JOINT NOTICE OF PRIVACY PRACTICES

Current Effective Date: May 1, 2021

First Effective 4/14/2003
Past Revision Dates: 6/15/2007, 5/12/2013, 10/2014, 10/13/2017, 09/2020, 5/2021

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

ALLIED SERVICES INTEGRATED HEALTH SYSTEM'S COMMITMENT TO PRIVACY

Allied Services Integrated Health System is committed to protecting the privacy of medical information we create or obtain about you. This Joint Notice of Privacy Practices describes how medical information about you may be used and disclosed. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive throughout the Allied Services Integrated Health System. We need these records to provide you with quality care and to comply with legal requirements. This Notice applies to all of the records of your care generated by Allied Services Integrated Health System affiliated covered entities.

We are required by law to:

- maintain the privacy of your health information;
- give you this Notice describing our legal duties and privacy practices with respect to your health information; and
- follow the terms of the Notice that is currently in effect.

Protected health information is a term used to describe your personal medical information and includes any information, whether oral, written or recorded in electronic form, that is created or received by us as health care providers that identifies you and relates to your past, present or future physical or mental health or condition, treatment, or payment for your health care. We will refer to protected health information in this Notice as “health information.”

AlliedServices
INTEGRATED HEALTH SYSTEM

JOINT NOTICE OF PRIVACY PRACTICES

WHO WILL FOLLOW THIS NOTICE

The privacy practices described in this Notice apply to the following entities owned and operated by and/or affiliated with Allied Services Foundation, Inc., doing business as the Allied Services Integrated Health System, including all health care professionals, employees, medical staff, trainees, students and volunteers who see and provide care or treatment to patients at all locations of the affiliated covered entities:

- Allied Services Institute of Rehabilitation Medicine which includes:
  - Allied Services Rehab Hospital
  - Allied Services Outpatient Centers
  - Allied Services Transitional Rehab Unit
- John Heinz Institute of Rehabilitation Medicine which includes:
  - Heinz Rehab Hospital
  - Heinz Rehab Outpatient Centers
  - Heinz Rehab Transitional Rehab Unit
- Allied Services Skilled Nursing Center
- Allied Services Meade Street Skilled Nursing
- Allied Services Meade Street Residence
- Allied Services Center City Skilled Nursing
- Allied Services Center City Residence
- Allied Services Personal Care, Inc.
- Allied Services Continuing Care Retirement Community
- Allied Services HealthCare Services which includes:
  - Allied Services Home Health
  - Allied In-Home Services
  - Allied Services Developmental Services
  - Allied Services Behavioral Health
  - Allied Services Pharmacy
  - Allied Terrace
  - Allied Services Hospice & Palliative Care
  - Allied Services Waiver Coordination

These separate legal entities may share your protected health information with each other, as necessary to carry out treatment, payment, or healthcare operations at Allied Services facilities related to the organized health care arrangement unless otherwise limited by law.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We may use or disclose your health information as necessary for purposes of treatment, payment and healthcare operations. We have provided examples for the types of permitted uses and disclosures for treatment, payment and healthcare operations. Not every use in the following categories will be listed. However, all of the ways in which we are permitted to use and disclose your health information will fall within one of the categories listed in this Notice.

JOINT NOTICE OF PRIVACY PRACTICES

Treatment. We may use or disclose your health information to provide, coordinate or manage your healthcare and related services provided by us, as well as other health care providers. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from our facility. We may consult with other healthcare providers concerning your care and, as part of the consultation, share your medical information with them. For example, we may use your health information to provide you with appointment reminders.

Payment. We may use and disclose your health information so that we can be paid for the treatment and services you receive at our facilities or from others, such as an ambulance company. This can include billing you, your insurance company or a third-party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for the amounts that you have paid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations. We may use and disclose your health information for our own health care operations, such as enhancing quality of care and general business activities. Members of the medical staff, the risk or quality improvement director, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide to you. We may disclose your health information to train our staff, volunteers and students working at Allied Services.

Health Information Exchange. We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, through the Keystone Health Information Exchange (KeyHIE), a regional Internet-based health information exchange. For example, information about your past medical care and current medical conditions and medications can be available to us or to your non-Allied Services primary care physician or hospital, if they also participate in KeyHIE. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may opt out of KeyHIE and disable access to your health information available through KeyHIE by contacting Allied Services HIPAA Privacy Officer at 570-348-1413 or completing and submitting an Opt-Out form to Allied Services by mail, fax, or through their website at allied-services.org. Not every Allied Services Integrated Health System organization listed at the beginning of this Notice participates in KeyHIE; your Allied Services health care provider can provide information as to whether or not it participates in KeyHIE.

