

## PATIENT PRIVACY PRACTICES NOTICE

**This notice describes how medical information about you may be used and disclosed and how to get access to this information. Please read it carefully. Questions should be directed to our Privacy Officer:**

**April Fox, Office Manager  
Marc Kress, MD & Associates  
610 Old York Road, Suite 70  
Jenkins North Court  
Jenkintown, PA 19046  
215-887-3100**

### **I. Your Protected Health Information**

Our practice is required by federal law to maintain the privacy of your health information and to provide you with notice of our policies related to patient privacy.

Generally speaking, your protected health information is any information that relates to your past, present, or future physical or mental health, the care we provide to you, or payment we receive for this care. Examples of this information include your medical and billing records at our practice.

### **II. Uses and Disclosures of Your Protected Health Information**

We are permitted by law to disclose protected health information as it relates to the following categories: **Treatment, Payment, and Healthcare Operations.**

**A. Treatment** – We may disclose your protected health information as it relates to caring for you. We may disclose information about you to other doctors, nurses, staff, etc. as it relates to our medical care of you. Examples of this kind of disclosure include:

- Our staff may review your medical records and discuss your medical information with each other during an office visit.
- We may share information with an outside physician to whom we have referred you for care.
- We may share or discuss your protected information with an outside laboratory, radiology center or other health care facility where we have referred you for testing.

**B. Payment** – We may disclose your protected information for our payment purposes as well as the payment purposed of other health care providers. Some examples of payment disclosures include:

- Sharing information with your health insurance company related to coverage or bill submission.

- Mailing bills to a family member or other person designated as responsible for payment of services rendered to you.
- Allowing your health insurance company access to your medical record as it relates to the support of medical necessity or a quality review audit.
- Providing information to a collection agency or attorney for the purposes of securing payment of a delinquent account.

**C. Health Care Operations** – We may disclose your protected health information as it relates to our internal business practices. Some examples of health care operations purposes include:

- Making sure the office runs efficiently
- Using medical information in cases reviewed in order to insure that our patients are cared for with medical excellence by all of our doctors
- Training sessions for staff
- Providing patient information as it might be related to accreditation, certification, and licensing activities

### **III. Uses and Disclosures for Other Purposes**

We may disclose your protected health information under some other circumstances.

#### **A. Individuals involved in your care or payment for your care**

We may disclose your information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have an injury, we may discuss your physical limitations with a family member who is assisting in your care.

#### **B. Required by law**

We may disclose your information when required to do so under federal, state or local law. For example, we have to comply with mandatory reporting requirements involving births, deaths, child abuse, disease control, vaccine-related problems, gunshot or other injuries by a deadly weapon or criminal act, driving impairments, workplace injuries, and blood alcohol testing.

#### **C. Victims of abuse, neglect or violence**

As mentioned above, we may disclose protected information for the purposes of reporting abuse, neglect, or domestic violence in addition to child abuse or elder abuse to the appropriate authorities.

#### **D. Oversight activities**

We may use and disclose protected health information for the purposes of health oversight activities as authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may look up a patient record if asked to comply with a Drug Enforcement Agency investigation of possible prescription fraud by a patient.

**E. Judicial and law enforcement purposes**

We may disclose information in response to a court order (but not a subpoena). We also may use and disclose information in relation to certain law enforcement purposes, such as:

- Compliance with a search warrant
- Mandatory reporting of gun shot wounds
- Response to a request for information in relation to a crime

**F. Coroners, medical examiners, and funeral directors**

We may disclose patient information regarding a deceased patient in relation to the cause of death in order to facilitate the performance of the above jobs as required by law.

**G. Organ and tissue donation**

We may disclose protected health information to entities engaged in the procurement, banking, or transplantation of organs and tissue.

**H. Specialized government functions**

We may use and disclose protected health information for purposes involving specialized government functions including:

- Military activities
- National security
- Medical suitability determinations for the Department of State
- Law enforcement

**I. Business associates**

We may disclose protected information to our business associates as it relates to helping us run our business. For example, we may release information to our collection agency, our attorney, or our accountant related to accounts receivable problems. We may authorize our computer system vendor to look at patient accounts in the process of helping us with our billing software.

**J. Incidental disclosures**

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

**IV. Uses and Disclosures with Authorization**

**For all other purposes other than those listed above, our office will obtain express written authorization from you to disclose or use your protected health information. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.**

## **V. Patient Privacy Rights**

### **A. Restriction of use**

You have a right to request that we further restrict use and disclosure for your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in their care or the payment for your care, or for notification purposes. We are not required by law to agree to a request for further restriction, however.

To request further restriction, you must submit a written request to our privacy officer. The request must tell us exactly what information you want restricted, to whom you want it restricted, and in what manner you want us to restrict it.

### **B. Confidential communication**

You have the right to ask that we communicate with you in a certain manner or at a certain location. For example, you might request that we only contact you by mail or at work. We do not, however, have to agree to comply with your request if it is deemed by management to be unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. This request must be specific as to how and where you wish to be contacted.

### **C. Accounting of disclosures**

You have the right to obtain, upon written request, an “accounting” of certain disclosures of your protected health information covered within the allowed disclosures section of this policy. This right is limited to disclosures within six years of the request as well as other limitations. Your request should be submitted in writing. There may be charges for this release of accounting.

### **D. Inspection and copying**

Your medical and billing records used in our office are our property. You do, however, have the right to request and inspect of a copy of your protected health information. This right is subject to limitations and we may impose a charge for the labor and supplies involved with providing copies (usually only if your chart is particularly large or if multiple requests are made.)

To exercise your right of access, you must submit a written request to our privacy officer. You may not inspect your medical record under any other circumstances, including during an office visit. Your request must: a) describe the health information to which access is requested, b) state how you want to access the information, such as inspection, pick-up of copy,

mailing of copy, c) specify any requested form or format, and d) include the mailing address, if applicable.

**E. Right to amendment**

You have the right to request that we amend your health information (your chart) if you feel that the information is incorrect or incomplete. This right is subject to limitations. To request such an amendment, you must submit a written request to our privacy officer that must specify each change that you desire and the reason for each requested change.

**F. Copy of notice**

You may request a paper copy of our Notice of Privacy Practices by contacting the privacy officer.

**VI. Changes To This Notice**

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change – including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in the waiting room. At any time, patients may review the current notice by contacting the privacy officer.

**VII. Complaints**

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or to the Secretary of Health and Human Services. To file a complaint to this office, please submit a written outline to our privacy officer. We will not retaliate against any patient for filing a complaint.

**VIII. 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.

Eff. April 15, 2003