

Notice of Privacy Practices

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. Effective date: October 1, 2026. ^[1]

Our commitment to your privacy

Patient Care Coordination, Inc. (PCC) provides service coordination for people enrolled in Community HealthChoices, the OBRA Waiver and the Act 150 Program. To do this work we create and receive information about you, such as your name, contact information, Medical Assistance information, health conditions, assessments, service plans and service notes. This is called protected health information. We are required by law to keep it private, to give you this notice of our legal duties and privacy practices, to follow the terms of the notice currently in effect, and to notify you if there is a breach of your unsecured information. ^{[1][2][3]}

Your rights

- **Get a copy of your record.** You may ask to see or get a paper or electronic copy of your PCC record. We will respond within 30 days of your request. We may charge a reasonable, cost-based fee for copies. ^[4]
- **Ask us to correct your record.** You may ask us to correct information you think is wrong or incomplete. We may say “no,” but we will tell you why in writing within 60 days. ^[4]
- **Request confidential communications.** You may ask us to contact you in a specific way (for example, a cell phone) or at a different address. We will say “yes” to all reasonable requests. ^[4]
- **Ask us to limit what we use or share.** You may ask us not to use or share certain information. We are not required to agree, and we may say “no” if it would affect your care. ^[4]
- **Get a list of those with whom we have shared information.** You may ask for a list (accounting) of the times we shared your information for six years before the date you ask, who we shared it with, and why. It will not include disclosures for treatment, payment and operations or disclosures you asked us to make. One list per year is free. ^[4]
- **Get a copy of this notice.** You may ask for a paper copy at any time, even if you agreed to receive it electronically. ^[1]
- **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 use your rights and make choices about your health information. ^[4]
- **File a complaint if you feel your rights are violated.** See “Questions and complaints” below. ^[5]

Your choices

For certain information, you can tell us your choices about what we share. You have both the right and choice to tell us to share information with your family, close friends or others involved in your care, or to 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 share your information if we believe it is in your best interest, or when needed to lessen a serious and imminent threat to health or safety. ^[6]

We will never use or share your information for marketing purposes or sell your information unless you give us written permission. PCC does not conduct fundraising using participant information. ^[7]

How we typically use and share your information

- **To coordinate your services (treatment).** For example, we share information with your health plan, providers, home care agencies and other members of your care team to plan and arrange your services. ^[8]
- **To get paid (payment).** For example, we share information with the Department of Human Services, your Community HealthChoices plan or Medical Assistance to bill for service coordination. ^[8]
- **To run our organization (health care operations).** For example, we use information for quality improvement, training, audits, accreditation (including NCQA) and compliance reviews. ^[8]

Other ways we may use or share your information

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good — when conditions in the law are met: ^{[9][10][11]}

- When required by federal, state or local law, including sharing with the U.S. Department of Health and Human Services if it wants to see that we are complying with privacy law.
- To report suspected abuse, neglect, exploitation or abandonment to Adult Protective Services or Older Adult Protective Services, and to report critical incidents as required by the Department of Human Services. ^[12]
- For health oversight activities, such as audits, investigations and monitoring by the Department of Human Services, the Office of Long-Term Living, the Centers for Medicare & Medicaid Services and your health plan. ^{[9][10]}
- For public health and safety, including preventing or reducing a serious threat to anyone's health or safety.
- In response to a court or administrative order, or a subpoena, as the law allows; and to law enforcement officials as the law allows.
- For workers' compensation claims, special government functions, and to medical examiners or funeral directors when an individual dies.

Special protections

Pennsylvania law gives extra protection to some information, such as HIV-related information, mental health treatment records and drug and alcohol records. When state law is more protective than federal law, we follow the more protective law and will ask for your written consent when it is required. ^[13]

If we receive records protected by federal substance use disorder confidentiality rules (42 C.F.R. Part 2), we will not use or share those records in civil, criminal, administrative or legislative proceedings against you unless you give written consent or a court orders it. Information shared under HIPAA may be re-disclosed by the recipient and may no longer be protected by federal privacy rules. ^[14]

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information. ^{[1][3]}
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. ^[15]
- 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 by letting us know in writing, except for actions already taken. ^[7]

Changes to 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 website at www.patientcarecoordination.com/privacy/. ^[1]

Questions and complaints

For questions, to use any of your rights, or if you believe your privacy rights have been violated, contact PCC's Privacy Officer, Alyssa Gallone, RN, BSN, at 215-725-7200, ext. 1050 (TTY 711) or agallone@patientcarecoordination.org (please do not email health information), or write to Patient Care Coordination, Inc., Attn: Privacy Officer, 475 N. 5th Street, Suite 2A, Philadelphia, PA 19123. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights at 1-800-368-1019 or www.hhs.gov/hipaa/filing-a-complaint. **We will not retaliate against you for filing a complaint.** ^[5]

Language assistance and alternate formats

This notice is available free of charge in large print, other languages, audio or other formats. Call 215-725-7200 (TTY 711). ^[16]

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 215-725-7200 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните по номеру 215-725-7200 (телетайп: 711).

