



## NOTICE OF PRIVACY PRACTICES Effective March 1, 2018

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN THIS INFORMATION.**

We are required by law to protect the privacy of medical information about you and that which identifies you. This medical information may be information about healthcare we provide to you or payment for healthcare provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice of Privacy Practices and to abide by the terms of this Notice. In other words, we are only allowed to use and disclose medical information in the manner that we have described in this Notice.

This Notice is posted in the waiting areas of all of our offices, and copies of this Notice are available upon request at each office.

In this Notice, we will:

- Discuss how we may use and disclose medical information about you.
- Explain your rights with respect to medical information about you.
- Describe how and where you may file a privacy-related complaint.

If, at any time, you have questions about information in this Notice or about our privacy policies, procedures or practices, you can contact our Privacy Officer, Sean V. Ryan, MD at 610-430-8272.

### **WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES**

We use and disclose medical information about patients every day in order to provide healthcare, obtain payment for that healthcare and operate our business efficiently. The following details some of the circumstances in which we may use or disclose medical information about you. For more information about any of these uses or disclosures, or about any of our privacy policies or procedures contact our Privacy Officer.

#### **1. Treatment**

We may use and disclose medical information about you to provide healthcare treatment to you. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

#### **2. Payment**

We may use and disclose medical information about you to obtain payment for healthcare services that you received. We may use medical information to arrange for payment, such as preparing bills. We also may disclose medical information to others, such as insurers, collection agencies and consumer reporting agencies. In some instances, we may disclose medical information about you to an insurance plan *before* you receive healthcare services because we may need to know whether the insurance plan will pay for a particular service.

#### **3. Healthcare Operations**

We may use and disclose medical information about you in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to improve the quality of care we provide and reduce healthcare costs. For example, we may use or disclose medical information about you in performing the following activities:

- Providing training programs for students, trainees, healthcare providers or non-healthcare professionals to help them practice or improve their skills.
- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients.
- Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.

#### **4. Persons Involved in Your Care**

We may disclose medical information about you to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor. If the patient is a minor, we may or may not be able to agree to your request.

#### **5. Required by Law**

We will use and disclose medical information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose medical information. We will comply with those state laws and with all other applicable laws.

#### **6. National Priority Uses and Disclosures**

When permitted by law, we may use or disclose medical information about you without your permission for various activities which the government has recognized as "national priorities." Examples include threats to public health or safety, abuse, neglect or domestic violence, court proceedings, law enforcement, research organizations or other public health activities.

## 7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the “authorization” – or signed permission – of you or your personal representative. If you sign a written authorization allowing us to disclose medical information about you, you may later revoke your authorization in writing (except in very limited circumstances related to obtaining insurance coverage). If you revoke your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken some action. The following uses and disclosures of medical information about you will only be made with your written authorization (signed permission):

- Uses and disclosures for marketing purposes.
- Uses and disclosures that constitute the sales of medical information about you.
- Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes.
- Any other uses and disclosures not described in this Notice.

## YOU HAVE RIGHTS WITH RESPECT TO MEDICAL INFORMATION ABOUT YOU

You have several rights with respect to your medical information. This section of the Notice will briefly mention each of these rights.

### 1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will always be posted in our waiting area. If you would like to have a copy of our Notice, please ask the receptionist at our office.

### 2. Right of Access to Inspect and Copy

You have the right to review and receive a copy of medical information about you that we maintain in certain groups of records. If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records. You may also instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing or complete a **Medical Records Release Form** which is available at our office.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person. If you request a copy of your medical records, we may charge a fee limited to the direct costs associated with fulfilling your request.

### 3. Right to Have Medical Information Amended

You have the right to request in writing that we amend medical information about you, if you believe that the information is either inaccurate or incomplete. In certain circumstances we may deny your request, and we will explain our reason for doing so in writing.

### 4. Right to a Listing of Disclosures We Have Made

You have the right to request in writing a listing of disclosures that we have made for the previous six (6) years. The list will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that we include disclosures for treatment, payment or healthcare operations if this is available.

### 5. Right to Request Restrictions on Uses and Disclosures

You have the right to request in writing that we limit the use and disclosure of medical information about you when the medical information pertains solely to a medical service which has been paid out-of-pocket in full. In other words, if you pay out-of-pocket in full for a medical service, you may request that we do not share any medical information related to this service with your health plan, except if the information is necessary for emergency treatment. You may cancel the restriction at any time by submitting a written request. In addition, we may cancel a restriction at any time as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

### 6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method. We will agree to any reasonable request for alternative methods of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing.

### 7. Right to Notification if a Breach of Your Medical Information Occurs

You also have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs and if that information is unsecured (not encrypted), we will notify you promptly with the following information:

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and,
- Contact procedures so you can obtain further information.

### 8. Right to Opt-Out of Fundraising Communications

If we conduct fundraising activities, you have the right to opt-out of receiving such communications from us.

## YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government. **We will not take any action against you or change our treatment of you in any way if you file a complaint.**

To file a written complaint with us, please write to: Lois Carita, Surgical Specialists, P.C., 830 Old Lancaster Rd., Suite 300, Bryn Mawr, PA 19010  
To file a written complaint with the federal government, please use the following contact information: **Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W. Room 509F, HHH Building, Washington, and D.C. 20201**  
**Toll-Free Phone:** 1-(877) 696-6775 **Website:** <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> **Email:** [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov)