



# Notice of Privacy Practices of Eagleville Hospital

This Notice Describes:

- HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE PRIVACY OFFICER at 610-635-7432 AND [wmanevel@eagleville.org](mailto:wmanevel@eagleville.org) IF YOU HAVE ANY QUESTIONS.

This Notice is in effect as of 1-1-2026.

Eagleville Hospital (“Eagleville”) is required by law to maintain the privacy of records, to provide patients with notice of its legal duties and privacy practices with respect to records, and to notify affected patients following a breach of unsecured records.

Eagleville is required by law to provide you with this Notice of Privacy Practices and to abide by the terms currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain. We will make available a revised Notice of Privacy Practices by posting a copy on our website at [www.eagleville.org](http://www.eagleville.org) or providing or sending you a paper or electronic copy upon request.

## How We May Use and Disclose Health Information About You

Eagleville may use and disclose your protected health information for many purposes. Some require that we get your consent (authorization) for a use or disclosure of PHI. The following list, while not complete, does provide some of the more common uses and disclosures that may be needed.

# Uses and Disclosures for Treatment, Payment and Health Care Operations

**For Treatment.** With your written authorization, your PHI may be used and disclosed by your physician, provider, counselor, nurse, and other facility staff that are involved in your care for the purpose of providing, coordinating or managing your health care treatment and any related services. This includes coordination or management of your health care with a third party, consultation with other health care providers or referral to another provider for health care treatment. For example, your protected health information may be provided to the state agency that referred you to our program to ensure that you are participating in treatment. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of the program, becomes involved in your care. When applicable, we may disclose your PHI for treatment purposes without your authorization to a third party known as a Qualified Service Organization/Business Associate (“QSO/BA”) (see explanation below).

**To Obtain Payment for Services.** With your written authorization, Eagleville will use and disclose your PHI to obtain payment for your health care services. Examples of payment-related activities include the determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity or undertaking utilization review activities. Eagleville may condition your treatment on the receipt of written permission to disclose your PHI for payment purposes. When applicable, we may disclose your PHI for payment purposes without your authorization to third parties known as QSO/BAs (see explanation below).

**For Healthcare Operations.** With your written authorization, we may use your PHI, as needed, within Eagleville in order to support the business activities of our program including, but not limited to, quality improvement activities, patient safety activities, employee review activities, training of students, licensing and accreditation, insurance, auditing functions, business planning activities. We may share your PHI with third parties known as QSO/BAs (see below) that perform various business activities (e.g., billing or typing services) for Eagleville, provided we have a written contract with the QSO/BA in which they agree to be bound by the federal and state privacy regulations that apply to Eagleville.

## Disclosures to You

We may contact you to remind you of your appointments or to provide information to you about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also contact you regarding programs and services offered by Eagleville such as alumni events and workshops, or recovery newsletters.

## Other Uses of Your PHI

We may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician or counselor. We may also call you by first name in the waiting room when it is time to be seen.

## Uses and Disclosures That Do Not Require Your Authorization

**As Required by Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law, is limited to the relevant requirements of the law, and is permitted under the privacy laws applicable to Eagleville. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purposes of investigating or determining our compliance with applicable law.

**For Audits and Investigations.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include public and private agencies that provide financial assistance to the program (such as federal and state granting agencies), regulatory agencies, and peer review organizations performing utilization and quality control.

**In Medical/Psychiatric Emergencies.** We may use or disclose your protected health information in a medical or psychiatric emergency situation to medical personnel. In addition, the individual designated by you at time of admission as your emergency contact will be notified of your condition and transfer to another facility.

**Suspicion of Child Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse, or neglect. However, the information we disclose is limited to only that information which is necessary to make the initial mandated report.

**For Deceased Patients.** We may disclose PHI regarding deceased patients for the purpose of determining the cause of death, in connection with laws requiring the collection of death or other vital statistics. We may also disclose PHI to the personal representative.

### **To Prevent Multiple Enrollments in a Substance Use Disorder Treatment**

**Program.** We may disclose limited patient records to a central registry or to any withdrawal management or maintenance program for the purpose of prevent multiple enrollment of a patient.

**For Research Purposes.** We may disclose PHI to researchers if there is no patient-identifying information associated with the disclosure.

**Criminal Activity on Program Premises/Against Program Personnel.** We may disclose your PHI to law enforcement officials if you have made a threat or committed a crime on program premises or against program personnel. The information is limited to the circumstances of the incident.

**Criminal Threat Against a Third Party.** We may disclose to law enforcement officials or a third party any criminal threat made against a third party. Information related to criminal threats will only be disclosed to the extent permitted by law.

