

BROAD TOP AREA MEDICAL CENTER, INC.

NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information as a patient of this practice may be used and disclosed and provides notice of how you can get access to this information.

Please review it carefully.

The privacy of your information is important to us. You may be aware the U.S. Government regulators established a privacy rule the Health Insurance Portability & Accountability Act (**HIPAA**) that governs the confidentiality and security of your information. Protected health information (**PHI**) includes individually identifiable health information that relates to your past, present or future physical or mental health conditions, and any related care services. Personal identifiable information (**PII**) is any data used to identify an individual, such as full name, date of birth, address or unique identification numbers. This notice tells you how protected information may be used and certain rights you have.

Use and Disclosure of Protected Information

- Federal law provides that we may use your PHI **for your treatment**, without further specific notice to you, or written authorization by you. For example, we may provide laboratory or test data to a specialist or hospital.
- Federal law provides that we may use your medical information **to obtain payment** for our services without further specific notice to you, or written authorization by you. For example, under coverage of a health insurance plan, we are required to provide the health plan with a diagnosis code for your visit and a description of the services rendered.
- Federal law provides that we may use your medical information **for health care operations** without further specific notice to you or written authorization by you. For example, we may use the information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice.
- We may use or disclose your medical information, without further notice to you, or specific authorization by you, where:
 1. Required for public health purposes
 2. Required to help with product recalls
 3. Required to report adverse reactions to medications
 4. Required for worker's compensation
 5. Required by a health agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct
 6. Required by law in judicial or administrative proceedings or in response to a subpoena
 7. Required by law to report child abuse
 8. Required by law for a coroner or medical examiner
 9. Required by law for a funeral director
 10. Required by law for organ and tissue donation purposes

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11. Required for law enforcement purposes issued by a law enforcement official
 12. Required by correctional institutions or law enforcement official if you are an inmate or under the custody of a law enforcement official
 13. Required by law for military authorities if you are a member of the U.S. armed forces
 14. Required to avert a serious threat to health or safety, as authorized by law
 15. Required by for national security, as authorized by law
 16. Otherwise, required or permitted by law
- Under certain circumstances, we may use and disclose information about you for health research purposes.
 - We may contact you by mail or phone **to remind you of appointments** or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone.
 - You can make reasonable requests in writing, for us **to use alternative methods of communicating** with you in a confidential manner.
 - Certain types of uses and disclosures of protected health information require your authorization, these include:
 - Uses and disclosures of psychotherapy notes
 - Uses and disclosures of PHI for marketing purposes
 - Use and disclosure that constitutes the sale of PHI
 - With your authorization, we may use or disclose information about you with enrolment assistance activities for health insurance coverage or discount benefit programs.
 - Other uses or disclosures of your medical information not described in this Notice of Privacy Practices will be made only, with your written authorization. You have **the right to revoke any written authorization** that you give by providing written notification.

Minors

- For divorced or separated parents: each parent has equal access to health information about their unemancipated child(ren), unless there is a court order to the contrary that is known to us; or unless, it is a type of treatment or service where parental rights are restricted.
- We can release medical information to a designated family member or friend that is involved in a child's medical care. For example, a babysitter or relative who is asked by a parent or guardian to take their child to the pediatrician's office may have access to this child's medical information. We request written authorization from the parent or guardian for someone else to accompany the child and may make reasonable attempts to obtain this authorization.
- In addition, we may follow more stringent Pennsylvania Law. For example, minors may seek treatment without parental consent for certain conditions. However, we may notify the parents or guardians of the treatment without the minor's consent.

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Rights That You Have

- You have the **right to request restrictions** on certain uses or disclosures previously, described. Except as stated below, we are not required to agree to such restrictions.
- You have the **right to request confidential communications**. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location; e.g. at home or not at work. Such requests must be made in writing. Our practice will accommodate reasonable requests.
- You have the **right to inspect and obtain copies** of your paper or electronic medical information. We may process your copies within 30-day of your request. A reasonable fee may be charged. You may request electronic copies of your health information when available for reproduction.
- You have the **right to request amendments** to your medical information. Such requests, must be in writing and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights, within 60-days.
- You have the **right to request an accounting of any disclosures** we make of your medical information. This is a list of certain non-routine disclosures our practice has made of your health information for non-treatment, payment or health care operations purposes. Such requests must be in writing. An accounting does not have to be made for disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorizations, or permitted or required under 45 CFR 164.502, or for emergency or notification purposes, or for national security or intelligence purposes as permitted by law, or to correctional facilities or law enforcement officials as permitted by law, or disclosures made before April 14, 2003. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may choose to withdraw your request before you incur any costs.
- All requests must state a time period, which may not exceed six (6) years from the date of disclosure.
- You have the **right to restrict certain disclosures** of PHI to a health plan for carrying out payment or health care operations, where you pay out of pocket in full for the health care service or item.
 - You are required to notify any business associates or any downstream entities that we may exchange health information with of your restrictions.
 - A family member or other third-party may make a payment on your behalf and the restriction should still be triggered.
- You have the **right to 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. We will make certain the

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person you designate has the authority and can act for you, before we take any action. Notice should be on file with our practice.

- You have a **right to or will receive notifications of breaches** of your unsecured patient health information.
- You have a **right to receive copy of our Notice of Privacy Practices**, even if you agreed to receive the notice electronically, we will provide you with a paper copy, promptly.

Obligations That We Have

- We are required by law to maintain the privacy of protected health information (PHI) and personal identifiable information (PII).
- We are obligated to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently, in effect.
- We reserve the right to revise this notice and to make a new notice effective for all protected information we maintain. Any revised notice will be posted in our practice and made available upon request.
- We will inform you our intentions to raise funds and your right to opt out of receiving such communications.

If you believe your privacy rights have been violated, you have the **right to file a written complaint** with our Privacy Officer or with the U.S. Department of Health and Human Services Office for Civil Rights (OCR). We will provide the address of the OCR Regional Office upon your request. No retaliation will occur against you for filing a complaint

If you have any questions about this notice, please contact:

**Broad Top Area Medical Center, Inc.
4133 Medical Center Drive
Broad Top, PA 16621
814-635-2916**



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