

Effective: September 23, 2013

ELIZABETH PERNAL MD PA

NOTICE OF PRIVACY PRACTICES

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 or requests, please contact our privacy officer at 813 A Eastern Shore Drive, Salisbury, Md., 21804. Phone number 410-860-5151.

A. WE HAVE A LEGAL DUTY TO PROTECT HEALTH INFORMATION ABOUT YOU.

We are required by law to protect the privacy of the information and records we have about your health, health status, and the health care and services you receive at this office. We call this information, which can be identified with you “protected health information” or “PHI” for short. We must give you notice of our legal duties and privacy practices concerning PHI:

- We must protect PHI that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care.
- We must notify you about how we protect PHI about you.
- We must explain how, when and why we use and/or disclose PHI about you.
- We must notify you following a breach of unsecured PHI.

This notice describes the types of uses and/or disclosures that we may make and gives you some examples. In addition, we may make other uses and/or disclosures which occur as a byproduct of the permitted uses and/or disclosures described in this notice. If we participate in an “organized health care arrangement” (defined in subsection B.3 below), the providers participating in the “organized health care arrangement” will share PHI with each other, as necessary to carry out treatment, payment or health care operations (defined below) relating to the “organized health care arrangement”.

B. WE MAY USE AND/OR DISCLOSE PHI ABOUT YOU WITHOUT YOUR AUTHORIZATION IN THE FOLLOWING CIRCUMSTANCES.

Federal Law allows the use and/or disclosure of PHI without your consent or authorization as described below. However, Elizabeth Pernal MD PA will generally require your written consent for these activities beginning with the first office visit occurring on or after April 14, 2003. This consent will remain in effect indefinitely or until you revoke it in writing. You may revoke your consent at any time, except to the extent that we have already relied upon it. For example, if we provide you with treatment before you revoke your written consent, we may still use and/or disclose your PHI to obtain payment for that treatment. To revoke your consent please complete and submit our Revocation of Consent for Purposes of Treatment, Payment and Health Care Operations form. Elizabeth Pernal MD PA reserves the right to use and/or disclose you PHI without your written consent, as per applicable Federal Law.

1. We may use and/or disclose PHI about you to provide health care treatment to you.

We may use and/or disclose PHI about you to provide, coordinate or manage your health care and related services. We may use and/or disclose PHI about you to doctors, nurses, technicians, office staff and/or other personnel who are involved in taking care of you and your health care. For example, we may use and/or disclose PHI about you when you need a prescription, lab work, an x-ray, or other health care services. In addition, we may use and/or disclose PHI about you when referring you to another health care provider.

EXAMPLE: Your doctor may share medical information about you with another health care provider. For example, if you are referred to another doctor, that doctor will need to know if you are allergic to any medications. Similarly, your doctor may share PHI about you with a pharmacy when calling in a prescription.

2. We may use and/or disclose PHI about you to obtain payment for services.

We may use and/or disclose PHI about you so that the treatment and services you receive from this office, or another provider, may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. We may also share portions of your medical information with the following:

- Billing departments;
- Collection departments or agencies, or attorneys assisting us with collections;
- Insurance companies, health plans and their agents which provide you coverage;
- Hospital departments that review the care you received to check that it and the costs associated with it were appropriate for your illness or injury; and
- Consumer reporting agencies (e.g., credit bureaus).

EXAMPLE: Let's say you have a broken leg. We may need to give your health plan(s) information about your condition, supplies used (such as plaster for your cast or crutches), and services you received (such as x-rays or surgery). The information is given to our billing department and your health plan so we can be paid or you can be reimbursed. We may also send the same information to our hospital department which reviews our care of your illness or injury.

3. We may use and/or disclose your PHI for health care operations.

We may use and/or disclose PHI in performing business activities, which we call "health care operations". These "health care operations" allow us to improve the quality of care we provide and reduce health care costs. We may also disclose PHI for the "health care operations" of any "organized health care arrangement" in which we participate. An example of an "organized health care arrangement" is the care provided by a hospital and the physicians who see patients at the hospital. In addition, we may disclose PHI about you for the "health care operations" of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers. Examples of the way we may use and/or disclose PHI about you for "health care operations" include the following:

- Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other patients. For example, we may use PHI about you to develop ways to assist our health care providers and staff in deciding what medical treatment should be provided to others.
- Improving health care and lowering costs for groups of people who have similar health problems and to help manage and coordinate the care for these groups of people. We may use PHI to identify groups of people with similar health problems to give them information, for instance, about treatment alternatives, classes, or new procedures.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Providing training programs for students, trainees, health care providers or non-health care professionals (for example, billing clerks or assistants, etc.) to help them practice or improve their skills.
- Cooperating with outside organizations that assess the quality of the care we and others provide. These organizations might include government agencies or accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field or specialty. For example, we may use and/or disclose PHI so that one of our nurses may become certified as having expertise in a specific field of nursing, such as gynecologic nursing.
- Assisting various business associates who review our activities. For example, PHI may be seen by doctors reviewing the services provided to you, and by accountants, lawyers, and others who assist us in complying with applicable laws. These business associates are required by law to maintain the privacy of your PHI.
- Planning for our organization's future operations.
- Conducting business management and general administrative activities related to our organization and the services it provides.
- Resolving grievances within our organization.

