



BEACON LIGHT

BEHAVIORAL HEALTH SYSTEMS

Consumer Handbook Outpatient Psychiatric Clinic

Warren Office
Adult Services/Child Services
1885 Market Street
Warren, PA 16365
Phone: 814-723-1832
Fax: 814-726-8426
MedLine: 814-726-8436

Tionesta Office
623 Elm Street
P.O. Box 276
Tionesta, PA 16353
Phone: 814-755-3639
Fax: 814-755-3649
MedLine: 814-726-8436

Beacon Light Behavioral Health Systems and its components and subsidiaries, administer all actions without regard to race, religion, color, sex, age, ancestry, disability, or national origin or in a manner prohibited by the laws of the United States or Commonwealth of Pennsylvania*

The agencies comply with specifications of Title VII of the Civil Rights Act of 1964, the Pennsylvania Human Relations Act of 1955, the 504 Federal Regulations, the Age Discrimination Act of 1967, Title IX of the Education Amendment of 1972, Pregnancy Act of 1978, Equal Pay Act of 1963, and the Americans with Disabilities Act of 1990*

The Children's Home of Bradford, Inc*, and its subsidiaries are registered as Charitable Organizations under the provisions of Act No* 337 of 1963 as amended by Act No* 246 of 1972, and is in compliance with the requirements of this act and the rules and regulations prescribed by the bureau of Charitable Organizations in the Department of State* A copy of the official registration may be obtained from the PA Department of State*

Visit us on the web at www.beacon-light.org



Serving Children for Over 100 Years...

Formerly known as the Children's Home of Bradford, *Beacon Light Behavioral Health Systems* was founded in the early 1900's to provide care to children abandoned or orphaned by the early oil and lumber industries. Throughout its history, the agency has provided quality care to thousands of young people. As the needs of our society have changed, Beacon Light Behavioral Health Systems has evolved into a private, not-for-profit, social service agency providing quality, professional, educational and behavioral health services to young people as well as adults.

Beacon Light Behavioral Health Systems is accredited by the Joint Commission on Accreditation of Healthcare Organizations. If you have concerns regarding client safety or the quality of care at any of our facilities you may contact the Joint Commission by calling 1-800-994-6610 or online at www.jointcommission.org

Outpatient Psychiatric Clinic Office Hours

Warren Office Hours:

Monday	8:00am-5:00pm
Wednesday	8:00am-5:00pm
Tuesday	8:00am-5:00pm
Thursday	8:00am-5:00pm
Friday	8:00am-4:30pm.

We are closed on some Holidays.

The Warren phone number is 814-723-1832.

Tionesta Office Hours:

The Tionesta Clinic is open 1-2 times per month for scheduled appointments from 9:00 am – 3:00 pm, unless otherwise noted.
Additional hours are scheduled with individual clinicians by appointment.
We are closed on some Holidays.

The Tionesta phone number is 814-755-3639.

We agree to respect your rights and your privacy at all times. This handbook contains a lot of useful information including a description of your rights, our Notice of Privacy Practices, information about Open Clinic, and how to get refills through the Med Line.

Some of our clients come here to see Psychiatrists, Nurse Practitioners, or Physician Assistants who prescribe medications to help them feel better, manage anxiety, or decrease upsetting thoughts or urges. Some people talk with therapists about coping skills, making changes in their lives, managing their tempers or other things. Some people do both.

At your first appointment or two we will ask you many questions to get to know you, find out what is bothering you and help you make a plan to feel better. The more information you can give us, the better we can help you.

We will ask you if it is okay for us to contact your Primary Care Physician. Usually your PCP knows your history and if you have any medical problems. Talking with your PCP will help us to make good decisions about your care. If you do not have a PCP we can help you find one.

If you ever have questions or concerns about your care, talk to your provider. If you still have questions or concerns, feel free to call the Patient Care Coordinator or the Director of the Clinic at 723-1832.

Some often asked questions about our services...

