

PATIENT 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.

WHO WILL FOLLOW THE PRACTICES OUTLINED IN THIS NOTICE?

We recognize that information about your health and the care you receive is very sensitive and personal, and we will use every effort to protect that information in accordance with our privacy practices. This Notice describes the privacy practices of Family Practice Associates of Upper Dublin (FPUD), employees, physicians employed by FPUD, medical staff members of FPUD and other volunteers and students training at FPUD. These persons and programs may share your medical information with each other for purposes of your treatment, payment for your care, or general health care operations as described in this Notice.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices and your rights with respect to the health information we collect, create and maintain about you. Family Practice Associates of Upper Dublin (FPUD) will abide by the terms of this Notice currently in effect. We are required to notify you if your information has been affected by a breach of unsecured protected health information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We are either permitted or required by law to use and/or disclose your health information for various purposes. We cannot describe every possible use or disclosure of your health information in this Notice. However, uses or disclosures that we are permitted or required to make will generally fall within one of the following categories:

We will use your health information for your treatment – We are permitted to use and/or disclose your information for treatment: the provision, coordination, or management of your health care and related services among the providers of such care. For example: we may share your health information with other providers involved in your care, such as specialists or other health providers you see, to recommend your course of treatment, and to remind you about appointments at Family Practice Associates of Upper Dublin (FPUD).

We will use your health information for payment purposes – We will use and disclose information about your care to obtain payment for such care. For example, we may send a bill to you, your insurance company and/or a third party payer for the services we provide to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

We will use your health information for our health care operations – We may use or disclose your information for our administrative activities necessary to run Family Practice Associates of Upper Dublin (FPUD). For example, we may use health information to review the quality of our treatment and services, evaluate the performance of our staff in caring for you, and to physicians, nurses, technicians, students and other staff for review and learning purposes.

Facility Directories – We may include your name, location in the facility, and general condition in the hospital's facility directory. The directory information may be released to anyone who asks for you by name. Your religious affiliation may also be given to a member of the clergy, such as a pastor, priest or rabbi, even if they don't ask for you by name. You have the opportunity

to tell us that you do not wish to be included in the facility directory and/or you do not want us to release any information to the clergy.

Personal Representatives – We may disclose your health information to your guardian, or someone you have named as your Power of Attorney for healthcare decisions, or to someone you have authorized to make decisions on your behalf in a Living Will or other health care directive, and in the event of your death, to your executor or administrator.

Family Members – Unless you communicate your objection to us, we may disclose to individuals such as family members or close friends, information relevant to their involvement in your care or for payment for your care. We may use and disclose information to identify and locate family members or other persons to inform them about your location and general condition. This includes emergency circumstances when you are not able to object to the disclosure and in disaster circumstances, where we may disclose information to an entity assisting in the relief effort, so that your family can be notified about your location and/or condition.

Fundraising – We may contact you in an effort to raise money for Family Practice Associates of Upper Dublin (FPUD) and its programs, facilities and operations. You have the right to opt out of these communications if you do not wish to receive them.

Business Associates – In certain circumstances, we may disclose your information to outside entities with whom we have contracted to perform certain services for Family Practice Associates of Upper Dublin (FPUD). These include transcription services, software systems, billing services, collection services and consultants to assist in improving our operations. These entities, or business associates, are required to appropriately safeguard and protect the privacy and confidentiality of your health information.

As Required By Law – We will disclose your health information when required to do so by federal, state, or local law. For example, we may disclose your health information to the representatives of the Office for Civil Rights of the U.S. Department of Health and Human Services so that they may ensure that we are appropriately protecting the privacy of your health information.

To Prevent a Serious Threat to Health or Safety – We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would be to someone able to help prevent the threat.

Organ and Tissue Donation – If you are an organ or tissue donor, we will release health information to organizations involved with organ donation banking, organ and tissue procurement and transplantation, as necessary to facilitate organ, tissue, or eye donation and transplantation.

Specialized Government Functions – We may disclose health information for certain specific government functions. For example, if you are a member of the armed forces, we will release your information as required by military command authorities, or to the Department of Veterans Affairs to determine your eligibility for certain benefits. We may also release health information to authorized federal officials for intelligence, counter-intelligence, or other national security activities as authorized by law.

Correctional Institutions – We may disclose health information about an inmate or individual in lawful custody to the correctional institution or law enforcement individual, if the information is needed for the provision of care to the individual or for the health and safety of others at the correctional institution.

Victims of Abuse, Neglect, or Domestic Violence – If we believe you are a victim of abuse, neglect, or domestic violence, we may, consistent with law, disclose your health information to a governmental authority, including a social service or protective services agency, authorized by law to receive such reports.

