

# PEACE VALLEY INTERNAL MEDICINE, P.C.

## NOTICE OF PRIVACY PRACTICES

Effective: January 1, 2016

**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.**

If you have any questions about this Notice of Privacy Practices ('Notice'), please contact:

Privacy Officer: Laura Justice, Practice Manager  
Phone Number: 215-230-8380

1. Introduction. Peace Valley Internal Medicine, P.C. is required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to your protected health care information, and to notify you following a breach of your unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practice that currently is in effect. This notice replaces all prior notices and applies to all protected health information that we maintain.
2. What is Protected Health Information? Generally speaking, your protected health information is information about you that either identifies you or can be used to identify you and relates to your past, present or future physical or mental health or condition, the provision of health care about you, or payment of health care provided to you. Your medical and billing record at our practice are examples of information that usually will be regarded as your protected health information.
3. Uses and Disclosures of Your PHI: We may use and disclose your protected health information for treatment, payment and health care operation purposes. This section generally describes the types of uses and disclosures that fall into those categories and includes examples of these uses and disclosures. Not every potential use or disclosure for treatment, payment and health care operations purposes is listed.
  - A. Treatment. We may use or disclose your PHI to help us with your treatment. We may also release your protected health information to help other health care providers treat you. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures includes:
    - Our medical records personnel may review your chart to ensure that all lab and other test results have been properly placed in your chart prior to your visit.
    - Our nurses and/or providers may communicate with laboratory or other testing facilities to review test results prior to your visit.
    - Providers in this office may discuss your case among themselves or may review your medical treatment with referring physicians or physicians to whom they have referred you for care.

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- Personnel in this office may discuss your medical information with a hospital or other healthcare facility where you are being admitted or being treated or we may discuss this information with another health care provider who is treating you at such a facility.
- The practice may share and discuss your medical information with an outside home health agency, durable medical equipment agency, or other health care provider to whom we have refer you for health care services and products.
- This practice may use a sign in sheet in the waiting area, which other patients may see.
- This practice may contact you to provide appointment reminders
- This practice may announce the names of patients in the waiting area, and other people in the area may hear your name.
- This practice may leave voice messages on your home answering machine, cell phone, or send postcard or other appointment reminders
- This practice may send you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may use and disclose your medical information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your consent. If this happens, we will try to obtain your consent as soon as we reasonably can after we treat you.
- Other types of treatment uses or disclosures may be made even if not listed above.

## B. DCN database:

- The DCN is a database created by all the physicians in the Doylestown community who have some category of membership on the Medical Staff of Doylestown Hospital. This database consists of the medical records of all the physicians' patients, including yours if you want to participate. The only physicians allowed to access your records are those who are currently treating you. The DCN should enhance the quality of care provided to you and reduce the risk that you will be prescribed inappropriate or excess medications.
- When registered as a patient in this Practice, you are automatically included in the DCN. The Practice will include your clinical information, such as allergies, medications, problems, results, etc., in the DCN so it will be available to any physician member of the DCN who is treating you, including participating referring physicians and clinicians at any time they are providing you with care or in the event of an emergency visit.

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- C. Health Share Exchange of Southeastern Pennsylvania, Inc (HSX) and The Pennsylvania Patient and Provider Network (P3N)
- As a member of Health Share Exchange of Southeastern Pennsylvania, Inc., (HSX), we may use or disclose your Personal Health Information to this Health Information Organization (HIO) and also to the HIO of the Commonwealth, The Pennsylvania Patient and Provider Network (P3N) . Other health care providers, such as physicians, hospitals and other health care facilities, may have access to this information for treatment, payment and other purposes, to the extent permitted by law. You have the right to “opt-out” or decline to participate in the Health Information Exchange (HIE). If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with HSX or P3N
- D. Payment. We may use and disclose your PHI for our payments purposes, as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care. For example:
- This practice may submit your PHI to your insurance company in order to receive reimbursement for services rendered to you.
  - This practice may submit your PHI to an electronic data interchange company in order to codify information for submission to a third party payer.
  - Mailing bills in envelopes with our practice name and return address
  - Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
  - To facilitate reimbursement, this practice may provide supplemental information to your health insurance company in order to verify the medical necessity of the care that you have obtained.
  - Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
  - We may submit information to your health insurer in order to coordinate benefits with other health insurance or public benefits that may be available to you.
  - This practice may provide consumer reporting agencies with credit information (your name, address, date of birth, social security number, payment history, account number and our name and address).
  - This practice may provide information to collection agencies or our attorneys for purposes of obtaining payment of delinquent accounts.
  - Your PHI may be disclosed in a legal action for purposes of securing payment of delinquent accounts.
  - Other types of payment uses and disclosures may be made even if not listed above.