What is a psychiatric evaluation?

A Psychiatric Evaluation or PE is a face to face meeting with a Psychiatrist or Nurse Practitioner. When you first arrive, you will see a mental health nurse or mental health practitioner who will check things like your height, weight, and blood pressure, and will assist the clinician by gathering some information about your health. Then the doctor or nurse practitioner will meet with you. He or she will ask you about your symptoms such as your feelings, thoughts, behaviors, and relationships. The doctor will make a diagnosis and will explain it to you. He or she might prescribe medications and/or refer you to other supportive treatment, such as therapy, to help you feel better. Sometimes our providers will order blood work to help determine if some medications are good for you to use and are working properly.

What is a medication check?

A medication check is a shorter appointment with a member of our Outpatient Team, which includes Psychiatrists, Nurse Practitioners, Physician Assistants, and Registered Nurses. These appointments usually last fifteen to thirty minutes. First you will meet with a member of our Decision Support Center who will check you in, and help you to complete a health report. Then the clinician will ask you about your symptoms, if you are taking your medication regularly and if it seems to be helping, and changes to your medicine may be made if needed. Med checks are usually scheduled every two to three months, but could be more or less often depending on your needs. The prescriber will also review your health report, or other information completed in the Decision Support Center, and any self-reporting forms during your appointment. Please note that some medications require lab work for monitoring, which you will be informed of during your appointment.

What is therapy?

Therapy is another word for counseling. It involves talking with a therapist who will help you with things in your life that are bothering you. Sometimes you will learn ways to manage your stress or anger, get along with other people, or put your feelings into words. Therapists can also help you process things that might have happened in your life. Therapy appointments typically last for about thirty to forty five minutes, but can last up to an hour as needed. You can meet with the therapist alone or you might want to bring your spouse, significant other, or your family. Appointments usually take place weekly at first and less often as you make progress.

What is a treatment plan?

Your treatment plan is very important. It is a plan we develop together about what you would like to do in treatment and how we can help you do it. We will work with you to write goals for your treatment and we will give you ideas on how to meet your goals as well as feedback about how we think you are doing. Your treatment plan is typically reviewed with you every three to four months. You can always ask to review it at any time.

What happens if I miss an appointment?

It is very important to keep your appointments, but we understand that sometimes people forget or life gets busy. If you realize that you missed an appointment, simply call the office to reschedule. We will also try to call you to reschedule your appointment or we may send you a letter to try to reach you if your phone is not working. If you are having trouble attending appointments, please let us know ahead of time so that we may help if needed. If you miss too many appointments, you may be at risk of being closed in the clinic. It's important for our providers to obtain your vitals, and receive updates about how you're doing in order to provide the best possible care.

Mental Health Crisis

We will help you develop a crisis plan to reference in the event you are feeling unsafe. It will include key information to help you, including coping skills you can use, natural supports you can reach out to, and phone numbers of crisis services.

If you are feeling like you want to hurt yourself or someone else you must get help right away! The same is true if you are feeling overwhelmed by depression, panic, paranoia or some other awful feeling. If you cannot wait for help, dial 911.

You are welcome to call us for help, but we only answer the phone during normal business hours. If it is before or after that or on a weekend, please call or text the National Suicide Prevention Hotline at 988, and a mental health worker will be available to talk with you 24/7. They will help you make a plan to stay safe, will come and meet with you in person if needed, or they might help get you to the hospital. . If you are in crisis and feel that none of these options will help, please go to the nearest emergency room! The Pennsylvania Drug and Alcohol Hotline is 1-800-662-4357.

Med Line

If you notice that you will run out of medication first check with the pharmacy to see if you have any refills. If you will run out of medications before your next appointment, you should call the MedLine at 814-726-8436. Please give us at least two business days to get your prescription ready for you. MedLine messages are checked regularly. Remember that our office is closed for some holidays, so plan ahead if it is close to a holiday. Most prescriptions are sent electronically to your pharmacy, even mail order plans. Your doctor or nurse can tell you which kind of prescription you have. You may call MedLine twenty-four hours per day, seven days per week to leave a message about refills.

