



Effective Date: April 14, 2003

Revision: January 30, 2009

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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.

We understand your privacy is important. We are required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to maintain the privacy of protected health information and to abide by the terms of the notice currently in effect. It is our policy that all doctors and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. PHI is verbal, written or electronically recorded information related to your past, present or future health care services, including demographics that may identify you.

This Notice of Privacy Practices describes how we may use and disclose information to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by state or federal law. It also describes your rights to access and control your protected health information.

Uses and Disclosures of Your Information

We will use and disclose necessary information about you in order to provide treatment, receive payment for treatment provided, and conduct day-to-day business practices. For example:

Treatment: Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of your scans will be available to your referring doctor.

Payment: Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health Care Operations: Your health information may be used as necessary to support the day-to-day activities and management including quality assurance activities, accreditation, and training programs to ensure our staff meet the standards of care required by the profession. Trained staff may handle your health record in order to verify eligibility for services, for filing of documentation, or to assemble your record for the health care provider. You also may be contacted for an appointment reminder or to receive additional information necessary for billing purposes.

Appointment Reminders: We may contact you to give you appointment reminders or information about treatment alternatives or other services that may be of interest to you.

Other Uses and Disclosures Requiring Authorization: Disclosure of your health information or its use for any purpose other than for treatment/services, payment, or health care operations, and those specific circumstances outlined require an authorization. If at any time you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Disclosures Permitted without your Authorization: In certain circumstances, per federal and state laws, we may disclose specific health information about you without your consent or authorization. These specific circumstances include:

- Mandated requirements of law (for example, to report children or helpless adults who are victims of abuse, neglect, or exploitation; to report injuries from guns and dangerous weapons)
- Public health purposes (for example, reporting certain contagious diseases such as tuberculosis)
- Health oversight activities (for example, audits, investigations, inspections, and other activities required of the health system)
- Judicial and administrative proceedings (for example, in response to an order from the court, subpoena, legal counsel to the agency, or Inspector General)
- Law enforcement purposes (for example, reporting of gunshot wounds, limited information requested about fugitives or missing persons)
- To avert serious threats to health and safety of another person (for example, in response to a specific threat made to harm another)
- Specialized government functions (for example, as directed by military command authorities for national security and intelligence activities)
- Correctional facilities (for example, for custodial situations involving the health care of an inmate or the health and safety of others in the correctional facility)
- Worker's compensation (for example, to facilitate processing and payment)
- Coroners and medical examiners (for example, to identify a deceased person or determine the cause of death)
- Department of Health and Human Services (for example, in connection with an investigation for compliance with federal regulations)

Your Health Information Rights

There are several rights concerning your protected health information that we want you to be aware of:

You have the right to inspect and copy your protected health information. This right is not absolute. In certain situations, (for example, if access would cause harm) we can deny access. You may make this request in writing. If denied access, you will receive a timely, written notice of the decision and reason. A copy of your request and our written reply becomes part of your record. This process will be kept confidential.

You have the right to request an amendment to your health care records if you believe information in the records is inaccurate or incomplete. You must make this request in writing and give a reason for your request. If we deny your request, you will receive a written explanation for the denial.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or

healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, family members involved in your care, or for notification purposes.

You have the right to request a restriction of your protected health information. You must make this request in writing and give a reason for your request. If we deny your request, you will receive a written explanation for the denial.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You must make this request in writing and give a reason for your request. We will agree to all reasonable requests.

You have the right to obtain a paper copy of this notice from us at any time upon request.

Changes to Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and procedures may be required by changes in federal and state laws and regulations. The revised policies and practices will be applied to all protected health information we maintain. Copies of the revised notice will be posted in our reception area. Upon request, we will provide you with the most recently revised notice on any office visit.

For additional information concerning our Privacy Practices, please contact the office staff or the Privacy Officer. If you feel as though your privacy rights were violated, you may file a complaint with the Privacy Officer or the federal government as identified below. You will not be penalized or otherwise retaliated against for filing a complaint.

Privacy Officer

Joseph Delgado, Esq.

Cell Number: 908-507-7114

Office of Civil Rights

Department of Health and Human Services

150 S. Independence Mall West, Suite 372

Philadelphia, PA 19106-3499

Main Line: 215-861-4441

Hotline: 1-800-368-1019

TTY: 215-861-4440