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E. Healthcare Operations. We may use and disclose your PHI for the healthcare operations of this practice. For example:

- Peer review.
- Quality assessment and improvement activities.
- Population based activities relating to improving health or reducing health care cost.
- Medical education and training activities.
- Disease management programs.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs
- Conducting other medical review, legal services and auditing functions.
- Business planning and development activities.
- Financial planning projections.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances
- We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you will want us to treat you if we could communicate with you.
- General business matters.
- Other types of uses and disclosures may be made for healthcare operations even if not listed above.

4. Other Uses and Disclosures of PHI. In addition to payment, treatment and healthcare operations, subject to certain limitations, we may use your PHI for other purposes. The list below sets forth some examples of uses and disclosures of PHI for other purposes. Within each category are examples of such uses or disclosures, but the examples are not intended to be inclusive of all purposes for which your PHI may be used or disclosed in each particular category. There may also be overlap among the various categories.

A. Disclosures to Federal or State Agencies. This practice will continue to make required disclosures to federal and state agencies, such as Social Security Administration or state agencies for applications for federal or state benefits for care or payment for care.

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- B. Individuals Involved in Your Care. We may disclose your PHI to someone involved in your care or payment for your care, such as a spouse, family member or close friend or a person responsible for your care, such as a nurse or home health care worker, unless you object in writing and ask us not to provide this information to specific individuals. We may also discuss your care with your personal representative or someone who has your healthcare power of attorney
- C. Notification purposes. We may use and disclose your PHI to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care regarding your location, general condition, or death. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- D. Required by Law. This practice may use or disclose PHI when required by federal, state or local law to comply with mandatory reporting requirements, such as those involving births, deaths, child abuse, disease prevention and control, driving impairment, blood alcohol testing, vaccine-related injuries, medical device-related deaths, gunshot wounds and other similar incidences that we are required to report.
- E. Workers' Compensation Insurers. We may disclose your PHI to workers' compensation insurers, state administrators, employers and other persons or entities involved in the workers' compensation system and similar proceedings.
- F. Your Legal Matters. This practice may use or disclose your PHI in response to court or administrative proceedings if you are involved in a lawsuit or similar matter. We may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in a dispute, but only if we have received satisfactory assurances that the party seeking your PHI has made a good faith effort to inform you of the request to provide you with an opportunity to object.
- G. Public Health and Safety Matters. We may use or disclose your PHI for public health activities. The activities generally include the following
- To prevent or control disease, injury or disability
  - To report birth or deaths;
  - To report child abuse or neglect
  - To report reactions to medications or problems with products;
  - To notify people of recalls of products they may be using:
  - To notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition; and
  - 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

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- H. Law Enforcement Matters. This practice may disclose your PHI for law enforcement purposes, such as compliance with legal process, search warrants, identification of crime victims, reports of death suspected to have resulted from criminal activities, information regarding crimes, emergencies, reports regarding identification of deceased patients, cause of death,
- I. Organ and Tissue Donation. We may use your PHI in order to facilitate organ, eye, and tissue donation and transplantation, including to those entities engaged in procuring and banking of such items.
- J. 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.
- K. Coroners, Medical Examiners and Funeral Directors: we may release medical information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law. We may also release medical information about patient to the funeral directors as necessary to carry out their duties.
- L. Specialized government functions We may use and disclose protected health information for purposes involving specialized government functions including:
- Military and veterans activities
  - National security and intelligence
  - Protective services for the President and others
  - Medical suitability determination for the Department of State
  - Correctional institutions and other law enforcement custodial situations
5. Business Associates. Peace Valley Internal Medicine, P.C. may engage certain persons to perform certain of our practice functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain PHI with our billing company or computer consultant in order to facilitate our healthcare operations or payment for services provided in connection with your care. In this connection, we will require our business associates to enter into an agreement to keep your PHI confidential and to abide by the terms set forth in this privacy notice.
6. Creation of de-identified information – we may use protected information about you in the process of de-identifying the information. For example we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed for research purposes. When your information has been de-identified this way, having all information removed that could reasonably identify that the information is you, we may disclose this information without your authorization as it is no longer considered protected health information,