Key HIE participates with PA eHealth Partnership's (agency) PA Patient & Provider Network (P3N). Should you want to opt out of this exchange you must go to the website http://dhs.pa.gov. Select 'For Providers' located in the top right corner and then select 'Sort By Industry'. Locate and select 'eHealth-Health Information Exchange (HIO)' on

the page. Locate Patient Opt-Out Form on the page and follow the instructions on the form.

OTHER USES OR DISCLOSURES FOR WHICH AUTHORIZATION IS NOT REQUIRED

In addition to the use and disclosure of your health information for treatment, payment and health care operations, we may also use and disclose your health information for other purposes without your authorization:

Business Associates. There are some services provided for or on behalf of our organization through third parties who are our "business associates," such as accounting, legal representation, claims processing, billing services, software maintenance, consulting and claims auditing. When these services are provided by business associates, we may disclose your health information to our business associates so they can perform the job we've asked them to do. If we disclose health information to a business associate, we will do so under a written contract that requires the business associate to maintain the privacy and security of your health information and comply with HIPAA in the same manner as Allied Services.

Directory. We may use your name, location in the facility, general condition and religious affiliation for our internal directory purposes. Our directory does not include specific health information about you. We may release information in our internal directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy. If you object to your information being included in our directory, you must notify your caregivers in your facility and complete a request to be removed (opt out) from the directory.

Treatment Alternatives/Health-Related Benefits and Services. We may use and disclose your health information to recommend or inform you about possible treatment options or alternatives or health-related benefits or services we may provide that may be of interest to you.

Individuals Involved in Your Care. Health professionals, using their best judgment, may use or disclose to a family member, other relative, friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You have the right to object to such disclosure, unless you are unable to function or there is an emergency. We may also disclose your health information to notify or assist in the notification of a family member or other person responsible for your care of your location, general condition or death.

Disaster Relief. In the event of a disaster, we may use or disclose your health information to organizations assisting in disaster relief efforts so those who care for you can receive information about your location or health status.

Research. In some situations, we may use and disclose health information about you for research purposes. In some cases, HIPAA allows us to use your health information

for research without your authorization with the approval of an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. Participation in research will not affect your treatment and your health information will continue to be protected.

Funeral Directors, Coroners, and Medical Examiners. We may disclose health information to funeral directors, coroners, and medical examiners as authorized or required by law as necessary for them to carry out their duties.

Organ Procurement Organizations. We may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs as necessary for the purpose of tissue donation and transplant.

Fundraising. We may contact you to provide information about Allied Services Integrated Health System-sponsored activities, including fundraising programs and events to support patient care at Allied Services Integrated Health System. For example, we may want to raise additional money to improve the health or access to services in our community and may contact you for a donation. For this purpose, we may use your contact information, such as your name, address, phone number, the dates on which and department from which you received treatment or services at Allied Services Integrated Health System facilities, your treating physician's name, your treatment outcome and your health insurance status. Allied Services will not share your health information with entities not affiliated with Allied Services Integrated Health System for any other entity's fundraising purposes. If you do not want Allied Services Integrated Health System to contact you for fundraising activities, you must contact the Privacy Officer at Allied Services Integrated Health System in writing or via email or follow the instructions to opt out, or request that we not contact you again for such purposes, in fundraising communications you receive.

Serious Threat to Health or Safety. We may use or disclose your health information to prevent or minimize a serious and approaching threat to the health or safety of you, another person, or the public.

Workers' Compensation. We may use and disclose your health information for workers' compensation or other similar programs that provide benefits for work-related illnesses or injuries.

Public Health Activities. As required by law, we may disclose your health information to public health or government authorities for public health activities and purposes, such as reporting to agencies charged with preventing or controlling disease, injury, or disability, reporting on suspected abuse or neglect, reporting to your employer certain work-related illnesses and injuries so that your workplace can be monitored for safety, and reporting health information to the FDA relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

JOINT NOTICE OF PRIVACY PRACTICES

Health Oversight Activities. We may disclose your health information to governmental, licensing, auditing and accrediting agencies authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system or for government benefit programs, such as professional licensing boards, The Joint Commission and the Pennsylvania Department of Health.

Military, National Security, or Incarceration/Law Enforcement Custody. Should you be an inmate of a correctional institution, or involved with the military, national security or intelligence activities, we may disclose health information necessary for your health and the health and safety of other individuals and to allow the proper authorities to carry out their duties as authorized or required under the law.

Law Enforcement. We may disclose health information for law enforcement purposes as authorized or required by law.

As Required by Law. We may use or disclose your medical information when we are required to do so by law.

