

SUBURBAN PULMONARY MEDICINE, P.C.

Notice of Privacy Practices

**This notice describes
how medical information
about you may be used and disclosed
and how to get access to this information.**

PLEASE READ CAREFULLY!

I. YOUR PROTECTED HEALTH INFORMATION

Suburban Pulmonary Medicine is required by the federal privacy rule to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your Protected Health Information (PHI). We are required to abide by the terms of the notice currently in effect.

Generally speaking, your PHI is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you and individually identifies you or can reasonably be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your PHI.

II. USES AND DISCLOSURES OF YOUR PHI

A. Treatment, payment and health care operations.

This section describes how we may use and disclose your PHI for treatment, payment and health care operation purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment and health care operations will be listed.

1. Treatment

We may use and disclose your PHI for our treatment purposes as well as treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers.

During an office visit, practice physicians an/or other staff involved in your care may review your medical record and share and discuss your medical information with each other.

We may share and discuss your medical information with others, such as:

An outside physician to who we have referred you for care.

An outside lab, radiology center, or other health care facility where we have referred you for testing.

An outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.

A hospital or other health care facility where we are admitting or treating you.

Another health care provider who seeks this information for the purpose of treating you
We may page patients in the waiting room when it is time for them to go to an examining room.

We may contact you to provide appointment reminders.

2. Payment

We may use and disclose your PHI for our payment purposes as well as the health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you so that you can obtain reimbursement for that care from your health insurer. Some examples of payment uses and disclosures include:

Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.

Submission of a claim form to your health insurer.

Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.

Sharing your demographic information with other health care providers who seek this information to obtain payment for health care services provided to you.

Mailing your bills in envelopes with our practice's 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.

Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.

Allowing your health insurer access to your medical record for the medical necessity or quality review audit or providing information to a collection agency or our attorney for purposes of securing payment of a delinquent account.

3. Health care operations

We may use and disclose your PHI for our health care operation purposes as well as certain health operations purposes of other health care providers and health plans. Some examples of health care operation purposes include:
Quality assessment and improvement activities.

Population based activities relating to improving health or reducing health care costs.

Reviewing the competence, qualifications or performance of health care professionals.

Conducting training programs for medical and other students.

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, such as conducting cost management and planning related analyses.

Sharing information regarding patients with entities that are interested in purchasing our practice and turning over patient records to entities that purchased our practice.

Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and Disclosures for Other Purposes

We may use and disclose your PHI for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which it will be listed.

1. Individual involved in care or payment for care.

We may disclose your PHI to some involved in your care or payment for your care, such as a spouse, a family member or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post operative care.

2. 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. For example, if you are hospitalized, we may notify a family member of the hospital and your general condition.

In addition, we may disclose your PHI to a disaster relief entity so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

3. Required by law

We may use and disclose PHI when required by federal, state or local law. For example, we may disclose PHI to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention control, vaccine related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing.

4. Other public health activities

We may use and disclose PHI for public health activities including:

Public health reporting, i.e., Communicable disease reports, Child abuse and neglect reports, FDA-related reports and disclosures, i.e., adverse event reports, Public Health warning to third parties at risk of communicable disease or condition, or OSHA requirements for workplace surveillance and injury reports..

5. Victims of abuse, neglect or domestic violence

We may use and disclose PHI for purposes of reporting abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Dept of Aging or abuse of a nursing home patient to the Dept of Public Welfare.

6. Health oversight activities

We may use and disclose PHI for purposes of health oversight activities authorized by the law. These activities could include audits, inspection, investigations, licensure actions and legal proceeding. For example, we may comply with a Drug Enforcement Agency inspection of patient records.

7.. Judicial and administrative purposes

We may use and disclose PHI in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is an issue.

8. Law enforcement purposes

We may use and disclose PHI for certain law enforcement purposes. We must comply with legal processes, i.e., search warrant, and we must also comply with legal a legal requirement, such as a gun shot wound.

In addition, we must respond to a request for information for identification and location purposes, and a request for information about a crime victim. We must report a death suspected to have resulted from criminal activity, and provide information regarding a crime on the premises.

9. Coroners and medical examiners

We may use and disclose PHI for purposes of providing 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.

10. Funeral Directors

We may use and disclose PHI for purposes of providing information to funeral directors as necessary to carry out their duties.

11. Organ and tissue donation

For purposes of facilitating organ, eye and tissue donation and transplantation, we may use PHI and disclose PHI to entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes, or tissue.

12. Threat to public safety

We may use and disclose PHI for purposes involving a threat to public safety, including protection of a third party from and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

13. Specialized government functions

We may use and disclose PHI for purposes of providing information specialized government functions including: Military and Veterans activities, National security and intelligence, protective services for the President and others, medical suitability determinations for the Dept of State, and correctional institutions and other law enforcement custodial situations.

14. Worker's compensation and similar programs

We may use and disclose PHI as authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's worker's compensation carrier if we treat you for a work injury.

15. Business associates

Certain functions of the practice are performed by a business associate such as a billing company or an accounting or law firm. We may disclose PHI to our business associates and allow them to create and receive PHI on our behalf. For example, we may share with our billing company information regarding your care and payment for your care so that they can file health insurance claims and bill you or another responsible party.

16. Creation of de-identified information

We may use PHI about you in the process of de-identifying the information. For example, we may use your PHI in the process of removing those aspects which could identify you so that the information can be disclosed to a researcher without your authorization.

17. Incidental disclosure

We may disclose PHI as a by-product of an otherwise permitted use or disclosure, i.e., other patients may overhear your name been called in the waiting room.

C. Uses and Disclosures with Authorization

For all other purposes which do not fall under a category listed under section IIA and IIB, we will obtain your written authorization to use or disclose your PHI. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

D. Further Restriction on Use or Disclosure

1. Patient privacy rights

You have a right to request that we further restrict use and disclosure of your PHI 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 to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to our privacy officer. The request must tell us what information you want restricted, how you want the information restricted, and to whom you want the restriction to apply.

2. Confidential Communication

You have a right to request that we communicate your PHI to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted.

In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

3. Accounting of disclosures

You have a right to request an accounting of certain disclosures of your PHI by use or a business associate for us. This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances, we may charge you for providing the accounting. The request should designate the applicable time period.

4. Inspection and Copying

You have a right to inspect and obtain a copy of your PHI that we maintain in a designated records set. This right is subject to limitations and we may impose charges for the labor and supplies in providing copies.

To exercise your right of access, you must submit a written request to our privacy officer. The request must describe the health information to which access is requested, state how you want to access the information, such as inspection, pick up, or mailing of copy, specify any requested form, and include mailing address, if applicable.

5. Right of Amendment

You have a right to request that we amend PHI that we maintain about you in a designated records set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide a reason to support each requested change.

6. Paper Copy of Privacy Notice

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our privacy officer.

III. 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 PHI that we maintain at the time of the change including information that we created or received prior to the effective date of the change. A copy of our current notice is posted in the waiting room of each office. At any time, patients may review the current notice by contacting our privacy manager.

IV. COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to the practice or the Secretary of Health and Human Services. To file a complaint with the practice, submit the complaint in writing to our privacy officer. We will not retaliate against you for filing a complaint.

V. 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.