



*Arthur K. Balin, MD, PhD, PC  
The Sally Balin Ambulatory Surgical Center  
110 Chesley Drive Media, PA 19063*

## **TO OUR PATIENTS**

A law governing the privacy of health information went into effect on April 14, 2003. It is called HIPAA, the Healthcare Information Portability and Accountability Act. In general, other than more paperwork for everyone to read and sign, complete and store, the new act doesn't change very much how we conduct our medical practice. Even though the basis for the law is reasonable, we feel we have always done our best to respect patient privacy.

Please read the notice and sign the acknowledgement that you have received a copy of the notice.

Thank you for your cooperation.  
Loretta A. Pratt, MD  
Privacy Officer

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES THE PRIVACY PRACTICES OF  
ARTHUR K. BALIN, MD, PhD, PC and/or THE SALLY BALIN AMBULATORY  
SURGICAL CENTER.**

**THESE TWO ENTITIES FOLLOW THE TERMS OF THIS NOTICE.**

**THIS NOTICE ALSO DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN LIMIT/OBTAIN ACCESS TO  
YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.**

**AFTER YOU RECEIVE THIS NOTICE, YOU WILL BE ASKED TO SIGN A  
STATEMENT THAT THIS NOTICE WAS GIVEN TO YOU.**

**Please Review This Notice Carefully**

### **OUR COMMITMENT TO YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your individually identifiable Protected Health Information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain concerning your PHI. By federal and state law we must follow the terms of the notice of privacy practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights concerning your PHI
- Our obligations concerning the use and disclosure of your PHI

Each time you visit a hospital, physician, or other health care provider, the provider makes a record of your visit. Typically, your record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a 3<sup>rd</sup> party can verify that you actually received the services that were billed
- A tool in medical education
- A source for public health officials charged with improving the health of the regions they serve.
- A tool to assess the appropriateness and quality of care you received
- A tool to improve the quality of health care and achieve better patient outcomes

Understanding what is in your health record and how your health information is used helps you to:

- Ensure its accuracy and completeness
- Understand, who, what, where, why, and how others may access your health information
- Better understand the health information rights described below

### **WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN THE FOLLOWING WAYS:**

**Treatment:** Our practice may use your PHI to treat you. For example, we may ask you to have laboratory tests, and we may use the results to help us reach a diagnosis. We may use your PHI in order to write a prescription for you, or we may disclose your PHI when we order a prescription for you. Many of the people who work for our practice, including but not limited to the doctors and nurses, may use or disclose your PHI to others who may assist in your treatment. For example, letters or records may be sent to other

medical providers involved with your care. We may share and discuss your medical information with an outside physician to whom we have referred you for care and with whom we are consulting regarding your care. Additionally, we may disclose your PHI to others who may assist you in your care, such as your spouse, children, or parents. (You may limit family disclosure by completing a Request for Limitations and Restrictions of Protected Health Information form and submitting it to our Privacy Officer, Loretta A. Pratt, MD, 110 Chesley Drive, Media, PA 19063-1755.)

**Payment:** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will pay for your treatment. We may also use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as a second health insurance plan under a coordination of benefits clause or family members who are responsible for your medical bills. Also, we may use your PHI to bill you directly for services and items. Bills sent will include our return address.

**Health Care Operations:** Our practice may use and disclose your PHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your PHI to evaluate the care you received from us, or to conduct cost-management and business planning activities for our practice. Our practice may also allow your health insurer access to your medical records as part of a quality review audit. Our practice will require you to give your name to the receptionist upon arrival and will page you by name from the waiting room. Our practice may contact you at the home or work phone number/s you provide on your registration form to remind you of an appointment. We may leave messages about your appointment on an answering machine. We may call and leave messages on your home or work voice mail or answering machine asking you to call us back for information. We may mail the results of tests to you at the address we have on file for you. Other health care operations include: peer reviews; accreditation, certification, licensing and credentialing activities; compliance programs; self-auditing functions.