Victims of Abuse, Neglect or Domestic Violence. We may disclose your health information to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, if we believe that you are a victim of abuse, neglect, or domestic violence. We will only make this disclosure if we are required or authorized to do so by law or if you agree to such disclosure.

Judicial and Administrative Proceedings. We may disclose your health information to courts and attorneys in response to a subpoena, court order or other legal process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed. In the event that Pennsylvania laws afford greater protection with respect to the disclosure of your health information, we will follow Pennsylvania law.

Authorized Federal Officials. We may disclose your health information to authorized federal officials to permit them to conduct special investigations or provide protection to the U.S. President or other authorized persons.

USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

We will not use or disclose your health information in the following situations without first receiving a written authorization form, signed by you or your personal representative, if applicable. These situations include:

- uses and disclosures of psychotherapy notes;
- uses and disclosures of health information for marketing purposes, including marketing communications paid for by third parties; and
- disclosures that constitute a sale of health information.

JOINT NOTICE OF PRIVACY PRACTICES

Confidentiality of Alcohol and Drug Abuse Patient Records, HIV-Related Information, and Mental Health Records.

The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and mental health records 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 limited and other circumstances described in regulations.

Other types of uses and disclosures of medical information not identified in this Notice will be made only with your written authorization. The authorization will describe what health information will be disclosed, to whom, for what purpose, and when. You may revoke your authorization, in writing, at any time. However, should you revoke such an authorization, you should understand that we are unable to retract any disclosures we have already made with your permission and we must retain our records as proof of the care that we provided you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Right to Request Restrictions. You have the right to request that we restrict the uses or disclosures of your health information to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to someone who is involved in your care or payment for your care, such as a family member, other relative, a close personal friend or any other person identified by you; For example, you could ask that we not disclose information about a particular procedure you had to your brother or sister.

Except as described below, we are not required to agree to any requested restriction but will tell you in advance if we cannot comply. However, if we do agree, we will follow that restriction unless the information is needed to provide you with emergency treatment.

You must submit your limitation or restriction request in writing to the person or persons providing you with care at Allied Services. In your request you must tell us (1) what information you would like to limit or restrict, (2) whether you wish to limit the use or disclosure, or both, and (3) to whom you would like the limits to apply, for example, disclosures to your spouse.

We may terminate your restriction if: (a) you agree or request the termination in writing; (b) you orally agree to the termination; or (c) if we inform you that we are terminating our agreement to your restriction, except that such termination will only be effective for your medical information that is created or received after you receive our notice of termination.

You have the right to request a restriction on disclosure of certain health information that relates to a health care product or service for which you paid for out of pocket and for which we have received payment from you or someone on your behalf in full. We are required to agree to that request.

JOINT NOTICE OF PRIVACY PRACTICES

Right to Receive Confidential Communications. You have the right to request that we communicate with you about your health information in a certain way or at certain locations. For example, you may ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communications. If you want to request confidential communications, you must make your request in writing to the person or persons providing you with care at Allied Services. We will honor reasonable requests. If we are unable to contact you using the requested alternative means or locations, we may contact you using any information we have.

Right to Inspect and Copy Your Health Information. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information and billing records. You have the right to request that we send a copy of your medical or billing records to a third party. To inspect or copy your medical information, you must submit your request in writing to the facility providing you with care at Allied Services. Your request should specifically state what medical information you want to inspect or copy. We will ordinarily act on your request within 30 days of our receipt of your request. We may charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request, as permitted by law, and will tell you the fee amount in advance.

We may deny your request to inspect and copy in limited circumstances. If you are denied access to your medical information, you may submit a written request that such denial be reviewed to our privacy officer at the address indicated on the last page of this Notice. In certain circumstances you will not be granted a review of a denial. Your denial of access will be reviewed by a licensed health care professional designated by us who did not participate in the original decision to deny access. We will ordinarily act on your request for review within 30 days.

Right to Request an Amendment. You have the right to request an amendment to your health information if you feel the health information, we have about you is incorrect or incomplete. You have the right to request an amendment for as long as the information is required to be kept by law. Your request must be submitted in writing to our privacy officer and must specifically state your reason or reasons for the amendment. We will ordinarily act on your amendment request within 60 days after our receipt of your request.

We may deny your request to amend health information if we determine that the information: (1) was not created by us; (2) is not part of the health information maintained by us; (3) would not be available for you to inspect or copy; or (4) is accurate and complete.

If we grant the request, we will inform you of such acceptance in writing. We will make the appropriate amendment to your health information and we will request that you identify and agree that we may notify all relevant persons with whom the amendment should be shared: (a) individuals that you have identified as having medical information about you and (b) business associates that we know have your medical information that

is the subject of the amendment. We cannot change information that is in the record but will add the supplemental information by addendum.

