



HIPAA (Health Insurance Portability and Accountability Act) Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (or your child) MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Who Will Follow This Notice

This joint notice applies to our staff while treating you or your child. It describes how we will use and share your information, how we are required by law to maintain the privacy of your health information, and to provide you with notice of our legal duties and privacy practices with respect to your protected health information (PHI). PHI is information about you, including demographic information, that may identify you and that relates to your health or condition and related health care services. We are required to abide by the terms of the notice currently in effect. If you have questions about any part of this notice, or if you want more information about our privacy practices, please contact us at 484.999.4925.

I. How we may use or share your health information. We are committed to protecting the privacy of your health information. The law permits us to use or share your health information for the following purposes:

1. *Treatment.* We may use or share your PHI with physicians and other health care personnel who provide you with health care services or are involved in your care. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.
2. *Payment.* In the event that you have submitted claims to your insurance company for reimbursement for our services, we may give pertinent PHI to your insurance company.
3. *Health Care Operations.* We may use or share your PHI in order to operate our facilities. We may also provide your PHI to accountants, attorneys, and others in order to make sure we are complying with the laws that affect us.
4. *Notification and Communication with Family.* We may release your PHI to a relative, close friend, or any other person you identify, information that directly relates to that person's involvement in your health care unless you object. We may use or release PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care to tell them your location or general condition. Finally, we may use or share your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and releases to family or other individuals involved in your health care.
5. *Required by law, court, or law enforcement.* We may release PHI when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with crime; or when ordered by a court.
6. *Public Health.* As required by law, we may release PHI to public health authorities for purposes related to preventing or controlling disease, injury or disability; and reporting disease or infection exposure.
7. *Research.* We may release your health information to researchers conducting research that has been approved by an Institutional Review Board if you give consent.
8. *Specific Government Functions.* We may share your health information for military or national security purposes.
9. *Appointment Reminders & Health Related Benefits.* We may use your PHI to contact you to provide appointment reminders or to give information about other treatments or health-related benefits and services that may be of interest to you.
10. Diagnostic and therapeutic information regarding psychiatric or drug/alcohol abuse will not be disclosed without your specific permission, unless required by law.

II. Your Health Information Rights

1. *You have the right to request a limit on certain uses and releases of your health information.* We will consider your request, but are not required to accept it. These requests must be in writing and submitted to our practice.
2. *You have the right to choose how you receive your health information.* You have the right to ask that we send information to you at an alternative address or by other means (for example, telephone instead of mail, post office box instead of home address). We must agree to your request so long as we can easily provide it in the format you requested.
3. *You have the right to see and get copies of your health information, in most cases.* These requests must be in writing.
4. *You have a right to request that we correct or update information that is incorrect or incomplete.* We are not required to change your health information. If we deny your request, we will provide you with information about our denial and how you can disagree with the denial. These requests must be in writing.
5. *You have a right to receive a list of disclosures we have made* except that we do not have to account for the disclosures described under treatment, payment, health care operations; information provided to you; information released based on your written authorization; directory listings; certain government functions; disclosures of a limited data set (which may only include date information and limited address information); and to correctional institutions or law enforcement in custodial situations. These requests must be in writing and must state a time period.
6. *You have a right to get a paper copy of this Notice of Privacy Practices.* You may request a copy of this notice at any time.

III. Changes to this Notice of Privacy Practices

We reserve the right to change this Notice of Privacy Practices at any time in the future. We reserve the right to make the changed notice effective for health information we already have about you as well as any we receive in the future. We will post a current copy of the Notice. Upon request, you may obtain a copy of the current notice by contacting our practice.

IV. When We May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

V. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health & Human Services. To file a complaint with our HIPAA Compliance Officer, call 484.999.4925. You will not be penalized for filing a complaint.