

# Notice of Privacy Practices

## Advanced Rheumatology & Arthritis Wellness Center, PC

10431 Perry Highway, Suite 300, Wexford, PA 15090-0900 724-935-9355



Effective date: April 1, 2016

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. This 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.

### I. Uses 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 is 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.*

## **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 the 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.

## **III. 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.

## 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.
- The 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 your privacy rights have been violated by us, **you may file a complaint with us by notifying our HIPAA 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.

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- HIPAA Privacy Officer: Phone 724-935-9355  
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10431 Perry Highway, Suite 300  
Wexford, PA 15090-0900

U.S. Department of Health and Human Services Office for Civil Rights  
200 Independence Avenue, S.W., Washington, D.C. 20201  
1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).