When calling, please leave the following information:

- Your Name
- Name of the medication
- Medication dosage
- A working phone number where you can be reached
- Name of the person needing the medication
- Name and phone number of the pharmacy where you want the prescription sent

Some prescriptions require an authorization by your insurance before it will be covered. This process may take additional time.

Discharge from Treatment

Your treatment at Beacon Light is voluntary and you may stop treatment at any time, unless you are ordered by the Court to continue.

If you and your clinicians feel that you have reached your treatment goals, you will be discharged from services. If you decide to discontinue services, please discuss it with your prescriber or therapist. We will talk with you about some of the risks of ending treatment too soon. We can help you with a referral to another agency if that would better meet your needs. And will share information with you about other services and supports available, and how to reach out for services in the future should you need it.

If you miss several appointments in a row and we cannot reach you by phone, we will send you a letter asking you to contact us. If we still do not hear from you we will close your case, but you are welcome to come back.

Grievance and Appeal Procedure for Voluntary Psychiatric Treatment

The agency has established the following process by which consumers can file a grievance or complaint:

1. You should discuss your concerns with your prescriber or therapist. You can do this at any time without fear of negative ramifications or retaliation. Your prescriber or therapist will discuss your

concern with the Director of Integrated Outpatient Services. The Director will contact you within one business day to determine if your concern has been resolved. All conversations the Director has with you will be documented. Your concerns will be monitored through the agency's Quality Initiative process.

2. If you or your legal representative has a complaint regarding treatment that cannot be addressed by your doctor, physician assistant, nurse, or therapist, you should contact the Director of Integrated Outpatient Services listed below.

Lindsey Mautino, LPC 1885 Market Street Warren, PA 16365 814-723-1832

3. The Director will investigate your concern and make every effort to resolve it. She may require additional information to complete the investigation. You may ask anyone of your choice to help answer questions from the Director.
4. Within 5 business days the Director will provide you with a written response to your concern that includes a proposed resolution to the issue.

First Level of Appeal – Senior Management Resolution of the Complaint

If you are not satisfied with the response receive from the Director of Integrated Outpatient Services, you may contact the Executive Director of Beacon Light Behavioral Health Systems, Jennifer Gesing by mail at 800 East Main Street Bradford, PA 16701 or by phone at 814-817-1400. If you are not satisfied with the response received from the Executive Director, you may notify in writing the Chief Risk Officer. The Chief Risk Officer will investigate and review your complaint with the agency's senior management team. You will receive a response with proposed resolution in writing within 10 business days.

Rebecca Jensen, Chief Risk Officer 800 East Main Street Bradford, PA 16701 814-817-1400

Second Level Appeal – External Resolution of the Complaint

If you are further dissatisfied with the resolution of your complaint, you should contact the county MH/MR Administrator, **Adam McNeill 285 Hospital Drive Warren, PA 16365 814-726-2100**

You may also lodge a complaint with the Managed Care Organization or insurer who is responsible for paying for services or with the Department of Public Welfare. You may contact:

Community Care Behavioral Health Organization

Attn: Grievances and Complaints
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, PA 15219
1-866-878-6046

Office of Mental Health and Substance Abuse Services

301 Fifth Avenue
Suite 480
Pittsburgh, Pennsylvania 15222

JCAHO (The Joint Commission)

Quality and Patient Safety
1-800-994-6610

www.jointcommision.org

A copy of each complaint or grievance will be forwarded to the Beacon Light Behavioral Health Systems Chairperson of the Rights and Ethics Committee for recording in the committee documentation. The grievance procedure will be reviewed during the admission process, and as requested by you. You, your family and other parties involved with your care are asked to sign that the procedure has been reviewed.

