uses and disclosures of your PHI that do not require an authorization

- **Treatment.** For example, doctors, nurses, 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 you.
- **Payment.** For example, we may disclose information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you.
- **Health Care Operations.** We can use and share your health information to bill and get payment from health plans or other entities. We may use your PHI to conduct an evaluation of the treatment and services provided or to review staff performance. We may

disclose your PHI for education and training purposes to doctors, nurses, technicians, medical students, residents, fellows, and others.

- **Health Information Exchanges.** We participate in initiatives to facilitate electronic sharing of patient information, including, but not limited to, Health Information Exchanges (“**HIEs**”). HIEs involve coordinated information sharing among HIE members for purposes of treatment, payment, and health care operations. You may opt out of FIGHT’s information sharing through its HIE activities. If you wish to opt out, please contact the FIGHT Privacy Officer as described below. You may also opt out of Pennsylvania’s state-wide HIE by completing and submitting this form: <https://www.dhs.pa.gov/providers/Providers/Documents/Blank%20Opt%20out%20form.pdf>
- **To Persons Involved in Your Care.** If you do not object, we may, based on our professional judgment, disclose your PHI to a family member or other person if they 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 efforts for the purpose of coordinating notification to someone responsible for your care of your general condition or location. *However, we will not disclose HIV/AIDS related information to family members or other persons involved in your care (who are not your health care providers) without your written consent.*
- **Communicating with You.** We will use your PHI to communicate with you about important topics, including appointments, your care, treatment options and other health-related services, and payment for your care.

We urge you to sign up for our patient portal to send and receive communications conveniently and securely and to share your preferences for how we contact you. The patient portal is: https://mycw114.ecwcloud.com/portal15736/jsp/100mp/login_otp.jsp

We may also contact you at the email, phone number or address that you provide, including via text messages, for these communications. If your contact information changes, it is important that you let us know. Texting and email are not 100% secure. For text messages, note that message and data rates may apply and you will have an opportunity to opt out.

- **Business Associates.** At times, we need to disclose your PHI to persons or organizations outside of FIGHT who assist us with our payment, billing activities, and health care operations. We require these Business Associates and their subcontractors to appropriately safeguard your PHI.

- **Other Uses and Disclosures.** We may be permitted or required by law to make certain other uses and disclosures of your PHI without your authorization. Subject to applicable law, we may release your PHI:
 - For any purpose required by law;
 - For public health activities, including required reporting of disease (including cases of HIV or AIDS), 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 or elder adult abuse or neglect. We may also release your PHI to government agencies if we believe you are a victim of abuse or neglect;
 - To your employer when we have provided screenings and health care at their request for occupational health and safety;
 - To a government oversight agency conducting audits, investigations, inspections, and related oversight functions
 - In emergencies, 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 officials to identify or locate suspects, fugitives or witnesses, or victims of crime;
 - To coroners, medical examiners, and funeral directors;
 - If necessary to arrange organ or tissue donation or transplant;
 - For national security, intelligence, or protective services activities; and
 - For purposes related to your workers' compensation benefits.

FIGHT's uses and disclosures of your PHI based on a signed authorization

Other than as outlined above, we will not use or disclose your PHI for any other purpose unless you have signed an authorization permitting the use or disclosure. You may revoke an authorization in writing, except to the extent we have already relied upon it.

There are times when a signed authorization form is required for uses and disclosures of your PHI, including:

- Uses and disclosures of psychotherapy notes (with few exceptions)
- Uses and disclosures for marketing purposes
- Disclosures that constitute the sale of PHI
- For health research
- To comply with the law
- To share HIV/AIDS related information, except as permitted by applicable state law.

The confidentiality of substance use disorder, mental health treatment, and HIV-related information maintained by us 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.

We will not disclose any HIV-related information about you, except in situations where you have provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

We may contact you by mail, e-mail or text to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. However, we must obtain your prior written authorization for any marketing of products and services that are funded by third parties. You have the right to opt-out by notifying us in writing.

Your rights

- **Get a copy of your medical record.** Generally, you can access and inspect paper or electronic copies of certain PHI that we maintain about you. You may readily access much of your health information without charge using the patient portal, accessible at https://mycw114.ecwcloud.com/portal15736/jsp/100mp/login_otp.jsp You may also access your information by contacting the Privacy Officer as described below. We may charge a reasonable fee for a copy of your medical records.
- **Correct your medical record.** You can request 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 personal representative, and state the reasons for the request. If we decide to make a change, 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.
- **Get a list of 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 personal representative. This does not include disclosures made for purposes of treatment, payment, or health care operations or for certain other limited exceptions. An accounting will include disclosures made in the 6 years prior to the date of a request.
- **Restrict the use or 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.

You can request a restriction on certain disclosures of your PHI to your health plan. We are only required to honor such requests when services subject to the request are paid in full. Such requests must be made in writing and identify the services to which the restriction will apply.

- **Request confidential communications.** You can request that we communicate with you through alternative means or at alternative locations. We will accommodate reasonable

requests. You must request such confidential communication in writing to the Privacy Officer.

- **Get a copy of this Notice.** You can ask for a paper copy of this Notice at any time.
- **File a complaint.** If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, The Jonathan Lax Treatment Center, 1233 Locust Street, Philadelphia PA, 19107. 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 we provide you.

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For further information. If you have questions about this Notice or requests regarding privacy, please contact the FIGHT Privacy Officer at (215) 985-4448 ext. 223 or privacy@fight.org

This Notice of Privacy Practices is effective January 25, 2023.