

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.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

Center for Urologic Care of Berks County, P.C. and its affiliate Berks Urologic Surgery Center

OUR LEGAL DUTY

This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA) and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request and in our waiting room. This is considered a summary (layered) Notice, which briefly describes your rights and other information. We also have copies of our full Privacy Notice, which you can request at anytime, is posted and is normally available in our waiting room. For more information about our privacy practices or for additional copies of either Notice, please contact us using the information listed at the end of this Notice.

We will not use or disclose your health information without your authorization, except as described in this Notice.

The Privacy Notice describes how we may use and disclose your *protected health information (PHI)* to carry out *treatment, payment or health care operations* and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information in some cases. Your PHI means any written and oral health information about you, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider and that relates to you past, present or future physical or mental health or condition.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, ambulatory surgery center or other healthcare provider a record of your visit is made. Typically for office visits, this record contains your symptoms, description of any examination, test results, diagnoses and a treatment plan. This information is often referred to as your health or medical record or chart. It can serve as:

- Basis for planning your care and treatment
- Means of communication among the various health professionals who contribute to your care
- Legal document describing the care you received
- A tool which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your medical record and how your health information is used helps you to:

- Ensure its accuracy
- Make more informed decisions when authorizing disclosures to others.

YOUR PATIENT PRIVACY RIGHTS

Although your health record is the physical property of the medical practice or facility that compiled it, the information inside of it belongs to you. **These rights are further described in our full Privacy Notice.** You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of this Privacy Notice and the full Privacy Notice upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524 after a written request to the Privacy Officer has been submitted. A charge may be imposed for labor and supplies involved in providing copies. The practice has up to 30 days to act on the request.
- Request that we amend your health record as provided in 45 CFR 164.528. The requests must be in writing to the Privacy Officer. We will either accept or deny the request within 60 days of the request.
- Obtain an accounting of certain disclosures of your health information as provided in 45 CFR 164.528
- Request confidential communications of your health information by alternative means or at alternative locations (if reasonably possible)
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Our organization is required to:

- Maintain the privacy of your health information
- Provide you with this Notice as our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

USES AND DISCLOSURES OF HEALTH INFORMATION AND RELATED EXAMPLES

We use and disclose health information about you for treatment, payment, and healthcare operations. Some examples are listed below, however, a more complete list is provided in our full Notice of Privacy Practices. For example:

Treatment: We may use or disclose your health information to provide, coordinate or manage your health care and any related services with another physician or other healthcare provider providing treatment to you. For example, information obtained by a nurse, a medical assistant, a provider, a physician or other member of the clinical staff will be recorded in your record and used to determine the course of treatment. They may also share and discuss your medical information with each other. We will also share and provide your primary care physician or another subsequent healthcare provider, outside of our practice, with copies of various reports or letters that should assist him/her in treating you. We may also share and discuss your medical information with an outside facility which can include a hospital, or other health care facility, a laboratory or radiology center. We may use a patient sign in sheet in the waiting room which is accessible to all patients. We may call patients in the waiting room by their name when it is time for them to go to the examining room or treatment room. We may contact you by phone, letter or postcard to provide you with an appointment reminder. We may also call or write you to follow-up with you regarding your care or future care. We may leave a message with scheduling or clinical information including information about medications on your answering machine, however, we will leave only the minimal amount of information necessary. We may send or receive information required in your treatment via a fax machine or other means.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. For example, we may send them a bill, either on paper or electronically. This may include certain communications to your health insurance company to get approval for the procedure or service that we have scheduled. This may include providing your diagnosis, procedures and supplies used. This can also include sharing demographic information with other health care providers or facilities who seek this information to obtain payment for health care services provided to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. For example, healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, billing compliance functions, evaluating practitioner and employee performance, conducting training programs which can include students, trainees or practitioners who are under supervision, accreditation, certification, licensing or credentialing activities.

OTHER USES OR DISCLOSURES

Communication with Family and Persons Involved in Your Care or Payment of Care: We must disclose your health information to you, as described in the Patient Rights section of this Notice. Health professionals, using their best judgment, may disclose your health information to a family member, other relative, a personal representative, close friend or other person you identify to help with your healthcare or with payment for your healthcare unless you object to such use or disclosure. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up medical supplies, x-rays, or other similar forms of health information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, general condition and death.

Business Associates: Business associates are not direct employees of our facility yet they perform work that may require them to view PHI. Examples can include, but are not limited to, our practice management consultant, our malpractice insurance carrier, our copying service and our collection agent. So that your health information is protected we require our business associate to appropriately safeguard your information.

Marketing Health-Related Services: We will not use your health information for marketing communications with outside organizations without your written authorization.

Clinical Research: We may disclose information to researchers when their research has been approved by the Reading Hospital and Medical Center's Institutional Review Board (IRB) which has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Required by Law: We may use or disclose your health information for law enforcement purposes as required by federal, state or local law or in response to a valid subpoena or other judicial or administrative authority requirement.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

Correctional Institution: Should you be an inmate or become an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities.

Public Health: As required by law, we may disclose your health information to public health, the Food and Drug Administration (FDA), department of motor vehicles, or other legal authorities charged with preventing or controlling disease, injury or disability. We may also disclose information when we believe in good faith that disclosure is necessary to avert a serious threat to health or safety. This also includes reporting suspected child abuse.

Organ and Tissue Donors: For purposes of facilitating organ and tissue donation and transplantation we may disclose information to organizations engaged in the procurement, banking or transplantation of cadaveric organs or tissues.

Health Oversight Activities: We may disclose information for purposes of health oversight activities authorized by law such complying with a DEA inspection of patient records.

Coroners and Funeral Directors: We may disclose information to a coroner related to determining the cause of death and to a funeral director to the extent that the funeral director needs the information to provide services to the decedent.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation.

Incidental Disclosures: We may disclose protected health information as a by-product of an otherwise permitted use or disclosure. For example, other patients may hear your name being called in the waiting room.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

CONTACT INFORMATION, QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact our Privacy Officer /Practice Administrator at (610) 372-8995. You may also contact us in writing at: **1320 Broadcasting Road, Ste 200, Wyomissing PA 19610.**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed in the prior paragraph. You also may submit a written complaint to the regional U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Legal Effect of this Notice: This notice is not intended to create contractual or other rights independent of those created in the federal privacy rule.

Updated: 04/07-deleted old contact address-no substantial changes