In the event of a grievance against the treatment planning of the agency, the original treatment plan will remain in effect until the disposition of the grievance. In order to protect the interests of all those involved in this process, minutes of each level of attempted conflict resolution are to be kept.

You and/or your family may, at your own expense, request the opinion of an independent consultant throughout the course of your treatment with the Agency.

Emergency Medical Plan

A medical emergency is an injury or illness that is acute and poses an immediate risk to a person's life or long term health: including but is not limited to absence of breathing or heartbeat, seizure activity in a client not know to have a history of seizures, or loss of consciousness. In the event emergency care is needed, the Emergency Medical System will be activated and client will be transported by city ambulance to the closest available hospital.

As with any medical emergency, a behavioral/mental health emergency can be life threatening. We encourage consumers to have Mental Health Advanced Directives on file. These advance directives give others guidance about your wishes should you experience a mental health emergency. At times, behavioral/mental health emergencies are those involving the threat of suicide or the occurrence of an actual suicide attempt. Other types of behavioral/mental health emergencies may involve the threat of harm to another person. In a situation where a client is decompensating or becoming psychotic or is being guided by audio/visual hallucinations it is possible that a threat can be posed to another person. If a client demonstrates behaviors of being a threat to harming self or others, the Emergency Medical System will be activated and you may be transported to the closest available hospital.

Rights and Responsibilities

You can make a grievance if you feel this list of rights and responsibilities is being violated.

- Your treatment at Beacon Light Behavioral Health Systems will not be based on your background, religion, age, whether you are male or female, who you are related to, or where you are from.
- You will be educated on your rights and responsibilities before and while you are at Beacon Light. You will be asked to sign a form as proof of this.
- You will be told about Beacon Light's many services and their costs.
- The doctor will talk with you about any mental health problems you have, unless there is some reason it wouldn't be good for you to know. You have a right to be part of your treatment. We do not do any experimental research, and you have the right to say you don't want to be a part of any.
- You will be told in advance if you are to be discharged from Beacon Light. Discharge occurs for three reasons:
 - * You successfully finish your treatment.
 - * You have a problem and we aren't able to help you.
 - * It would be better for your well-being, or the well-being of others.

Specifics on your discharge will be recorded in your treatment plan.

- We want you to understand and feel comfortable using your rights while you are at Beacon Light Behavioral Health Systems. You can give ideas for changes to the staff as well as to your parents and therapists. You can also file a grievance, which is an official complaint, if you so desire. No one will punish you or hold it against you if you do this.
- Any information we have about you will only be given to staff and doctors that need it to follow your treatment plan. The only way others can have your information is if your parents (or you, if you are over 14 years old) give their permission.
- You have the right to be treated fairly and kindly. You have the right to privacy for your personal care.

- Your responsibilities include:
 - * Participate in your treatment program
 - * Respect other’s rights and privacy
 - * Follow program rules

Use of Video Surveillance

It is the policy of the agency to use video surveillance at the Recovery Center to monitor the safety and conduct of the clients as an additional means of providing a high level of supervision. The images and information gathered by means of video surveillance is confidential in nature and not shared with any unauthorized persons outside of the agency. The entrance ways and common areas in the building are monitored via video surveillance twenty-four (24) hours a day.

Use of Automated Reminders for Appointments

Beacon Light Behavioral Health Systems uses automated reminder call and automated reminder texting features. You have the right to consent to and/or opt out of being contacted by automated messaging for appointment reminders. You are under no obligation to authorize Beacon Light Behavioral Health System to send you text messages, and you have the right to opt-out of receiving these communications at any time, by contacting our office at 814-723-1832 or replying STOP to the message received. Please allow 2-3 business days for processing. A consent to receive automated text reminders will be obtained prior to enrollment in this function. It is important to provide our office with updated contact information, including a working phone number, to ensure accuracy and confidentiality related to reminder calls and text messages.