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7. Incidental Disclosure. Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in the office or someone may view your name on the sign-in sheet in the waiting area. Our practice will use its best efforts to limit these disclosures, but the efficient delivery of medical care in our office setting will not permit incidental disclosures to be totally eliminated.
8. Authorizations. For all uses and disclosures that are not of the general types permitted pursuant to the terms of this privacy notice, we will obtain your written authorization to use or disclose your PHI. Any time after you have given us an authorization, you may revoke it, except to the extent that we have already relied on the authorization you have provided.
9. Patient Rights. You have certain rights described below with respect to your PHI. The following will describe each of these rights and how you may exercise them:
  - A. Restrictions on Use. You have the right to request a restriction or limitation on the medical information to carry out treatment, DCN database, and payment and healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.
    - You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment (i.e. health plans) and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.
    - To request a further restriction as outline in this section, you must submit a written request to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.
  - B. Confidential Communications. You have the right to request that this practice communicate your PHI to you by reasonable alternative means or alternative locations. For example, you have the right to request that we contact you only at work or only by mail. To make such a request, you must (i) make your request in writing; (ii) the request must specify the alternative address or other method of payment, if applicable, and (iii) information as to how payment will be handled if the request would vary the way in which the practice routinely handles payment issues. We are not required to agree to requests for confidential communications that are unreasonable. We will not ask you for an explanation of why you are requesting alternative means of communication. Your written request must specify how or where your wish to be contacted.
  - C. Right of Access, Inspect and Copy. You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record set. Generally, this includes your medical and billing records. This right is subject to limitations. In certain cases, we may deny your request. We also may impose charges for the cost involved in providing copies, such as labor, supplies, and postage as permitted by law.

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If your records are maintained electronically, you have the right to specify that the records you requested be provided in electronic form. We will accommodate your request for a specific electronics form or format as long as we are able to readily produce a copy in the requested form or format. If we cannot do so, we will work with you to reach agreement on an alternative readable electronic form. If you request a copy of your information electronically on a moveable electronic media (such as CD or USB drive) we may charge you for the cost of that media.

- To exercise your right of access to your protected health information, you must request in writing. The request must : 9a) 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, such as paper copy or an electronic means; and (d) include the mailing address, if applicable.
- You may also request that your protected health information be directly transmitted to another person or entity. To exercise this right, you must submit in writing a request. The request must (a) be in writing and signed by you; and (b) clearly identify both the designated person and entity and where the information should be sent.

D. Amendment of PHI. You have the right to request that we amend protected health information that we maintain about you in a designated record set if the information is incorrect or incomplete. In addition, you must provide a reason that supports your request.

- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - b. Is not part of the medical information kept by or for the Provider;
  - c. Is not part of the information which you would be permitted to inspect and copy; or
  - d. Is accurate and complete.

E. Accounting of Disclosure of PHI. You have the right to request an “Accounting of Disclosures”. This right is subject to limitations, such as how far back the accounting must cover and the scope of the covered disclosures. In addition, in some circumstance we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy office. The request should designate the applicable time period.

F. Right to Receive a Paper Copy. You have a right to receive a paper copy of this Notice of Privacy Practices. Copies are available in our reception area, on our website or by contacting our privacy officer.

10. Change 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. We will post a copy of the current Notice in the waiting room for the practice. At any time patients may review the current notice by contacting our office. Patient may also access the current notice at our website at [www.peacevalleymed.com](http://www.peacevalleymed.com)



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11. Complaints. If you believe that your privacy rights have been violated, you may submit a complaint to our practice or to the Secretary of Health and Human Services. To file a complaint with the practice you may contact our Privacy Officer.

Peace Valley Internal Medicine, P.C.  
Attn: Laura Justice  
5039 Swamp road, Suite 401  
Fountainville, PA 18923  
215-230-8380  
[ljustice@dh.org](mailto:ljustice@dh.org)

OR

Us Department of Health and Human Services  
150 S. Independence Mall West, Suite 371  
Public Ledger Building  
Philadelphia, PA 19106-9111  
215-861-4441  
Hotline 800-368-1019

The practice will not retaliate against you for filing a complaint.

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

**New Revision Date: January 1, 2016**

Revision date: September 23, 2013, to be compliant with HIPAA Omnibus Privacy Rules

Original effective date: April 14, 2003