Workers' Compensation – We may release your health information for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Public Health – Consistent with law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, to report vital

statistics such as deaths, to report child abuse, or to notify appropriate persons of adverse reactions to products or drugs of a product recall.

Health Oversight Activities - We may disclose health information to a health oversight agency for activities such as audits, investigations, inspections, licensure, and other activities that are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights.

Lawsuits and Disputes – We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process, if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement – In certain situations, consistent with law, we may release limited health information for law enforcement purposes. This includes reporting certain types of wounds or physical injuries, or information we believe is the result of criminal conduct, and instances where information is requested from law enforcement officials for identifying or locating a suspect, fugitive or missing person.

Coroners, Medical Examiners and Funeral Directors – We may release health information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors as necessary to allow them to carry out their duties.

Research – In limited situations, we may use your health information in connection with research activities or activities in preparation for research. In these situations, the use has been approved by a committee who will ensure the privacy of the information is protected.

Incidental Uses and Disclosures – We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.

Participation in an HIO – We participate with one or more secure health information organization networks (each, an “HIO”), including an HIO called “HealthShare Exchange of Southeastern Pennsylvania, Inc., (“HSX”), which makes it possible for us to share your health information electronically through a secure connected network. We may share or disclose your health information to HSX and other secure HIOs, including HIOs contracted with the Commonwealth of Pennsylvania, and even HIOs in other states. Other health care providers, including physicians, hospitals and other health care facilities, that are also connected to the same HIO network as we can access your health information for treatment, payment and other authorized purposes, to the extent permitted by law.

You have the right to “opt-out” or decline to participate in HSX and other HIOs. To opt out of HSX, go to <http://www.hsxsepa.org/patient-options-opt-out-back>

YOUR AUTHORIZATION

Uses and disclosures of health information that do not fall within the categories listed above will be made only with your written authorization. For example, your authorization is needed for Family Practice Associates of Upper Dublin (FPUD) to use your health information for marketing purposes, or the sale of the protected health information. Additionally, your authorization and additional informed consent is needed for research outside of the limited situations described above.

There are certain types of health information subject to more stringent privacy protections, and the disclosure of this information requires your authorization, except for certain limited circumstances.

Psychotherapy notes, recorded by a mental health care professional documenting or analyzing the contents of a conversation during a private, group, joint, or family counseling session, are

afforded additional protections, such as being kept separately from the medical record, and require the patient’s authorization before they are disclosed. Other mental health records, drug and alcohol treatment information, and HIV-related information may be released only with your authorization, except in limited circumstances under state law.

If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain our records of the care that we provided to you.

YOUR PRIVACY RIGHTS

You have rights regarding your health information. However, there are limited circumstances where we may deny these requests. You may make these requests by contacting either the Patient Advocacy Department or the Compliance Department. We may ask that your request be made in writing.

Right to view and receive your health information – You have the right to inspect and obtain a copy of your health information, with certain exceptions. We may charge a reasonable fee for any copying and mailing costs we incur.

Right to request an amendment of your health information – You have the right to request an amendment of your health information that you feel is incorrect or incomplete.

Right to request information on how your health information was disclosed – You have the right to receive an accounting of the disclosures we have made of your health information.

Right to request restrictions of your health information – You have the right to request restrictions and limitations on how we use and disclose your health information, either for treatment, payment, or operations functions as described above, or restrictions on disclosing information to certain individuals. However, we are not required to agree with your restriction, unless it is to restrict the disclosure of health information for payment and/or operations functions, where the item or service has been paid in full, out of pocket, by the patient.

Right to receive confidential communications – You have the right to request that your health information is received by an alternative means of communication, or at alternative locations. We will accommodate reasonable requests, such as requesting an alternative mailing address or phone number to receive your test results, or to not leave any information on an answering machine or with another member of your household.

Right to a paper copy of this Notice – You have the right to request a paper copy of this Notice.

Changes to our privacy practices – We are required to abide by the terms of this Notice. However, we reserve the right to change this Notice in the future. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Updated Notices will be available upon request.

For more information or to report a complaint – If you have questions and/or would like additional information, you may contact our office at 215-646-1686. If you believe your privacy rights have been violated, you may file a complaint with Family Practice Associates of Upper Dublin (FPUD).

If you wish to send a written privacy complaint, you may send it to the address below.

Family Practice Associates of Upper Dublin (FPUD)
1244 Fort Washington Ave # E
Fort Washington, PA 19034

Patient Signature: _____

Date: _____

Revised Effective: 12/6/2018