Code of Ethics

It is the policy of the Beacon Light Behavioral Health Systems to keep the highest standards of professional and personal ethics in every part of the Agency. This includes all treatment, business, public, and professional relationships. The following has been adopted as our code of ethics:

- We will follow our Agency’s policies and procedures, doing the best work we can, as outlined by regulations and standards for mental health treatment.
- We will offer our ideas and findings to others in the behavioral health field. We will offer these ideas and findings in professional ways.
- We regularly evaluate our professional strengths, limitations, biases, and effectiveness. We always try to improve our abilities and to develop professionally, through education and training.
- We respect the therapeutic relationship between our staff and clients. We demand healthy, non-exploitive relationships between the staff, the agency, and the individual, so that we may provide effective treatment. Although no code of ethical standards for the major mental health professions prohibit all dual relationships, each stresses the obligation of the ethical professional to be aware of the potential harm that could be caused by dual relationships. Therefore, we prohibit dual relationships that impair professional judgment or increase the risk of exploitation.
- We will not allow a staff’s personal conduct, including substance abuse, to result in inferior services, or to violate the law or discredit the agency.
- We will be fair, honest and reasonable in our fiscal policies. Our accounting and billing methods include a way to solve conflicts with fiscal issues.
- We promote the Agency in ways that truthfully represent the costs, the services, and the outcomes. We respect the dignity and privacy of everyone served.
- We have professional relationships with other health care providers, institutions, and payers.
- We do not allow a conflict of interest in any contractual relationships.
- We make clinical decisions based on each person’s identified care needs.
- We will market the Agency and its services in a truthful manner, either verbally or through written materials.
- All persons serving clinical internship hours at the Agency will be supervised by a master’s level professional.

- We will ensure that clients will receive information about charges for which they will be responsible prior to services being delivered.

Non-Discrimination Policy

Here at Beacon Light Behavioral Health Systems, we do not make decisions or provide services based on your color, race, religion, your age, whether you are male or female, on your parents and ancestors, if you have a disability, or on your national origin. That means that we treat everyone equally.

Our programs and services are accessible to eligible individuals with disabilities through the most practical and economically feasible methods available.

Any individual receiving services from the agency and/or their guardian who believes they have been discriminated against may file a complaint of discrimination with:

Office of Civil Rights

Department of Health & Human Services
Office for Civil Rights Region III
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission

11th Floor Pittsburgh State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Bureau of Equal Opportunity

Department of Public Welfare
Room 223 - Health and Welfare Building
PO Box 2675
Harrisburg, PA 17105

Bureau of Equal Opportunity

Department of Public Welfare
Western Field Office
301 Fifth Avenue
Suite 410 Piatt Place
Pittsburgh, PA 15222

Beacon Light Behavioral Health Systems

800 E. Main Street
Bradford, PA 16701

If concerns about client care and safety cannot be resolved through the organization the individual is encouraged to contact the Joint Commission on Accreditation of Health Care Organizations' Office of Quality Monitoring by either calling 1-800-994-6610 or emailing complaint@jointcommission.org.

BEACON LIGHT BEHAVIORAL HEALTH SYSTEMS

NOTICE OF PRIVACY PRACTICES

Effective Date: 09-23-2013

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

I. Our Duty to Safeguard Your Protected Health Information

Beacon Light Behavioral Health Systems (BLBHS) understands that you or your child's health information is personal. We create and maintain a record with information about the medical care and services that each client receives at BLBHS. We need this information to provide quality care and to comply with the law. This Notice of Privacy Practices (Notice) applies to all information about your care that BLBHS may create, maintain, or receive, including information we receive from other treatment providers and facilities that are not part of BLBHS, but that we keep to help give you better care. This Notice tells you about the ways we may use and share your health information, as well as the legal duties we have concerning your health information. This Notice also tells you about your rights under the laws of the United States and Pennsylvania. This Notice describes BLBHS's practices at all of its locations and that of all departments, units, and staff within our facilities, all health care professionals permitted by us to provide services to you, trainees, volunteers, and others involved in providing your care. These places and

people may share your health information with each other for the treatment, payment, or health care operations that this Notice describes. All these places and people follow this Notice.

