



Schuylkill Medical Associates, LLC™
"Charting a new course in geriatric home care."

Notice of Privacy Practices

Effective Date: **February 19, 2016**

This notice describes how your medical information may be used and disclosed (provided to others) and how you can get access to this information. Please review this notice carefully.

This Notice of Privacy Practices explains how Schuylkill Medical Associates (SMA), its medical staff members, employees, and volunteers may use and provide your Protected Health Information (called PHI) to others for treatment, payment, and health care "operations" as described below, and for other purposes allowed or required by law.

If you have any questions about this notice, please contact our privacy officer:

Dr. Christine Pluta
2681 Quakerbridge Rd., Suite B2
Hamilton, NJ 08619
(866) 206-2866

I. OUR RESPONSIBILITIES:

SMA takes the privacy of your health information seriously. We are required by law to keep your health information private and provide you with this Notice of Privacy Practices. We will act according to the terms of this Notice. We reserve the right to change this Notice of Privacy Practices and to make any new practices effective for all Protected Health Information that we keep. Any changes made to the Notice of Privacy Practices will be posted in the Patient Registration area and given to you at your next appointment.

II. WHAT IS "PROTECTED HEALTH INFORMATION" (PHI)?

Protected Health Information (PHI) is information about a patient's age, race, sex, and other personal health information that may identify the patient. The information relates to the patient's physical or mental health in the past, present, or future, and to the care, treatment, and services needed by a patient because of his or her health.

III. WHAT DOES "HEALTH CARE OPERATIONS" INCLUDE?

"Health care operations" includes activities such as discussions between SMA staff and other health care providers; evaluating and improving quality; making travel arrangements to and from SMA; reviewing the skills, competence, and performance of health care staff; training future health care staff; dealing with insurance companies; carrying out medical reviews and auditing; collecting and studying information that could be used in legal cases; and managing business functions.

IV. HOW IS MEDICAL INFORMATION USED?

SMA uses medical records to record health information, to plan care and treatment, and to carry out routine health care functions. For example, your insurance company may need us to give them procedure and diagnosis information to bill for patient treatment we provide. Other health care providers or health plans reviewing your records must follow the same privacy laws and rules that SMA is required to follow.

Patient records also greatly help researchers find the best possible treatment for diseases and medical conditions. All researchers must follow the same rules and laws that other health care providers have to follow to keep patient information private. Details that may identify patients will not be disclosed for research purposes to anyone outside of SMA without written permission from the patient or the patient's parent or legal guardian.

V. EXAMPLES OF HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

- Medical information may be used to show that a patient needs certain care, treatment, and services (such as lab tests, prescriptions, treatment plans, and research study requirements).
- We will use medical information to plan treatment.
- We may disclose Protected Health Information to another provider for treatment (such as, referring doctors, specialists, and consulting providers).
- We may send claims to your insurance company containing medical information. We might also contact their utilization review department to receive precertification (approval for treatment in advance).
- We may use the emergency contact information you gave us to contact you if the address we have on record is no longer correct.
- We may contact you to remind you of the patient's appointment by calling you or mailing a postcard.
- We may contact you to discuss other possible treatments or benefits related to health that might interest you.
- We will use and disclose your PHI when required to by federal, state, or local law.

VI. WHY DO I HAVE TO SIGN A CONSENT FORM?

When you sign the Consent for Release of Information, you are giving SMA permission to use and disclose (provide to others) Protected Health Information for treatment, payment, and health care operations, as described above. This permission does not include psychotherapy notes (defined in Section VII below), psychosocial information (defined in Section VIII below), alcoholism and drug abuse treatment records, and other privileged categories of information, all of which require a separate permission. You will need to sign a separate consent form to have Protected Health Information given out for any reason other than treatment, payment, or health care operations or as required or permitted by law.

VII. WHAT IS PSYCHOSOCIAL INFORMATION?

Psychosocial information is information given to your social worker about your family's social history and counseling services you have received.

VIII. WHY DO I HAVE TO SIGN A SEPARATE PERMISSION FORM?

To provide patient Protected Health Information to other people for any reason other than treatment, payment, and health care operations (described above) or as required or permitted by law, we must have a permission form known as an Authorization Form signed by the patient or the patient's parent or legal guardian. This form clearly explains how they wish the information to be used and disclosed. The following are some examples of information that require separate permission before we can release it:

- Psychotherapy notes
- Information and photographs shared for fundraising and public relations activities
- Information used in scientific and educational publications, presentations, and materials related to the work at SMA
- Information shared with other clinical and scientific cooperative groups that SMA works with in carrying out its mission to advance cures, and means of prevention, for diseases through research and treatment.

IX. CAN I CHANGE MY MIND AND WITHDRAW PERMISSION FOR SMA TO DISCLOSE PHI?

You may change your mind and withdraw (revoke) permission, but we cannot take back information that has been released up to that point. Permission cannot be withdrawn if (1) the information is needed to maintain the integrity of the research study, or (2) if the permission was originally given to obtain insurance coverage. All requests to withdraw permission for uses and disclosures of PHI should be made in writing. The request should be submitted to Patient Registration, which will then forward this information to the SMA Privacy Officer and the Manager of Health Information Management.

