

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., its affiliate Berks Urologic Surgery Center and includes any contracted physician provider organizations.

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.

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

You have certain rights with respect to your medical record information, as follows:

1. You may request that we restrict the uses and disclosures of your medical records information for treatment, payment and operations, or restrictions involving your care or payment related to that care. We are not required to agree to the restriction; however, if we agree, we will comply with it, except with respect to emergencies, disclosure of the information to you, or if we are otherwise required by law to make a full disclosure without restriction.
2. You may also request a restriction on disclosure of protected health information to a health plan for purpose of payment or health care operations if you paid for the services out of your own pocket, in full. This does not apply to services that are covered by insurance. You are required to pay cash, in full, for the services before the restriction applies.

3. With respect to ePHI, we agree to give you your ePHI in the form and format requested by you, if it is readily producible in that form or format. If it is not readily producible in the form or format requested, we will give you a readable hard copy form. Any directive given to us by you to transmit ePHI must be done in writing by you, signed and clearly identify the designated person and location to send the ePHI. We will provide you access to your PHI or ePHI within thirty (30) days from the date of request.
4. You have the right to request receipt of confidential communications of your medical information by an alternative means or at an alternative location. If you require such an accommodation, you will be charged a fee for the accommodation and will be required to specify the alternative address or method of contact and how payment will be handled.
5. You have the right to inspect, copy and request amendment to your medical records. Access to your medical records will not include psychotherapy notes contained in them, or information compiled in anticipation of or for use in a civil, criminal or administrative action or proceeding or for which your access is otherwise restricted by law. We will charge a reasonable fee for providing a copy of your medical records, or a summary of those records, at your request, which includes the cost of copying, postage, or preparation of an explanation or summary of the information.
6. We may deny any request for amendment of your PHI or ePHI if the information was not created by us (unless the originator of the information is no longer available to act on your request); is not part of the designated record set maintained by us; is not part of the information to which you have a right of access; or is already accurate and complete, as determined by us. If we deny your request for an amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.
7. All requests for inspection, copying and/or amending information in your medical records must be made in writing and be addressed to "Privacy Officer" at our address. We will respond to your request in a timely fashion.
8. You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health care operations, disclosures that require an Authorization, disclosures incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any 12-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.
9. You have the right to obtain a paper copy of this notice if the notice was initially provided to you electronically, and to take one home with you if you wish.
10. All requests related to your rights herein must be made in writing and addressed to "Privacy Officer" at the address noted below.
11. You have the right to receive notification from us if any breach of your unsecured protected health information occurs.

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 of Privacy Practices shall not be construed as a contract or legally binding agreement. Any non-compliance with any provision of this Notice shall not be construed as a breach of contract, breach of confidentiality, invasion of privacy, misappropriation of name or likeness, violation of any consumer protection law, negligence or violation of any state law. By signing the Acknowledgment of Receipt of this Notice, you agree that the sole legal recourse for our non-compliance with this Notice is to file a written complaint to the Secretary of the U.S. Department of Health and Human Services, and that no complaint or cause of action may be filed in any federal or state court for breach of contract, breach of confidentiality, invasion of privacy, misappropriation of name or likeness, violation of any consumer protection law, negligence or violation of any state law, or under any tort theory.