We are required by law to make sure that information that identifies you is protected. We are also required to make available to you the Notice of Privacy Practices that describes how we use and share your health information, as well as your rights under the law about your health information and to follow the Notice of Privacy Practices that is currently in effect. We are required to notify you following a breach of unsecured protected health information if you are affected by the breach. This Notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information. Please be aware, that in the case of HIV, mental health, and drug and alcohol abuse services, a more stringent standard for use and disclosure will be followed in accordance with the Pennsylvania Confidentiality in HIV-related Information Act, the Pennsylvania Mental Health Procedures Act and its regulations, and Pennsylvania and federal laws and regulations regarding drug and alcohol abuse.

We reserve the right to change this Notice at any time and to make revised or changed Notice effective for Protected Health Information (PHI) that we already have about you, as well as any information we receive in the future. You may obtain the latest Notice of Privacy Practices by accessing our website at www.beacon-light.org or by contacting the Health Information Management Department.

II. How We May Use and Disclose Your Protected Health Information

The law permits us to use and share your health information in certain ways. The list below tells you about different ways that we may use your health information and share it with others, as well as some examples. When sharing this information with others outside of BLBHS, we share only what is reasonably necessary, unless we are sharing information to help treat you, or in response to your written permission, or as the law requires. In these three cases, we share all information that you, your health care provider or the law has asked for. We will use health information that does not identify you whenever possible. Every possible example of how we may use or share information is not listed; however, all of the ways we are permitted to use and share this information fall into one of the groups below.

1. Treatment. We may use your health information to give you medical treatment or services. We may share your health information with doctors, nurses, counselors, therapists and other personnel who are involved in providing your health care at BLBHS. For example, we may disclose your PHI to a hospital if you need medical attention while at our facility or to another treatment program we are referring you to. We may share health information about you with other providers, agencies or facilities outside of BLBHS who may be involved in your continuing treatment, such as to a hospital if you need medical attention while at our facility, or to another treatment program. Reasons for such disclosure may include sharing the necessary health information about you they need to treat you, or to coordinate your care, or to schedule necessary testing. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

2. Payment. We may use and share your health information with your insurance company or a third party payment agency in order to receive payment for the services we provide to you. For example, we may provide certain portions of your health information to your health insurance company, Medicare or Medicaid, in order to get paid for taking care of you. We may also share your health information with another doctor or facility that has treated you so that they can bill you, your insurance company, or a third party payment agency. For example, some health plans require your health information to be pre-authorized for treatment services before they pay us. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

3. Healthcare Operations. We may use and share your health information so that we, or others that have provided treatment to you, can better operate the office or facility. For example, we may use your health information to review the treatment and services we gave you and to see how well our staff cared for you. We may disclose information while conducting or arranging medical review, legal services, or auditing functions in order to assure that we are complying with the law. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol

treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

4. Business Associates. We may share your health information with others who perform services on our behalf that we call “Business Associates.” The Business Associate must agree in writing to protect the confidentiality of your information. Examples may include those companies providing auditing, consulting, and billing services. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

5. Fundraising Activities. We may contact you to provide information to you about BLBHS-sponsored activities, including fundraising programs and events. The following information may be used for fundraising purposes or disclosed to a business associate: (i) demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to an individual; (iii) department of service information; (iv) treating therapist or counselor; (v) outcome information; and (vi) health insurance status. These disclosures may be further limited by the requirements of Pennsylvania law, which include, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you. For example, you may receive a letter from BLBHS contacting you about fundraising activities supported by our organization. If you do not want to receive these materials, please contact our Privacy Officer and request that these fundraising materials not be sent to you.

