

**PLUMSTEADVILLE FAMILY PRACTICE**

**NOTICE OF PRIVACY PRACTICES**

**TO OUR PATIENTS:**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This is required by the Privacy regulations created as a result of the **Health Insurance Portability and Accountability Act of 1996**

**YOUR HEALTH INFORMATION:**

This notice describes the information privacy practices followed by our staff. Our office is dedicated to maintaining the privacy of your health information. We are required by law to give you this notice and maintain the confidentiality of your health information.

**OUR USE AND DISCLOSURE OF HEALTH INFORMATION:**

1. To public health authorities and agencies that are authorized by law to collect information.
2. For treatment. For example, we will use your medical history to provide treatment.
3. For payment. Information such as a diagnosis may be needed in order to bill your insurance for our services.
4. Law suits and similar proceedings in direct response to a court order.
5. If required to do so by a law enforcement official.
6. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
7. If you are a member of the U.S. military or a foreign military service and the information is requested by the military command authorities.
8. To federal officials for national security and intelligence activities.
9. For workman's compensation and similar programs which provide benefits for work-related injuries or illnesses without regard to fault.
10. To persons assisting in your care such as your spouse, other doctors, or an aide who is providing care for you.

**YOUR IDENTITY MAY ALSO BE REVEALED WHEN:**

1. We ask you to sign our sign-in label
2. We may announce your name when it is time for your visit
3. We may call and leave an appointment reminder
4. We may call and leave a message asking you to return a call.

**YOUR RIGHTS REGARDING HEALTH INFORMATION:**

1. You may request a restriction in the way we use and disclose your health information. You may request that we restrict information to only certain individuals involved in your care.
2. You may request that we communicate with you by alternative means or alternative locations such as only at home or by mail.
3. You have the right to inspect and obtain a copy of the health information used to make decisions about you. There will be a fee for copying and mailing such records. Please submit your request in writing to Plumsteadville Family Practice, Atten: Medical Records, 5612 Easton Rd, Plumsteadville, Pa. 18949.
4. You have the right to ask us to correct or add missing information to your health record if you believe our information is incorrect. To request an amendment, please submit your request in writing. You must provide us with a reason to support your request.
5. You may request a copy of this notice.
6. You have the right to file a complaint. If you believe your privacy has been violated, you may file a complaint with our practice or the Department of Health and Human Services at 200 Independence Ave S.W., Room 509F, HHH Building, Washington, D.C. 20201. Your complaint must be in writing and submitted to Plumsteadville Family Practice, Atten: Privacy Officer, 5612 Easton Rd, Plumsteadville, Pa 18949.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices and adhere to changes in federal and state regulations.

**YOU MAY CONTACT OUR PRIVACY OFFICER AT 215-766-8844 IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR OUR HEALTH INFORMATION PRIVACY POLICIES.**

I hereby acknowledge that I have read the **Notice of Privacy Practice** of Plumsteadville Family Practice.

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature if Minor**

\_\_\_\_\_  
**Date**