- Reviewing activities and using and/or disclosing PHI in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this notice and with applicable laws.

4. We may contact you to provide appointment reminders.

We may use and/or disclose PHI to contact you to provide a reminder to you about an appointment you have for treatment or medical care.

5. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value. For example: If you are diagnosed with diabetes, we may tell you about nutritional and other counseling services that may be of interest to you.

6. We may contact you for fundraising activities.

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for our facility and its operations. We would only release contact information and the dates you received treatment or services at our facility. If you do not want to be contacted in this way, you may opt out of these communications by notifying our privacy officer in writing.

C. WE MAY USE AND/OR DISCLOSE PHI UNDER OTHER CIRCUMSTANCES WITHOUT YOUR CONSENT, AUTHORIZATION OR YOUR HAVING AN OPPORTUNITY TO OBJECT OR DISAGREE.

We may use and/or disclose PHI about you without your permission for a number of circumstances. Subject to all applicable legal requirements and limitations, these circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state or local law.
- When the use and/or disclosure is necessary for public health activities. Public health activities include such activities as are necessary to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non accidental physical injuries, reactions to medications or other problems with products. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the use and/or disclosure relates to suspected victims of abuse, neglect or domestic violence.
- When the use and/or disclosure is for health activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the use and/or disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the use and/or disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- When the use and/or disclosure relates to organ, eye or tissue donation purposes.
- When the use and/or disclosure relates to medical research. Under certain circumstances, we may disclose PHI about you for medical research.
- When the use and/or disclosure is to avert a serious threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to specialized government functions. For example, we may disclose PHI about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State. We may also release information about foreign military personnel to the appropriate foreign military authority.
- When the use and/or disclosure relates to correctional institutions and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose PHI about you to a correctional institution having lawful custody of you.
- When the use and/or disclosure is done in such a way that the PHI is not personally identifiable to you or does not reveal who you are.
- When the use and/or disclosure is for workers' compensation or similar programs.

- When the use and/or disclosure occurs in a situation in which there are substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.
- When the use and/or disclosure is to your family members or friends if we obtain your verbal agreement to do so, or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your PHI to your spouse, family member or friend when you bring them with you into the exam room during treatment or while treatment is discussed.
- When the use and/or disclosure is in situations where you are not capable of giving authorization (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only PHI relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to Labor and Delivery that you are in labor and provide updates on your progress. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies, or X-rays.
- When the use and/or disclosure relates to decedents. For example, we may disclose PHI about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to decedents. We may disclose PHI to a family member, or other persons who were involved in your care or payment for your care prior to your death unless you have previously requested that such PHI not be disclosed.

D. ANY OTHER USE AND/OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use and/or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

E. YOU HAVE SEVERAL RIGHTS REGARDING PHI ABOUT YOU.

1. You have the right to request restrictions on uses and/or disclosures of PHI about you.

You have the right to request that we restrict the use and/or disclosure of PHI about you. We must agree to a request to prohibit disclosures of PHI to your health plan relating to a service for which you have already paid in full out of pocket. Otherwise, we are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and/or disclosures described in section C. You may request a restriction by completing and submitting our *Request for Restriction on Use and/or Disclosure of Medical Information* to our privacy officer.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about PHI. For example, you may request that we contact you at your work address or phone number. We do not currently use e-mail to communicate with our patients. Your request must be in writing. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by completing and submitting our *Request for Confidential Communication of Medical Information* form to our privacy officer.

3. You have the right to see and receive a copy of PHI about you.

You have the right to request to see and receive a copy of PHI contained in clinical, billing and other records used to make decisions about you. Your request must be in writing. We may charge you related fees. Instead of providing you with a full copy of the PHI, we may give you a summary or explanation of the PHI about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will

respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may request to see and receive a copy of PHI by completing and submitting our *Request for Inspection of Protected Health Information* form to our privacy officer.

4. You have the right to request amendment of PHI about you.

If you believe PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit our *Request for Medical Record Amendment/Correction* form to our privacy officer. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 3 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you and who need the amendment.

5. You have the right to a listing of disclosures we have made.

You have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and/or disclosures (incidental uses and/or disclosures)
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in section C
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations as described in section C and
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by completing and submitting our *Request for Accounting of Disclosures of Protected Health Information* form to our privacy officer.

6. You have the right to a copy of this notice.

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

F. CHANGES TO THIS NOTICE.

We reserve the right to change this notice, and to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date on the top right-hand corner. You are entitled to a copy of the notice currently in effect.

G. YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES.

If you think we have violated your privacy rights, or you want to complain to us about our privacy practices, please complete and submit our *Privacy Practices Complaint Form* to our privacy officer at:

813 A Eastern Shore Drive, Salisbury, MD, 21804
410-860-5151

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.