6. Research in Certain Cases. We may use and share your health information for research in certain circumstances, and under the supervision of an appropriate Privacy Board or Institutional Review Board (IRB) as required by law. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

7. Special Situations: In the following situations, the law permits, and under some circumstances requires us to use or share your health information with others. These disclosures may be further limited by the requirements of Pennsylvania law, which includes, but are not limited to, special considerations for mental health information, drug and alcohol treatment information, and HIV status. We may be limited in what we provide and may be required to first obtain specific authorization from you.

- a. **Required by Law.** We may share your health information when a law requires that we report information about suspected abuse, or neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose health information to authorities that monitor compliance with these privacy requirements.
- b. **Public Health Activities.** We may disclose your health information when we are required to collect information about disease or injury or to report vital statistics to the public health authority.
- c. **Health Oversight Activities.** We may disclose your health information to a protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- d. **Law Enforcement.** We may disclose your PHI to a law enforcement office for purposes of providing information to locate a missing person or to make a report concerning a crime or suspected criminal conduct.
- e. **To Avert a Serious Threat to Health or Safety.** In order to avoid a serious threat to health or safety, we may disclose health information as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.

- f. **Military and Veterans.** We may disclose health information of military personnel or veterans where required by military command authorities. We also may release health information about foreign military personnel to appropriate foreign military authority.
- g. **National Security and Intelligence Activities.** We may release health information about you to authorized federal officials for intelligence, counter-intelligence, and other security activities authorized by law.
- h. **Protective Services for the President and others.** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations.
- i. **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- j. **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information relating to an individual's death to coroners or medical examiners. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.
- k. **Immunization Records.** We may disclose proof of immunization to a school, if the school is required by state law to obtain such information to admit the student. Prior to making such a disclosure, we must obtain oral agreement to the disclosure from the student's parent or guardian (or student, if age 18 or older) and the disclosure must be limited to proof of immunization.

III. Disclosures to Notify a Family Member, Friend, or Other Selected Person

We may ask you to provide us with an emergency contact person in case something should happen to you while you are at our facilities. Unless you tell us otherwise, we will disclose certain limited health information about you, such as your general condition and location, to your emergency contact or another available family member, should you need to be admitted to the hospital, for example. This information may not contain information about mental health disorders or treatment, drug and alcohol abuse or treatment, and HIV status, without your specific authorization.

IV. Uses and Disclosures Requiring Your Written Authorization

Certain uses of your health information, such as the use or disclosure for marketing purposes (other than in a face-to-face communication by BLBHS with you, or a promotional gift of nominal value provided by BLBHS), require your written permission. We cannot sell your health information without your permission. We cannot disclose mental health treatment information, drug and alcohol treatment information, or HIV status to family, friends, or others involved in your care without written permission by you. For mental health treatment information, we will disclose information to them with your written permission if you are 14 years of age or older, or from your legal guardian if you are under the age of 14. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission on an authorization form. If you give us permission to use or share health information about you, you may cancel that permission, in writing, at any time. If you cancel your permission, we will no longer use or share your health information for the reasons you have given us in your written permission. However, we are unable to take back any information that we have already shared with your permission.

V. Your Rights Regarding Your Protected Health Information

1. Right To Inspect and Receive a Copy. You have the right to inspect and receive a copy of PHI that may be used to make decisions about care. Unless your access is restricted for clear and documented reasons, you have the right to see and copy the health information we used to make decisions about your care. To inspect and receive a copy of PHI, a request must be made in writing to the Health Information Management Department. If patients request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with a patient's request. We have up to thirty (30) days to make your PHI available to you. We may deny a request to inspect and copy information in certain circumstances. For example, if a licensed clinician determines that a review or inspection of the medical record may upset or harm the patient, the request can be denied. In certain

circumstances, you may have a right to appeal the decision. You have a right to request an electronic copy of your health information that is maintained in an electronic record and may direct that the electronic copy be provided directly to your designee as long as the request is clearly documented.

