

## Use and Disclosure (Cont.)

**Do research** - We can use or share your information for health research.

**Comply with the law** - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests** - We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director** - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Respond to lawsuits and legal actions** - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Business Associates

- We may contract with outside people, companies, or other organizations to perform services or functions on behalf of BTAMC, such as legal service providers or auditors, which we refer to as Business Associates.
- We will only disclose your health information to a Business Associate when necessary and only to the extent permissible by law.
- We require all Business Associates, and any of their subcontractors, to safeguard the privacy of your health information.

**Fundraising** - We may use health information to contact you in an effort to raise money for BTAMC and its operations; you may elect to opt out of receiving fundraising communications by notifying BTAMC administration in writing.

**Workers' Compensation** - We may use or disclose medical information about you for Workers' Compensation or similar programs as authorized or required by law.

**Appointment Reminders** - We may use and disclose medical information to contact you as a reminder of your appointment for treatment or medical care. If you object to this, please let us know.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- 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 information other than as described here unless you tell us we can in writing. 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).

## Minors

**General Rule:** Divorced or separated parents have equal access to their unemancipated child's health information unless a court order that is known to us specifies otherwise or the treatment is restricted by law.

**Designated Caregivers:** With written parental authorization, we can release medical information to individuals like babysitters or relatives involved in the child's care.

**Minors' Rights:** Under Pennsylvania law, minors may consent to certain medical treatments (e.g., mental health, substance abuse) without parental consent. However, parents may be notified of such treatments in specific circumstances, such as inpatient mental health care for minors aged 14 and older

## Changes to the Terms of This Notice

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

If you have any questions about this notice, please contact:  
Broad Top Area Medical Center, Inc.  
4133 Medical Center Drive  
Broad Top, PA 16621  
814-635-2916

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**LAST REVIEW**: 06/26/2025



# NOTICE OF PRIVACY PRACTICES

Your Information

Your Rights

Our Responsibilities

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.

## BTAMC MISSION STATEMENT

The mission of Broad Top Area Medical Center, Inc. is to provide access to affordable, high-quality healthcare without discrimination.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- Such requests must be made in writing. Our practice will accommodate reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say “yes” unless a law requires us to share that information.

### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Your Rights (Cont.)

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### Receive notification of a breach

- We will promptly notify you in writing about any breach of your unsecured health information, no later than 60 days after we discover such a breach.

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting BTAMC’s Privacy Officer, 814-635-7351 x 1512
- You can 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 1-877-6966775, 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.

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. 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 information with your family, close friends, or others involved in your care
- Share information 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 information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Using or disclosing information specifically protected by state and/or federal law, such as drug and alcohol information and HIV information

## Use and Disclosure

We typically use or share your health information in the following ways.

**Treat you** - We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**Health Care Operations** - We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

**Bill for your services** - We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. 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)

**Help with public health and safety issues** - We can share health information about you for certain situations 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

**Health-related Benefits and Services** - We may disclose medical information to tell you about health-related benefits or treatment alternatives that may be of interest to you. If you object, please let us know.