

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER, WHO IS:

**Melissa Leigh**  
**Keystone Peer Review Organization, Inc. (“Acentra Health”)**  
**General Counsel & Chief Compliance**  
**1600 Tysons Blvd, Suite 1000**  
**McLean, VA 22102**

At Acentra Health, we understand that information about your health is personal. For this reason, we follow strict federal and state guidelines to maintain the confidentiality of your health information and continuously seek to safeguard that information. This Notice of Privacy Practices describes how we may use and disclose your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all the protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our Web site, or by calling our office and requesting that a revised copy be sent to you in the mail. If we make a significant change in our privacy practices, we will change this notice and send the new notice to you within 60 days of the effective date of the change.

**1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

At Acentra Health we understand that the information about you and your health is personal. For this reason, we follow strict federal and state guidelines to maintain the confidentiality of your health information and continuously seek to safeguard that information through administrative, physical, and technical means. By “health information” we mean information that identifies you and relates to your medical and behavioral health history, care, or payments made for that care.

When you visit a Acentra Health EAP counselor, we use and disclose the physical and mental health information obtained from you, or created related to you, for the normal business activities that federal law sees as falling in the categories of treatment, payment, and health care operations. Below we provide examples of our use and disclosure of health information in these categories although not every such use or disclosure is listed. Please note that we may be required to, or may choose to, limit or condition the release of certain information about you for these purposes. For example, we would not disclose psychotherapy notes or information about your treatment for substance abuse without securing your specific consent.

- **Payment:** We may use and disclose your protected health information as needed for all activities that are included within the definition of "payment" as written in the federal Privacy Regulations. This may include disclosing PHI to another entity to seek reimbursement for services provided when claims are ultimately payable by another entity. We might also use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies, and others that are covered by your Plan.
- **Health care operations:** We may use and disclose your protected health information for all activities that are included within the definition of "health care operations" as defined in the federal Privacy Regulations. For example, we may use and disclose your protected health information to conduct quality assessment and improvement activities, accreditation, certification, licensing, or credentialing. We may use and disclose your protected health information to engage in care coordination or case management, risk management, auditing, investigation of fraud and generally manage our business.
- **Business associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called "business associates") to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.
- **Covered entities:** We may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we may disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing.

**Other Uses and Disclosures** – We may also use information to:

- Recommend treatment alternatives.
- Tell you about health-related products and services.
- Communicate with other Acentra Health organizations or EAP affiliates for treatment, payment, or health care operations.
- To help entities assisting us in providing services where they agree to safeguard your information.
- Comply with federal, state, or local laws that require disclosure.
- Attempt to avert a serious threat to health or safety.
- Assist in public health activities such as tracking diseases or medical devices.
- Inform workers' compensation carriers and/or your plan if you are injured at work [and are making a claim for workers' compensation.
- Inform authorities to protect victims of abuse or neglect.
- Inform authorities if you are a victim of abuse, neglect, or domestic violence if we believe disclosure is necessary and whether you agree to the disclosure, or we are required by law to make the disclosure.
- Comply with federal and state health oversight activities such as fraud investigations.
- Respond to law enforcement officials or to judicial orders, subpoenas, or other processes.
- Assist in specialized government functions such as national security, intelligence, and protective services.
- Conduct research following strict internal review to ensure the balancing of privacy and research needs. All other uses and disclosures, in categories not previously described, may only be done with your written permission. Should such permission be obtained from you, you may revoke it, but we are unable to take back disclosures made in reliance on your permission.
- To family and friends: If you agree (or if you are unavailable to agree), such as in a medical emergency, we may disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment of your health care.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed in this notice. If you give us an authorization, you may revoke it in writing at any time. If you

revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

**Other Permitted and Required Uses and Disclosures That Require Providing You the Opportunity to Agree or Object:**

We may use and disclose your protected health information in the following instance, prior to which you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest:

**Others Involved in Your Health Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Limitations on Uses and Disclosures of Protected Health Information**

**Sale of EHRs or PHI.** We may not sell electronic health records (EHRs) or protected health information (PHI) without your written authorization unless we are receiving remuneration for the EHR or PHI for the purposes of: (i) public health activities; (ii) research, provided that the price charged reflects the costs of preparation and transmittal of data; (iii) treatment; (iv) the sale, transfer, merger or consolidation of all or part of the covered entity with another covered entity and the due diligence related to such activity; (v) providing a business associate with remuneration under a business associate agreement for services rendered; (vi) providing an individual with access to his or her PHI.

**Your Rights**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.**

This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative actions or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record. If we use or maintain electronic health records (EHRs), we shall provide you with a copy of such information in an electronic format upon your request; or transmit the information directly to a person or entity designated by you.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We shall agree to a restriction request if the disclosure is to a health plan for purposes payment or health care operations AND the PHI relates to a health care item or service for which the health care provider has been paid out of pocket in full.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to request an amendment of your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the Privacy rule) or correctional facilities, as part of a limited data set disclosure. The right to receive this information is subject to certain exceptions, restrictions, and limitations. If we use or maintain electronic health records (EHRs) we shall track for accounting purposes all disclosures of such EHR information for treatment, payment, or health care operations.

**You have the right to obtain a paper copy of this notice from us.** Upon request, even if you have agreed to accept this notice electronically.

#### **What if I have a Complaint?**

If you believe that your privacy has been violated, you may file a complaint with us or with the Secretary of Health and Human Services in Washington, D.C. We will not retaliate or penalize you for filing a complaint with the Secretary or us.

To file a complaint with us or receive more information contact Acentra Health Customer Service at:

Phone: 800-607-1522  
Fax: 866-480-8341  
Email: EAPQI@acentra.com  
Address: Acentra Health  
2277 Research Blvd, Suite 400  
Rockville, MD 20850

To file a complaint with the Secretary of Health and Human Services, write to 200 Independence Ave., S.E., Washington, D.C. 20201 or call 1-877-696-6775.

#### **Who Will Follow This Notice?**

This Notice describes Acentra Health's practices and those of:

- Any health care professional authorized by Acentra Health to access and/or enter information into your record,
- All departments and units of Acentra Health, and
- Any Acentra Health affiliate.

Your personal health care providers may have different policies or Notices regarding their use and disclosure of your health information created in their offices.

#### **Need more information?**

- Visit our website at <http://eap.acentra.com>, or
- Call or write Customer Service.