Who to contact

Patient Care Coordination, Inc. (PCC)	475 N. 5th Street, Suite 2A, Philadelphia, PA 19123
Phone	215-725-7200 (Mon–Fri, 9:00 a.m.–5:00 p.m.) · After hours: 215-725-7200, Option 9
TTY / Relay	711 (PA Relay) · Fax: 215-725-7201 · www.patientcarecoordination.com
U.S. HHS Office for Civil Rights	1-800-368-1019 (TDD 1-800-537-7697) · OCRMail@hhs.gov · ocrportal.hhs.gov
OLTL Participant Helpline (CHC, OBRA Waiver, Act 150)	1-800-757-5042

Sources and citations

Numbers in brackets in the text refer to the authorities below. This document summarizes participant rights and is not legal advice; the governing regulations, agreements and notices control. Program-specific timeframes are stated on written notices and in the Participant Handbook.

- [1] 45 C.F.R. § 164.520 — Notice of privacy practices for protected health information (required content, effective date, website posting, paper copy).
- [2] 42 C.F.R. §§ 431.300–431.307 — Safeguarding information on Medicaid applicants and beneficiaries.
- [3] 45 C.F.R. Parts 160 and 164, Subparts A and E (HIPAA Privacy Rule), incl. § 164.520 (notice of privacy practices), § 164.522 (restrictions and confidential communications), § 164.524 (access), § 164.526 (amendment) and § 164.528 (accounting of disclosures).
- [4] 45 C.F.R. §§ 164.522 (restrictions; confidential communications), 164.524 (access), 164.526 (amendment), 164.528 (accounting), 164.502(g) (personal representatives).
- [5] 45 C.F.R. §§ 164.530(a), (d) and (g); 45 C.F.R. §§ 160.306 and 160.316 — Privacy official, complaints, and non-retaliation.
- [6] 45 C.F.R. § 164.510 — Uses and disclosures requiring an opportunity for the individual to agree or object (family and others involved in care; disaster relief).
- [7] 45 C.F.R. § 164.508 — Uses and disclosures requiring authorization (including marketing, sale of PHI, psychotherapy notes).
- [8] 45 C.F.R. §§ 164.502 and 164.506 — Uses and disclosures for treatment, payment and health care operations.
- [9] 45 C.F.R. § 164.512 — Uses and disclosures for which authorization or opportunity to agree or object is not required (as required by law, public health, abuse reporting, health oversight, judicial proceedings, law enforcement, serious threats, government functions, workers' compensation, decedents).
- [10] 55 Pa. Code § 52.29 — Confidentiality of records.
- [11] 42 C.F.R. § 438.100 — Enrollee rights (Medicaid managed care), incl. § 438.100(b)(2) (respect, dignity, privacy; participation in decisions) and § 438.100(c) (free exercise of rights without adverse treatment); § 438.100(d) (compliance with Title VI, the Age Discrimination Act, Section 504, the ADA and Section 1557).
- [12] Adult Protective Services Act, 35 P.S. § 10210.101 et seq.; Older Adults Protective Services Act, 35 P.S. § 10225.101 et seq.; 55 Pa. Code § 52.16.
- [13] Pennsylvania confidentiality laws providing greater protection, including 35 P.S. § 7601 et seq. (Confidentiality of HIV-Related Information Act); 50 P.S. § 7111 and 55 Pa. Code § 5100.31 et seq. (mental health records); 71 P.S. § 1690.108 (drug and alcohol records); 55 Pa. Code § 52.29.
- [14] 42 C.F.R. Part 2 (Confidentiality of Substance Use Disorder Patient Records) and HIPAA NPP revisions effective February 16, 2026 (89 Fed. Reg. 12472).
- [15] 45 C.F.R. §§ 164.400–164.414 — Breach notification; 73 P.S. § 2301 et seq. (Pennsylvania Breach of Personal Information Notification Act).
- [16] 45 C.F.R. §§ 92.201, 92.202, 92.11 — Language assistance, effective communication and notice of availability.