X. SHARING INFORMATION WITH SMA BUSINESS ASSOCIATES

Some services at SMA are provided through contracts with business associates or business partners. Examples include billing, transcription, and scheduling travel to or from SMA. When these services are contracted, we may disclose the minimum necessary amount of your health information to the business partner that they need to perform the job we have hired them to do. To protect your health information, we legally require our business associates and business partners to follow the same privacy laws that SMA must follow.

XI. WHEN IS MY CONSENT *NOT* REQUIRED?

The law requires that some information may be disclosed without your permission during the following times:

- In an emergency
- When communication or language is very limited
- When required by law
- When there are risks to public health
- To conduct health oversight activities
- To report suspected child abuse or neglect
- To certain government agencies who monitor activity
- In connection with court or government cases
- For law enforcement purposes
- To coroners and funeral directors and for organ donation
- If health or safety is seriously threatened

XII. YOUR PRIVACY RIGHTS

The following explains your rights with respect to your Protected Health Information (called PHI) and a short description of how you may use these rights.

1. You have the right to review and to ask for a copy of your health information.

This means that except as explained below, you may review and get a copy of your PHI that is contained in a "designated record set" as long as we keep the PHI. A designated record set contains medical and billing records and any other records that SMA uses to make decisions about your health care. You may not read or be given a copy of psychotherapy notes; information collected for use in a civil, criminal, or administrative action, or court case; and certain PHI that is protected by law. In some situations, you may have the right to have this decision reviewed. Please contact the Billing Manager if you have questions about access to your medical record. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request. If you wish to inspect or copy your medical information, you must submit your request in writing to our Privacy Officer. You may mail your request, or bring it to the SMA office. We will have 30 days to respond to your request for information that we maintain at our facility. If the information is stored off-site, we are allowed up to 60 days to respond but must inform you of this delay.

HITECH expands this right, giving individuals the right to access their own e-health record in an electronic format and to direct SMA to send the e-health record directly to a third party. SMA may only charge for labor costs under electronic transfers of e-health records. In some cases due to

technological limitations not all e-health records may be able to be electronically transferred. If this is a limitation, you will be notified at the time of your request.

2. You have the right to request that access to your health information be limited.

This means you may ask us to restrict or limit the medical information we use or disclose for treatment, payment, or health care operations (described above). SMA is not required to agree to a restriction that you ask for. We will tell you if we reject your request. If we do agree to the requested restriction, we will not violate that restriction unless it must be violated to provide emergency treatment. You may request a restriction by contacting the SMA Privacy Officer.

Under HITECH, if a patient pays in full for their services out of pocket they may demand that the information regarding the service not be disclosed to the patient's third party payer since no claim is being made against the third party payer.

3. You have the right to request to receive private communications in another way or at other locations.

We will agree to reasonable requests. To carry out the request, we may also ask you for another address or another way to contact you, for example, mailing to a post office box. We will not ask you to explain why you are making the request. Requests must be made in writing to Patient Registration.

4. You have the right to request changes to your health information.

This means you may ask for changes to be made (amended) in PHI about you in a designated record set for as long as we keep this information. In certain cases, we may deny your request for a change. If we deny your request, you have the right to file a statement with the SMA Privacy Officer, stating that you disagree. We may prepare a response to your statement and will provide you with a copy of this response. If you wish to change your PHI, please contact the SMA Privacy Officer. Requests for changes must be in writing.

5. You have the right to receive a record of when your health information has been disclosed by SMA.

You have the right to request a record (accounting) of when SMA has disclosed your PHI. This right applies to any time SMA discloses your PHI for purposes other than treatment, payment, or health care operations as described in this Privacy Notice. We are not required to account for information releases: that you requested, that you agreed to by signing an Authorization Form, that are given to family or friends involved in your care, or certain other releases we are allowed to make without your permission. The request for a record must be made in writing to the SMA Privacy Officer. The request should state the time period for the list. We are not required to provide a list for information released before April 14, 2003. Requests for records about SMA disclosures of your PHI may not be made for time periods of more than six (6) years or it could be an earlier time period depending upon what the law requires.

SMA must either: (1) provide an individual with an accounting of such disclosures it made and all of its business associates disclosures; or (2) provide an individual with an accounting of the disclosures made by SMA and the list of business associates, including their contact information, who will be responsible for providing an accounting of such disclosures upon request.

6. You have the right to receive a notification if your PHI has been breached.

Under HITECH, SMA is required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of the event. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual. This notice must: (1) Contain a brief description of what happened, including the date of the breach and the date of discovery; (2) The steps the individual should take to protect themselves from potential harm resulting from the breach; (3) A brief description of what SMA is doing to investigate the breach, mitigate losses, and to protect against further breaches.

7. You have the right to receive a paper copy of this Notice of Privacy Practices.

XV. WHAT IF I HAVE A QUESTION OR COMPLAINT?

If you have questions regarding your privacy rights, please call the SMA Privacy Officer at **866-206-2866**. If you believe your privacy rights have been violated, you may file a complaint by contacting the SMA Privacy Officer at **866-206-2866**, or by mail at 2681 Quakerbridge Rd., Suite B2, Hamilton, NJ 08619. You also have the right to contact the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. The address for the U.S. Department of Health and Human Services for the state of PA is:

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
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
<http://www.hhs.gov>