2. Right to Request Restrictions. You have the right to request that we limit how we use or disclose your PHI for treatment, payment, and healthcare operations. You also have the right to request a limit on the PHI we disclose about to you to someone who is involved in your care. Should you wish a restriction placed on the use and disclosure of your PHI, you must submit such a request in writing. We are not required to agree to your restriction request. If we accept your request, we will comply not to release such information unless the information is needed to provide emergency care or treatment to you or your child. We cannot agree to limit uses/disclosures that are required by law.

3. Right to Restrict Information to Health Plans. You have the right to restrict certain information given to your health plan if the information is for payment or health care operations and is about a health care service or item that you fully pay for out of your pocket. If you pay in full for services out of your own pocket, you can request that the information regarding the services not be disclosed to your health plan.

4. Right to Amend or Correct Your Protected Health Information. You have the right to request that your PHI be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. Your request must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request. If we approve your request, we will make such amendments/corrections. We may deny your request if the PHI: (1) is correct and complete; (2) was not created by us; (3) is not allowed to be disclosed to you; or (4) is not part of our records. If the request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your PHI.

5. Right to Request Confidential Communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, you may request that we not send any information to you at your home address, but instead to your work address. We will agree to your request as long as it is reasonable for us to do so.

6. Right to Request an Accounting of Disclosures of Protected Health Information. You have the right to request that we provide you with an accounting of disclosures. This is a list of those people outside of BLBHS who have received your health information, except for information shared for treatment, payment, or healthcare operations. Your request must be submitted to us in writing and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2003). Your request may not include releases for more than six (6) years prior to the date of your request. We will respond to your request within sixty (60) days of the receipt of your written request. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

7. Right to Receive a Paper Copy of This Notice. You have the right to receive a paper copy of this notice. You may request a paper copy of this notice at any time by contacting the Health Information Management Department or you may obtain a copy of this notice from our website at www.beacon-light.org.

8. How to File a Complaint. If you have reason to believe your privacy rights have been violated, you have the right to file a complaint with BLBHS or the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer at 814-817-1400. All complaints must be submitted in writing and should be submitted within one-hundred-eighty (180) days of when you knew or have known that the alleged violation occurred. You will not be retaliated against for filing a complaint.

The people who work with you at the Outpatient Clinics are:

Medical Director – Dr. John P. John

The Medication Director assures that doctors, physician assistants, and nurses are providing good care, prescribing appropriate medications, and that all staff are following consumer treatment plans.

Director –Lindsey Mautino, LPC

The Director oversees what goes on at the clinic, handles your concerns, and assigns you to a therapist if you need therapy services and want to see a therapist.

Psychiatrists, Certified Registered Nurse Practitioners, & Physician Assistants

Dr. John P. John
Dr. John Simora
Nicole Theuret, CRNP
Rich Barton, CRNP
Eric Decker, PA-C
Alexis Vavala, PA-C

Psychiatrists Nurse Practitioners, and Physician Assistants meet with you about your mental health concerns. They talk with you about your diagnosis and medications that might help you feel better.

Therapists

Joseph Inman Kristin Olson Jennifer Hern Alayna Renwick Jennifer Allen, LCSW

Therapists provide individual and group counseling to consumers who need ongoing mental health counseling.

Decision Support Center

Emma Confer Briona Miller Meretta Cable Kelsey Irvine Cheyenna Neimeyer

The Decision Support Center helps you prepare for your appointment by completing a variety of reports that are shared with your prescriber or therapist. These reports help you communicate symptoms and side effects from medication, your ideas about activities that help you to feel better, concerns that you may have. These reports are given to the prescriber or therapist before your appointment so they can discuss them with you during your appointment. May also use the resources provided to access educational materials regarding both Mental Health and Physical Health concerns.

The resources of the Decision Support Center help you learn new ways of thinking about and coping with the things that stress you out. They will teach you how to relax, manage your anger or make good choices. They can help you deal with bad things that have happened to you in the past. The staff that work in the Decision Support Center are good listeners and great supports for you.