



PREMIER MEDICAL  
ASSOCIATES

NOTICE OF PRIVACY PRACTICES  
Effective August 1, 2005

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### Understanding Your Health Record/Information

Each time you visit a physician or other healthcare provider, a record of your visit is made. Typically, this record contains, for example, your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- record of the care you received;
- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- means by which you or a third party payer can verify that services billed were actually provided;
- tool in educating health professionals;
- potential source of data for medical research;
- source of information for public health officials charged with improving the health of the nation; and
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

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

- better understand who, what, when, where and why others may access your health information; and
- make more informed decisions when authorizing disclosure to others.

#### Your Rights

Although your health record is the physical property of the healthcare practitioner that compiled it, the information belongs to you. You have the right to:

**1. Request a restriction on certain uses and disclosures of your information.**

You may ask us to not use or disclose, or to limit the manner in which we use or disclose, your protected health information. Your request must be in writing and must state the specific restriction requested and to whom you want the restriction to apply.

If your physician believes it is in your best interest to permit use and disclosure of this information, we will not agree to your request, and this information will not be restricted. If your physician does agree to the requested restriction, then we may not use or disclose this information in violation of that restriction, unless it is needed to provide emergency treatment. Please direct any written inquiries regarding restrictions of your health information to your physician practice.

**2. Obtain a paper copy of this Notice of Privacy Practices upon request.**

If you received this Notice on our web site, you are also entitled to receive this Notice in written form. Your physician practice can provide you with a copy upon request.

**3. Inspect and copy your health record.**

You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain this information. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you. Please note that you may be charged a reasonable copy fee.

Under federal and state law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law which prohibits access to protected health information. In some circumstances, you may have a right to have this decision reviewed. Please direct any requests to inspect or copy your health record to your physician practice.

**4. Amend your health record.**

You may request an amendment of your protected health information in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us; we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please direct any requests to amend your health record to your physician practice.

**5. Obtain an accounting of disclosures of your health information.**

This right applies to disclosures for purposes other than treatment, payment or healthcare operations and the other uses and disclosures discussed in the last two sections of this Notice. It also excludes disclosures we may have made to you or pursuant to your authorization; to family members or friends involved in your care; incidental to a sue or disclosure; or disclosures that are made pursuant to a federal or state law. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations. Please direct any requests for accounting of disclosures of your health information to your physician practice.

**6. Request communications of your health information.**

You have the right to request that this physician practice communicate with you about your health and related issues in a particular manner or at a certain locations. For example, you may ask that we contact you at work, rather than at home. In order to request a type of **confidential** communication, you must make a written request to: Premier Medical Associates, Attn: Compliance Officer, 3824 Northern Pike, Suite 200, Monroeville PA 15146. Specify the alternative method to contact or the alternative location where you wish to be contacted. You do not need to give a reason for your request. This practice will accommodate reasonable requests, unless they are administratively too burdensome, or prohibited by law.

#### Our Responsibilities

We are required by the HIPAA Privacy Rule to give you this Notice about our privacy practices. Under the HIPAA Privacy Rule, this physician practice is required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice.

We will not use or disclose your health information without your written authorization, except as described in this Notice. You have the right to revoke your authorization to use or disclose your health information except to the extent that the action has already been taken.

We may change the provisions of our Notice at any time. The new provisions will be effective for all protected health information that we maintain as long as the revised notice is in effect. You may obtain an updated copy of our Notice by accessing our web site ([www.premiermedicalassociates.com](http://www.premiermedicalassociates.com)), calling the office and requesting that a revised copy be sent to you in the mail or asking for a revised copy at the time of your next appointment.

### For More Information or to Report a Complaint

If you want more information about our privacy policies or practices or have questions or concerns, please ask your physician practice or contact us using the information listed below.

If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

Contact Office: Premier Medical Associates  
Attention: Compliance Officer  
One Monroeville Center, 3824 Northern Pike, Suite 200  
Monroeville PA 15146  
(412) 457-0060

### Examples of Disclosures for Treatment, Payment and Healthcare Operations

*We will use your health information for treatment.* For example: We will use and disclose your protected health information to provide, coordinate, or manage your healthcare related services. For example, we may disclose your protected health information to another physician or healthcare provider (e.g., a specialist, laboratory, home health agency) which, at the request of your physician, becomes involved in your care by providing assistance with your healthcare diagnosis or treatment to your physician.

*We will use your health information for payment.* For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*We will use your health information for regular healthcare operations.* For example: We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. For example, we may disclose this information to medical school students who see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose this information, as necessary, to contact you to remind you of your appointment.

Note that we may require your written consent to disclose some types of Protected Health Information covered by state or federal law more stringent than the HIPAA Privacy Rule. This includes, for example, information relative to HIV, AIDS, mental health, and substance and alcohol abuse.

### Other Permitted Use or Disclosures

**Business Associates:** There are some services provided in our physician practice through contacts with business associates. Examples include: certain laboratory tests, transcription service companies or a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

**Other involved in your healthcare:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or to payment related to your care. When you are not present to give consent, this also may include responding to inquiries (by phone or in person) from these individuals, if we believe that disclosure is in your best interest and that you would agree to their involvement in your care. We may also disclose health information to disaster relief agencies for the purpose of coordinating disaster relief or notifying your friends or family in times of disaster.

**Research:** We may disclose information to researchers when their research has been approved by an Institutional Review Board or other Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Organ Procurement Organizations:** Consistent with the applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplanting of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Workers' Compensation:** We may disclose health information to the extent authorized by, and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and safety as well as other individuals.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, in response to a valid subpoena, or to assist in identifying victims of crime.

**Abuse or Neglect:** We may disclose health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the government entity or agency authorized to receive such information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** We may disclose health information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protection of the President and others.

**Legal Proceedings:** We may disclose your protected health information in the course of a judicial or administrative proceeding, or in response to an order of a court of other lawful process, once we have met all administrative requirements of the HIPAA Privacy Rule.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions.

Oversight agencies seeking this information include government agencies that oversee: the healthcare system; governmental benefits programs; other government regulatory programs; and compliance with civil rights laws.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.