



## Advanced Rheumatology & Arthritis Wellness Center

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### Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed (shared) and how you can get access to this information. Please review it carefully.

This Notice of Privacy Practices is NOT an authorization. The Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. We are required by law to protect your privacy.

#### **1. Used and Disclosures of your Protected Health Information (PHI)**

When you provide your signature to receive treatment and/ or services (general consent), this authorizes us to use or share your health information (PHI) in the following ways:

\*(Note: we restrict the information we share in compliance with the medically necessary rule: only what is required to serve the purpose of need to disclosed.)

##### Provide treatment

- We can use and share your health information with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor (who is also treating you) about your overall health condition.*

##### Bill for your services and receive payment

- We can use and share your health information to bill and get payment from health plans or other entities who provide reimbursement for services.

*Example: We give information about you to your health insurance plan so the insurer will pay for your services.*

##### Consent business operations

- We can use and share your health information for healthcare oversight or to run our practice, improve your care, such as, complying with an audit request from an insurer or to comply with a Drug Enforcement Agency inspection or patient records.

*Example: We use health information about you to support or improve the quality of care you receive in our practice or to comply with regulated quality assurance programs.*

## **2. Other Uses and Disclosures of your Protected Health Information (PHI)**

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

### **Public health and safety issues**

We can use and share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

### **Research**

We can use and share your information for health related research. This requires your consent to participate in the research, unless the research does not require disclosure or patient identification.

### **Comply with the law**

We will use and share your information about you if state or federal law require it, including with the Department of Health and Human Services if it wants to see that we’re complying with the federal privacy law or regulations on healthcare billing practices.

### **Organ and tissue donation requests**

We can use and share health information about you with eye, tissue or organ procurement organizations in the event of your death.

### **Coroners, Medical Examiners or Funeral Directors**

We can use and share health information with a coroner, medical examiner, or funeral director when an individual dies to assist in the deceased identification or cause of death.

### **Workers’ compensation, Law Enforcement, and other Government requests**

We can use or share health information about you:

- For Workers’ Compensation claims
- For law enforcement purposes or if you are under custody of enforcement official, such as an inmate
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Lawsuits and Legal Actions**

We can use and share health information about you in response to a court or administrative order, or in response to a subpoena.

### **3. Your Decision or Choice on Other Ways we can Use or Disclose your Protected Health Information (PHI)**

#### **Family, Close Friends or Others Involved in your care**

If you have a preference for how we share your information with your family, close friends, or others involved in your care, tell us what you want us to do; we will follow your instructions. Your preference must be confirmed by your completion and signature on the Patient Representative form, unless you are unable to do so. For example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest.

#### **Marketing purposes and Sale of your information**

We will obtain your written signature for permission to use and share your information for marketing purposes or for selling your information to others.

#### **Fundraising**

We may use and share your information to contact you for fundraising efforts, but you can tell us not to contact you again. In this case, we will comply with your request and not include you in future fundraising activity.

### **4. Your Rights Concerning your Health Information**

#### **When it comes to your health information, the law gives you certain rights**

This section explains your rights and some of our responsibilities. In most situations, there is a form that you must complete and sign in order for the request to be initiated.

#### **Right to Ask to See and Request a Copy of your Medical Record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you that was used to make decisions about your care.
- You are required to provide a written request.
- We will provide a copy or a summary of your health information, within 30 days of your request.
- We may charge a reasonable, cost-based fee, as permissible by Federal and State law.

#### **Ask us to correct your medical record (Amendment)**

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- You are required to provide a written request. Your request will be completed within 60 days.
- We may say “no” to your request for correction, but we will tell you why in writing within 60 days.

#### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You are required to provide a written request.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share**

- You can ask us not to share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care. You are required to provide a written request.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. You are required to provide a written request.

#### 4. Continued

##### **Ask us for an Accounting of Disclosures; a list of those with whom we've shared information**

- You can ask for a list (accounting) of those that we or our Business Associates shared your health information with and for what purpose for six years prior to the date you ask.
- We will include all the disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you authorized us to make).

##### **Get a copy of this Privacy Notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

##### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- You must provide a copy of the legal document; such as, the Power of Attorney of Court appointed Legal Guardian
- This copy must be authenticated and have a valid effective date; we will place the copy of this document in your Medical Record
- We will verify the person has this authority and can act for you before we take any action.

##### **File a complaint if you feel your rights are violated**

- Complaints

If you believe our privacy rights have been violated by us, **you may file a complaint with us by notifying our HIPPA Privacy Officer by calling or sending a letter to the office of Advanced Rheumatology and Arthritis Wellness Center. We will not retaliate against you for filing a complaint.** You may also file your complaint with the Secretary of Health and Human Services by calling or sending a letter.

##### **HIPPA Privacy Officer**

Phone: (724) 935-9355

Address: 10431 Perry Highway, Suite 300  
Wexford, PA 15090-0900

Website: [www.advancedrheumatology.net](http://www.advancedrheumatology.net)

##### **U.S. Department of Health and Human Services Office for Civil Rights**

Phone: (877) 696-6775

Address: 200 Independence Avenue, S.W.,  
Washington, D.C. 20201

Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

## **5. Our Responsibilities**

- We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time, but must do so in writing, again.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will never share any substance abuse or behavioral health treatment records without your written permission.

## **6. Changes to the Terms of this Notice**

**We can amend the terms of this notice, and the amendment will apply to all information we have about you. The amendment notice will be available upon request, posted in our office, and on our website.**

**We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with respect to protected health information. We are also required to abide by the terms of the notice currently in effect.**

**If you have any questions in reference to this Notice of Privacy Practices, please ask to speak with our HIPAA Privacy Officer in person or by phone at our main phone number, (724) 935-9355**

**Please sign the accompanying "acknowledgment" form. Please note that by signing the Acknowledgment form you are only acknowledging that you have received or been given the opportunity to receive a copy of our Notice of Privacy Practices.**