## **USE AND DISCLOSURE OF YOUR PHI IN CERTAIN SPECIAL CIRCUMSTANCES**

The following categories describe unique scenarios in which we may use or disclose your individually identifiable protected health information:

Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information (e.g. maintaining vital records, reporting child abuse or neglect, preventing or controlling disease, etc.).

Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system.

Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceedings. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- To comply with a legal process, e.g., a search warrant.
- To comply with a legal requirement, e.g. mandatory reporting of gunshot wounds
- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our offices
- In response to a warrant, summons, court order, subpoena or similar legal process
- To identify/locate a suspect, material witness, fugitive or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

Deceased Patients. Our practice may release PHI to coroners and medical examiners for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties performed by law. Our practice may release PHI to funeral directors as necessary to carry out their duty. Our practice may release PHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Serious Threats to Health or Safety. Our practice may use and disclose your PHI 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. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat or protect someone from imminent serious harm.

Military. Our practice may disclose your PHI if you are a member of the US or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We may also disclose your PHI to federal officials in order to protect the President and other officials or foreign heads of state; make medical suitability determinations for the Department of State; or to conduct investigations.

Research. Our practice may use and disclose your PHI for research purposes in certain limited circumstances. We will first obtain your written authorization except when:

- Our use or disclosure was approved by an Institutional Review Board or a Privacy Board
- We obtain the oral or written agreement of a researcher that:
  - the information being sought is necessary for the research study;
  - the use or disclosure of your PHI is being used only for research, and the researcher will not remove any of your PHI from our practice;
  - the PHI sought by the researcher only relates to decedents and the researcher agrees in writing that the use or disclosure is necessary for the research and, if we request it, to provide us with proof of death prior to access of the PHI of the decedents.

Inmates. Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

- for the institution to provide health care services to you
- for the safety and security of the institution,
- to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. Our practice may release your PHI for workers' compensation and similar programs.

Business Associates. Our practice may disclose PHI to business associates (billing company, collections agency, accountant, lawyer, etc.) to the extent they need PHI to do their job for us.

De-identified Information. Our practice may use PHI as long as we have de-identified the information (removed those aspects which could identify you).

For all other purposes that do not fall under a category listed above, we will obtain your written authorization to use or disclose your protected health information. Your authorization can be revoked at any time to the extent that we have relied on the authorization.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

Although your health records are the physical property of Arthur K. Balin MD, PhD, PC, you have certain rights with regard to the information we maintain about you. You have the right to:

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. In order to request a type of confidential communication, notify the receptionist you wish to have this specific form. To make a request for confidential communications, you must submit this Request for Limitations/Restrictions of Protected Health Information form to our Privacy Officer, Loretta A. Pratt, MD at 110 Chesley Drive, Media, PA 19063-1755 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.

Request restriction on our use and disclosure of your protected health information for treatment, payment, and health care operations (activities necessary to carry out the operations of the provider). Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing by completing a Request for Limitations and Restrictions of Protected Health Information form and sending it to our Privacy Officer, Loretta A. Pratt, MD at 110 Chesley Drive, Media, PA 19063-1755. Your request must describe in a clear and concise fashion:

- (a) the information you wish restricted,
- (b) whether you are requesting to limit our practice use, disclosure or both,
- (c) to whom you want the limits to apply.

[There are certain uses and disclosures required by law, like mandatory communicable disease reporting, e.g. West Nile Virus, etc.]

Inspect and obtain copies of your PHI that might be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must ask the receptionist to get this form for you and submit your request in writing by completing a Request to Inspect/Copy Protected Health Information to our Privacy Officer, Loretta A. Pratt, MD at 110 Chesley Drive, Media, PA 19063-1755 in order to inspect and/or obtain a copy of your PHI. As the owner of the medical records, the law states that we may charge a reasonable fee for certain services. Our practice may charge a reasonable cost-based fee for the cost of copying, (labor and supplies associated with your request) and mailing. The copying fees are \$1.11 per page for pages 1 through 20; \$.84 per page for pages 21 through 60; \$.29 per page for pages 61 and after. If we grant access, we will tell you what if anything, you have to do to get access. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of your denial. For these grounds with cause for review, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

You do not have a right of access to the following:

- Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
- PHI that is subject to the Clinical Laboratory Improvement Amendments of 1988 to the extent that the provision of access to the individual would be prohibited by law.
- Psychotherapy notes
- Information obtained from someone else under the promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.
- After review of the request, the health care provider, exercising his/her professional judgment, has determined that access is reasonably likely to endanger the life or physical safety of the individual or another person.
- PHI makes reference to another person and the health care professional, exercising reasonable judgment, determines that access is reasonably likely to cause substantial harm to the other person.
- The request is made by a personal representative, and the health care provider, using professional judgment, has determined that having access may cause substantial harm to the patient.