**Civil, Administrative, Criminal or Legislative Proceeding Against You.**

Records or testimony relaying the content of such records shall not be used or disclosed in any civil, administrative, criminal or legislative proceeding against you unless based on specific written consent or a court order. Records shall only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to the patient or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

**Pursuant to an Agreement with a Qualified Service Organization/Business Associate ("QSO/BA").**

We may enter into a contract with a third-party QSO/BA to provide services to Eagleville. Examples of these services include data processing, bill collecting, medication preparation, laboratory analysis, or legal, medical, accounting and professional services. The QSO/BA may access your PHI but only to fulfill the QSO/BA's function and it may not re-disclose your PHI.

## Uses and Disclosures of PHI with Your Written Authorization

**Treatment, Payment, and Healthcare Operations.** We may use and disclose your PHI for these purposes only with your written authorization. We may include your authorization to all current and future uses or disclosures in a single consent. Records that are disclosed to a program, covered entity or business associate pursuant to your consent may be redisclosed without your authorization if HIPAA regulations permit such disclosure.

**Other uses and disclosures.** Other uses and disclosures of your PHI will be made only with your written authorization. These include but are not limited to disclosures to other facilities such as nursing homes, recovery houses, outpatient programs; disclosures to other providers and practices treating you outside of Eagleville; disclosures of psychotherapy and counseling notes, and use of your PHI for marketing purposes.

## Your Rights Regarding Your Protected Health Information

Your rights with respect to your protected health information are explained below. Any requests with respect to these rights must be in writing. A brief description of how you may exercise these rights is included.

**You May Have the Right to Revoke Your Authorization.** Your consent may expire on an expiration date or an event that relates to the purpose of the disclosure. You may also revoke your authorization at any time, unless the program or its staff has taken an action in reliance on the authorization or unless you are receiving court-mandated treatment and agreed to waive the right to revoke your authorization.

## You have the right to inspect and copy your Protected Health Information

You may inspect and obtain a copy of your PHI that is contained in a designated record set for as long as we maintain the record. A "designated record set" contains medical and billing records and any other records that the program uses for making decisions about you but does not include psychotherapy notes. Your request must be in writing. We can deny you access to your PHI in certain circumstances. You have a right to appeal the denial of access to your record. Please contact Eagleville's Privacy Officer if you have questions about access to your substance abuse record.

## You may have the right to amend your Protected Health Information

You may request, in writing, that we amend your PHI that has been included in a designated record set. You have the right to request the correction of inaccurate, irrelevant, outdated or incomplete information in your record. 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 submit rebuttal data or a memorandum to your record. We may prepare a rebuttal to your statement and will provide you with a copy of it. Please contact Eagleville's Privacy Officer if you have questions about amending your substance abuse records.

## You have the right to receive an accounting of some types of Protected Health Information disclosures.

You may request an accounting of the following disclosures within the past three (3) years:

- Disclosures with consent as per 42 CFR §2.26
- Disclosures for treatment, payment and healthcare operations via the electronic medical record as per 45 CFR § 164.522
- Disclosures by an intermediary as per 42 CFR § 2.24

Please contact Eagleville's Privacy Officer if you have questions about accounting of disclosures.

## You have a right to receive a paper copy of this notice.

You have the right to obtain a copy of this notice from us and no later than the date of first service delivery. A copy is posted in a clear and prominent location in Admissions and on our website but, depending on your preference, a paper copy or email will be provided to you upon request. You have the right to discuss this notice with Eagleville's Privacy Officer.

## You have the right to request restrictions on disclosures and uses of your Protected Health Information.

You have the right to ask us not to use or disclose any part of your PHI for treatment, payment or health care operations. However, we are not required to agree to such restrictions. You have the right to request and obtain a restriction of our disclosure of records to your health plan if you have paid for those services in full. Your request for restrictions must be in writing. Please contact Eagleville's Privacy Officer if you would like to request restrictions on the disclosure of your PHI.

## You have a right to elect not to receive Fundraising Communications.

We will use or disclose records to fundraise for the benefit of Eagleville Hospital only if you have first been provided with a clear and conspicuous opportunity to elect not to receive fundraising communications.

## You have a right to request confidential communications.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. Normally we will communicate with you through the phone numbers, postal address, and/or email addresses you provide. We will accommodate any reasonable request to communicate with you by alternative means or at an alternative location, but we may condition this accommodation by asking you for information regarding specification of an alternative address or other method of contact. We will not ask you why you are making the request. Please contact Eagleville's Privacy Officer if you would like to make this request.

## Complaints

If you believe your privacy rights have been violated, you may file a complaint in writing to the attention of Eagleville's Privacy Officer, Wendy Maneval at Eagleville Hospital, 100 Eagleville Road, Eagleville, PA 19403, telephone: 610-635-7432 or email at [wmanevel@eagleville.org](mailto:wmanevel@eagleville.org) .

You may also file a complaint with the following: U.S. Secretary of Health and Human Services: 200 Independence Avenue, S.W. Washington, D.C. 20201, (877) 696-677.

You will not be subject to any retaliation for filing a complaint.