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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.

If you have any questions regarding this notice, please contact the Office Manager at (717)541-9700.

A. OUR COMMITMENT TO YOUR PRIVACY

Our Practice is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you, the treatment, and the services we provide to you.

These records are our property. However we are required by law:

- ❖ To maintain the confidentiality of your medical information.
- ❖ To provide you with this notice of our legal duties and privacy practices concerning your medical information.
- ❖ To follow the terms of our notice of privacy practice in effect at the time.

To summarize, this notice provides you with the following important information:

- ❖ How we may use your medical information.
- ❖ Your privacy rights in your medical information.
- ❖ Our obligations concerning the use and disclosure of your medical information.

CHANGES TO THIS NOTICE

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change, or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all information that we already have about you, as well as any of your medical information that we may receive, create or maintain in the future. Our Practice will post a copy of our current notice in our offices in a prominent location, and you may request a copy of our most current notice during any visit to our Practice.

B. HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your medical information. Please note that each particular use or disclosure is not listed. However, the different ways we are permitted to use and disclose your medical information do fall within one of the categories.

Treatment: Our Practice may use and disclose your medical information to treat you. For example, we may ask you to undergo laboratory tests (such as blood tests), and we may use the results to help us reach a diagnosis. Additionally, we may disclose your medical information to others that may assist in your care, such as your physician, therapists, spouse, children or parents.

Payment: Our Practice may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits.

Health Care Operators: Our Practice may use and disclose your medical information to operate our business. For example, our Practice may use your medical information to evaluate the quality of care you received from us.

The following categories describe additional conditions in which we may use or disclose your medical information:

Required by Law: We will use or disclose medical information about you when required by applicable law.

Public Health Activities: Our office may disclose your medical information for public health activities including generally:

- ❖ To prevent or control disease, injury or disability;
- ❖ To maintain vital records, such as birth and deaths;
- ❖ To report child abuse or neglect;
- ❖ To notify a person regarding potential exposure to a communicable disease;
- ❖ To notify a person regarding a potential risk for spreading or contracting a disease or condition;
- ❖ To report reactions to drugs or problems with products or devices;
- ❖ To notify individuals if a product or device they may be using has been recalled;
- ❖ To notify appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence). However, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information;
- ❖ To notify your employer under limited circumstances, related primarily to workplace injury or illness or medical surveillance.

C. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you:

Requesting Restrictions: You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your medical information, you must make your request in writing. Your request must describe in a clear and concise fashion: (1) the information you wish restricted; (2) whether you are requesting to limit our practices use, disclosure or both; and (3) to whom you want the limits to apply.

Confidential Communications: You have the right to request that our office communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home, rather than work.

In order to request a type of confidential communication, you must make a written request specifying the requested method of contact, or location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

Inspection and Copies: You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your medical information. Our office may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted not by the person that denied your request, but by another licensed health care professional chosen by us.

Amendment: You may ask us to amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our office. To request an amendment, your request must be made in writing. You must provide us with a reason that supports your request for amendment. Our office will deny your request if you fail to submit your request (and reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is:

- ❖ Accurate and complete;
- ❖ Not part of the medical information kept by us or for the Practice;
- ❖ Not part of the medical information which you would be permitted to inspect and copy; or
- ❖ Not created by our office, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures: You have the right to request an accounting of disclosures. An accounting of disclosures is a list of certain disclosures our Practice has made of your medical information. In order to obtain an accounting of disclosures, you must submit your request in writing. All requests for accounting disclosures must state a time period that may not be longer than six years and may not include dates before October 5, 2003. The first list you request within a 12-month period is free of charge, but our Practice may charge you for additional lists within the same 12-month period. Our office will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice: You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time.

Right to File a Complaint: If you believe your privacy rights have been violated you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our Practice, contact the Office Manager, telephone# (717)541-9700. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Right to provide an Authorization for Other Uses and Disclosures: Our Practice will obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.