

Associates in Physical Medicine and Rehabilitation of SW PA PC

HIPPA NOTICE OF PRIVACY PRACTICES

Effective Date: June 22, 2022

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.

This Notice is provided to you pursuant to the Health Insurance Portability and Accessibility Act of 1996 ("HIPPA"). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

- **We may Use or Disclose Your Health Information for Purpose of Treatment, Payment of Healthcare Operations and Here is One example of each:**

The health care professionals-including doctors, nurses and technicians-in our office may access your information for purposes of providing you care.

Our billing department may access your information-and send relevant parts-to your insurance company to allow us to be paid for the services we render to you.

We may access or send your information to our attorneys or accountants in the event we need the information in order to address one of our own business functions.

- **We May Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Consent or Authorization:**

For Treatment, Payment or Healthcare Operations: See above.

To Provide it to you.

To Notify and/or Communicate with your Family: Unless you tell us you object, we may use or disclose your Health Information in order to notify your family or assist in notifying your family, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others.

As Required by Law.

For Public Health Purposes: We may use or disclose your Health Information to provide information to state or federal public health authorities, as required by law to prevent or control disease, injury or disability; to report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications and report disease or infections exposure.

In Cases of Suspected Child Abuse or Neglect: If the doctor suspects abuse or neglect, he is obligated to disclose information to the appropriate investigative agencies, which includes PA Child Protective Services and/or law enforcement agencies. The physician may disclose protected health information to law enforcement without authorization if there is a probability of imminent physical injury to the patient, physician, or another person.

For Health Oversight Activities: We may use or disclose your Health Information to health

agencies during the course of audits, investigations, inspections, licensure and other proceedings.

In Response to Subpoenas or for Judicial and Administrative Proceedings: We may use or disclose your Health Information in the course of any administrative or judicial proceeding. However, in general, we will attempt to ensure that you have been made aware of the use or disclosure of your Health Information prior to providing it to another person.

To Law Enforcement Personnel: We may use or disclose your Health Information to law enforcement officials to identify or locate a suspect, fugitive, material witness or missing person, comply with a court order or subpoena and other law enforcement purposes.

To Coroners or Funeral Directors: We may use or disclose your Health Information for purposes of communication with coroners, medical examiners and funeral directors.

For Purposes of Organ Donation: We may use or disclose your Health Information for purposes of communication to organizations involved in procuring, banking or transplanting organs and tissues.

In Order to Conduct Research: We may use or disclose your Health Information in order to conduct research that has been approved by our Institutional Review Board.

For Public Safety: We may use or disclose your Health Information in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

To Aid Specialized Government Functions: If necessary, we may use or disclose your Health Information for military or national security purposes.

For Worker's Compensation: We may use or disclose your Health Information as necessary to comply with worker's compensation laws.

To Correctional Institutions or Law Enforcement Officials, if You are an Inmate.

- **For all Other Circumstances, We May Only Use or Disclose Your Health Information After You Have Signed an Authorization.** If you authorize us to use or disclose your Health Information for another purpose, you may revoke your authorization in writing at any time.

- **We may also Use or Disclose Your Health Information for the Following Purposes:**

Appointment Reminders: We may use your Health Information in order 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.

Change of Ownership: In the event that our practice is sold or merged with another organization, your Health Information/record will become the property of the new owner.

- **Your Rights:**

- You have the right to request restrictions on the uses and disclosures of your Health Information. We are not required to comply with your request.
- You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location.

- You have the right to inspect and copy your Health Information. We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary.
- You have a right to request that we amend your Health Information that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial within 30 days of notification, if correction is appropriate.
- You have a right to receive an accounting of disclosures of your Health Information made by us, except that we do not have to account for disclosures authorized by you, made for treatment, payment, health care operations, information provided to you, notification and communicate with family, certain government functions, appointment reminders as described in section I of this Notice of Privacy Practices.
- You have the right to a paper copy of this Notice of Privacy Practices. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact our Privacy Officer at 724-223-9270.

- **Our Duties.**

We are required by law to maintain the privacy of your Health Information and to provide you with a copy of this Notice.

We are also required to abide by this Notice.

We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all your Health Information even if it was created prior to the change in the Notice. If such amendment is made, we will immediately display the revised Notice at our office and provide you with a copy, at any time, upon request.

- **Complaints to the Government.**

You may make complaints to the Secretary of the Department of Health and Human Services if you believe your rights have been violated.

We promise not to retaliate against you for any complaint you make to the government about our privacy practices.

- **Contact Information.**

You may contact us about our privacy practices by calling the Privacy Officer at: 724-223-9270.

You may contact the DHHS at 1-877-696-6775.