

David G. Polin, MD

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.

1. Our Commitment to Your Privacy

The practice of David G. Polin, MD ("this practice") is committed to protecting the privacy of your protected health information ("PHI"). We are required by law — specifically the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations — to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices, and to abide by the terms of the Notice currently in effect.

2. How We May Use and Disclose Your Health Information

The following describes the ways we may use and disclose health information that identifies you. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

Treatment

We may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. For example, your health information may be shared with physicians, specialists, therapists, or other health care providers involved in your care.

Payment

We may use and disclose your PHI so that treatment and services you receive may be billed and payment collected from you, an insurance company, or a third party. For example, we may share information with your health plan to obtain prior authorization for a procedure.

Health Care Operations

We may use and disclose your PHI for our practice's health care operations, including quality assessment, business planning, training, licensing, and conducting or arranging for other business activities. For example, we may use your health information to evaluate the performance of our staff.

Other Permitted Uses and Disclosures Without Your Authorization

We may also use or disclose your PHI without your written authorization for the following purposes:

- As required by federal, state, or local law
- For public health activities (e.g., disease reporting, vital statistics)
- To report abuse, neglect, or domestic violence to appropriate authorities
- For health oversight activities by government agencies
- For judicial and administrative proceedings in response to a court order or subpoena
- For law enforcement purposes as required by law
- To medical examiners, coroners, and funeral directors

- For organ, eye, or tissue donation purposes
 - For research under approved protocols with appropriate safeguards
 - To avert a serious threat to health or safety
 - For specialized government functions (e.g., military, national security, correctional institutions)
 - For workers' compensation programs
 - To business associates who perform services on our behalf under a written agreement
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3. Uses and Disclosures Requiring Your Written Authorization

Certain uses and disclosures of your PHI require your written authorization, including:

- Most uses and disclosures of psychotherapy notes
- Uses and disclosures of PHI for marketing purposes
- Disclosures that constitute a sale of PHI
- Other uses or disclosures not described in this Notice

You may revoke any written authorization at any time, in writing, except to the extent that we have already taken action in reliance on that authorization.

4. Your Rights Regarding Your Health Information

You have the following rights with respect to your PHI. To exercise any of these rights, please submit a written request to our Privacy Officer.

Right to Inspect and Copy

You have the right to inspect and obtain a copy of your PHI that we maintain in a designated record set, with limited exceptions. We may charge a reasonable, cost-based fee for copies. We will respond to your request within 30 days.

Right to Request Amendment

You have the right to request that we amend health information we maintain about you if you believe it is incorrect or incomplete. We may deny your request under certain circumstances and will explain any denial in writing.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we have made of your PHI. This right applies to disclosures made for purposes other than treatment, payment, or health care operations, and excludes disclosures made pursuant to your authorization.

Right to Request Restrictions

You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations. We are required to agree to a request to restrict disclosure to a health plan if the disclosure is for payment or health care operations and the PHI relates solely to a service for which you have paid in full out of pocket.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location (e.g., by mail only, or at an alternate address). We will accommodate reasonable requests.

Right to a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically.

Right to Notification of a Breach

You have the right to be notified if we discover a breach of your unsecured PHI, in accordance with the HITECH Act.

5. Our Duties

We are required by law to:

- Maintain the privacy of your protected health information
- Provide you with this Notice as to our legal duties and privacy practices
- Notify you following a breach of unsecured protected health information
- Abide by the terms of the Notice currently in effect

We reserve the right to change the terms of this Notice at any time. Any revised Notice will apply to PHI we already hold as well as any PHI we receive in the future. We will make the new Notice available upon request and post it in our office.

6. Complaints

If you believe your privacy rights have been violated, you may file a complaint with this practice or with the Secretary of the U.S. Department of Health and Human Services (HHS). To file a complaint with HHS, visit www.hhs.gov/ocr/privacy or call 1-800-368-1019. You will not be penalized or retaliated against for filing a complaint.

To file a complaint with this practice, please contact our Privacy Officer in writing at the address below.

7. Contact Information

For questions about this Notice or to exercise your rights, please contact:

David G. Polin, MD — Privacy Officer

Address: PO Box 156, Landisville, PA 17538

Phone: 717-299-4364

Fax: 717-427-1651

Email: dgpolin@testmynerve.com