

# TRANSVALLEY FAMILY HEALTH, PLLC

## Notice of Privacy Policy

Updated 3/2/16

### **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 and its implementing regulations, as amended (“HIPAA”). It is designed to tell you how we may, under federal law, use or disclose your Health Information.

I. We May Use or Disclose Your Health Information for Purposes of Treatment, Payment or Healthcare Operations without Obtaining Your Prior Authorization. Examples of these uses and disclosures are as follows:

We may provide your Health Information to other health care professionals – including doctors, nurses and technicians – for purposes of providing you with care.

Our billing department may access your information – and send relevant parts to your insurance companies – 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 that they require the information to address one of our own business functions.

II. We May Also Use or Disclose Your Health Information Under the Following Circumstances without Obtaining Your Prior Authorization:

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 infection exposure.

For Health Oversight Activities. We may use or disclose your Health Information to health oversight agencies during the course of audits, investigations, certification and other proceedings.

In Response to Civil Subpoenas or for Judicial and Administrative Proceedings. We may use or disclose your Health Information, as directed, in the course of any civil 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 a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person, comply with a court order or grand jury subpoena and other law enforcement purposes.

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

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

**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.**

**III. 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.

**IV. You Should Be Advised that 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, custody of your Health Information/record will be transferred to the new owner.

**V. Your Rights.**

1. You have the right to request restrictions on the uses and disclosures of your Health Information. However, we are not required to comply with your request. You should make any requests for restrictions to the office manager.
2. You have the right to receive your Health Information through confidential means through a reasonable alternative means or at an alternative location. You should make requests for how and where Health Information is to be delivered to you to the office manager.
3. You have the right to inspect and copy your Health Information, and you also have the right to a copy of your Health Information in an electronic format, but only if it is contained in an Electronic Health Record ("EHR"). We may charge you a reasonable cost-based fee to cover copying, postage and/or preparation of a summary, and in the case of a request for a copy of your Health Information maintained in an EHR (or a summary or explanation of such information) in an electronic format, we may charge you the amount of our labor costs in responding to your request. We ask that requests for access to or copies of your records be submitted in writing.
4. You have the 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. Requests for amendments to your Health Information should be made in writing to the office manager.
5. You have the 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; provided to you; provided in response to an Authorization; made in order to notify and communicate with family; and/or for certain government functions, except if such disclosures of your Health Information are made through an HER, in which case you have the right to an accounting of such disclosure made through the EHR. Requests for accountings should be made in writing to the office manager.

6. 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, contact us using the information provided below.

#### VI. 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 the terms of 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. We will provide you with another copy, of this Notice at any time, upon request.

#### VII. Complaints to the Government.

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

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

#### VIII. Contact Information.

##### **You may contact us at:**

**TransValley Family Health, PLLC**

**205 Telford Pike**

**Telford, PA 18969**

**Phone: 484-351-5141**

##### **You may contact the DHHS at:**

**Office for Civil Rights**

**U.S. Department of Health and  
Human Services 150 S.  
Independence Mall West**

**Suite 372, Public Ledger Building**

**Philadelphia, PA 19106-9111**

**Main Line 215.861.4441**

**Hotline 800.368.1019**

**Fax 215.861.4431**

**TDD 215.861.4440**