Right to Receive an Accounting of Disclosures. You have the right to request an "accounting of disclosures" for disclosures of your health information that were made in the six (6) years prior to your request. The list of disclosures does not include disclosures: (a) for treatment, payment and healthcare operations; (b) made with your authorization or consent; (c) to your family member, close relative, friend or any other person identified by you; or (d) for national security or intelligence purposes. Additionally, under certain circumstances, government officials can request that we withhold disclosures from the accounting.

To request an accounting of disclosures, you must submit your request in writing to our privacy officer at the address indicated on the last page of this Notice. Your request must state the time period for which you would like an accounting which may not be longer than 6 years prior to the date of your request. Your first accounting request within any 12-month period will be provided to you free of charge. For additional accounting lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

We will ordinarily act on your accounting request within 60 days of your request. We are permitted to extend our response time for a period of up to 30 days if we notify you of the extension. We may temporarily suspend your right to receive an accounting of disclosures of your medical information, if required to do so by law.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice. You may request a copy of this Notice at any time. Copies of this Notice are available at Allied Services Integrated Health System facilities, or by contacting the Privacy Officer as explained on the last page of this Notice. Even if you have previously agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

FUTURE CHANGES TO THIS NOTICE AND OUR PRIVACY PRACTICES

We reserve the right to change our privacy practices and this Notice to make the new provisions effective for all health information we already maintain as well as health information we receive in future. Should our privacy practices change, we will provide you with an updated current copy of this Notice at your next visit. You may also access the most current version of our Notice on our website at: www.allied-services.org

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or the United States Secretary of Health and Human Services.

You may file a complaint with us by contacting our Privacy Officer at the address listed below. All complaints must be made in writing and should be submitted within 180 days of when you knew or should have known of the suspected violation.

JOINT NOTICE OF PRIVACY PRACTICES

To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. For additional information you may call 202-619-0257 or toll-free at 877-696-6775, or visit the Office of Civil Rights website at www.hhs.gov/ocr/hipaa.

You will not be penalized or retaliated against for filing a complaint.

CONTACT INFORMATION – QUESTIONS, COMMENTS OR REQUESTS
If you have any questions about this Notice, or to obtain a copy of this Notice, request confidential communications, or file a complaint, please contact our Privacy Officer at 100 Abington Executive Park, Clarks Summit, PA 18411; (570) 348-1413. An electronic copy is also available at www.allied-services.org**.**

AlliedServices
INTEGRATED HEALTH SYSTEM

JOINT NOTICE OF PRIVACY PRACTICES

For requests involving your records, such as amendments, copies or accounting of disclosures, contact:

Facility/Service	Contact Information
Allied Services Institute of Rehabilitation Allied Services Outpatient Centers Allied Services Transitional Rehab Unit Allied Services Skilled Nursing Center	Health Information Department Allied Services Institute of Rehabilitation 475 Morgan Highway P.O. Box 1103 Scranton, PA 18501 570-348-1462
John Heinz Institute of Rehabilitation John Heinz Outpatient Centers John Heinz Transitional Rehab Unit	Health Information Department John Heinz Institute of Rehabilitation 150 Mundy Street Wilkes-Barre, PA 18702 570-826-3854
Allied Services Home Health	Allied Home Health c/o Director of Operations 100 Abington Executive Park Clarks Summit, PA 18411 570-348-2200
Allied Services Personal Care, Inc. Allied Services Continuing Care Retirement Community Allied Terrace	Administrator 100 Terrace Lane, Scranton, PA 18508 570-341-4350
Allied In-Home Services	In Home Services c/o Director of Operations 100 Abington Executive Park Clarks Summit, PA 18411 570-348-2250
Allied Services Developmental Services Allied Services Behavioral Health	Allied Services c/o Program Director 475 Morgan Highway P.O. Box 1103, Scranton, PA 18501 570-341-4642
Allied Services Pharmacy	Allied Services Pharmacy 100 Abington Executive Park Clarks Summit, PA 18411 570-340-6450
Allied Services Hospice &Palliative Care	Allied Services Hospice c/o Director of Operations 100 Abington Executive Park Clarks Summit, PA 18411 570-702-8733
Allied Services Meade Street Skilled Nursing Allied Services Meade Street Residence	Health Information Department c/o Health Information Clerk 200 South Meade Street, Wilkes Barre, PA 18702 570-823-6131

JOINT NOTICE OF PRIVACY PRACTICES

Facility/Service	Contact Information
Allied Services Center City Skilled Nursing	Health Information Department c/o Health Information Clerk 80 E. Northampton St. Wilkes-Barre, PA 18701 570-823-6131