



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.

Effective Date: August 22, 2011

THIS NOTICE APPLIES TO:

All physicians and staff of Heritage Family Health will abide by the following notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting this information. We create a record of the care and services you receive at Heritage Family Health. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to this record and will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and obligations we have regarding the use and disclosure of medical information. The law requires us to:

- *Make sure that medical information that identifies you is kept private.*
- *Provide this Notice of our legal duties and privacy practices with respect to medical information about you; and*
- *Follow the terms of the Notice that is currently in effect.*

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

For treatment: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to other doctors or allied healthcare providers outside of Heritage Family Health who are involved in your care.

For payment: We may use and disclose medical information about you in collecting payment for services; our cash-only policy will make this unlikely.

Appointment reminders: We may use and disclose medical information to contact you as a reminder of an upcoming appointment or to call your name from the front desk.

Treatment alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Health-related benefits and services: We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

Business Associates: Some services are provided through agreements and arrangements with other companies, including but not limited to visiting nurses, therapy companies, and durable medical equipment companies. We may disclose your medical information to these Associates so that they can provide necessary services. We require these

Associates to agree that they will protect your privacy in the same manner that we do.

Individuals involved in your care: We may release medical information about you to a friend or family member *who is involved in your medical care.*

Research: There may be an occasional time when Heritage Family Health will be involved in clinical research and your medical information could be used in that regard. There would be a special authorization process that you would agree to prior to this.

As required by law: We will disclose medical information about you when required to do so by federal, state, or local law.

SPECIAL SITUATIONS:

Organ and tissue donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank.

Military and veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker's compensation: We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public health risks: We may disclose medical information about you for public health activities. These activities generally include the following:

- *To prevent or control disease, injury, or disability*
- *To report births and deaths*
- *To report child abuse or neglect*
- *To report reactions to medications or problems with products*
- *To notify people of recalls or products they may be using*
- *To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition*
- *To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.*

Health oversight activities: We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example,

audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and disputes: In connection with a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in request to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law enforcement: We may release medical information if asked to do so by a law enforcement official, in response to a court order, subpoena, warrant, summons, or similar law enforcement process.

Coroners, medical examiners, and funeral directors: We may release medical information to the above to help identify a deceased person or to determine the cause of death, or to help carry out their duties.

National security and intelligence activities: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

Right to inspect and copy: You have the right to inspect and obtain a copy of medical information. You must submit your request in writing to our office manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to add or refute the information. Your request must be made in writing and submitted to the office manager and include a reason that supports your request. We may deny the request at our discretion.

Right to an accounting of disclosures: You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you to organizations or persons outside Heritage Family Health. The list will not include disclosures we made to you, disclosures made for purposes of treatment, payment or our operations, or those authorized by you. To request this list, you must submit your request in writing to our office

manager. Your request must state a time period, which may not be longer than six years from date of request. There will be a charge for this list per practice policy.

Right to request restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. We are not required to agree to your request. You must make this request in writing to our office manager. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure, or both; and 3) to whom you want the limits to apply. (Our intake consent form allows you to designate who you would like us to share your health information with.)

Right to request confidential communications: You have the right to ask that we send information to you to an alternate address or by alternate means. We must agree to your request so long as we can easily provide it in the format you requested.

Right to get this notice by email: You have the right to get a copy of this Notice by email. Even if you have agreed to receive this Notice by email, you may still request a paper copy.

You may obtain a copy of this Notice at our website, www.heritagefamilyhealth.org, or by writing to:

Office Manager/Privacy Officer
Heritage Family Health
1297 Schaeffer Road
Newmanstown, PA 17073

CHANGES TO THIS NOTICE:

We reserve the right to change this notice: We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office manager or with the Secretary of the Department of Health and Human Services. A complaint should be formally filed in writing and submitted to the above address.

OTHER USES OF MEDICAL INFORMATION:

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. You must understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.