You have the right to request amendment/correction of your health information if you believe it is incorrect or incomplete. To request an amendment, you must complete a Request for Correction/Amendment of Protected Health Information which the receptionist will have to request for you. After completing this form, submit it to our Privacy Officer, Loretta A. Pratt, MD at 110 Chesley Drive, Media, PA 19063-1755. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request and the reason supporting your request in writing. We do not have to grant the request if:

- In our opinion the information is accurate and complete.
- We did not create the record in question, e.g. a letter from a referring physician. Therefore, we cannot know whether the information is accurate or not. In this type of case, you must seek amendment/correction from the party who created the record. If the party amends/corrects the record, we will put the corrected record in our record.
- The information is not part of the PHI that you would be permitted to inspect and copy for reasons previously discussed.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can register a complaint.

If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you may want to receive the corrected information.

An Accounting of Disclosures. All of our patients have the right to request an accounting of “non-routine” uses and disclosures, those other than for TPO (treatment, payment, health care operations). An accounting of disclosures is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, payment or operations purposes. For example, the doctor sharing information with the nurse or the billing department using your information to file your insurance claim are examples of TPO and are considered routine. In order to obtain an accounting of “non-routine” disclosures, you must request the appropriate form from the receptionist and submit your request in writing. After completing a Request for an Accounting of Non-Routine Disclosures of Protected Health Information, submit it to our Privacy Officer, Loretta A. Pratt, MD at 110 Chesley Drive, Media, PA 19063-1755. All requests for an accounting of disclosures must state a time period, which may not be longer than 6 years from the date of disclosure and may not include dates before April 14, 2003. The first list you request within a 12 month period is free of charge, but our practice may charge you a reasonable cost-based fee for additional lists within the same 12 month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. We do not need to provide an accounting when disclosing PHI:

- to persons involved in the individual’s care
- for national security or intelligence purposes
- to correctional institutions or law enforcement officials
- that occurred before April 14, 2003

For all other, we must provide an accounting within 60 days. The accounting must include:

- date of each disclosure
- name and address of the organization or person who received the PHI
- brief description of the information disclosed
- brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure, or a copy of the written request for the disclosure

File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice by completing a Patient Complaint Form and submitting it to our Privacy Officer, Loretta A. Pratt, MD at 110 Chesley Drive, Media, PA 19063-1755. If you do not feel satisfied with how the complaint is handled, we will direct you to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint.

Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

In addition to providing the above stated rights, the federal privacy standard requires us to:

- maintain the privacy of your PHI, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- provide you with this notice describing our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you
- abide by the terms of this notice
- train our personnel concerning privacy and confidentiality
- implement a sanction policy to discipline those who breach our privacy/confidentiality policies
- mitigate any breach of privacy/confidentiality

**IN ORDER TO PROTECT YOUR RIGHT TO PRIVACY, WE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION, EXCEPT AS DESCRIBED IN THIS NOTICE OR OTHERWISE REQUIRED BY LAW.**

We reserve the right to change this Notice of Privacy Practices at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change – including information that we have created or received prior to the effective date of the change.

We will post a copy of our current Notice in the Waiting Room, and patients may also access the current notice at our web site address: [www.balin.com](http://www.balin.com).

Filename: 1056c.doc  
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Settings\Chris.MOJOINTERACTIVE\Local Settings\Temporary Internet  
Files\OLK9  
Template: C:\Documents and  
Settings\Chris.MOJOINTERACTIVE\Application  
Data\Microsoft\Templates\Normal.dot  
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