



Clinic: 500 Gay St, 1st Floor, Phoenixville, PA 19460
Administrative Office: 317 Church St, Phoenixville, PA 19460
Phone: 484-920-3674
Fax: 484-397-1302

Patient Notice of Privacy Practices

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

Effective Date of this Notice: January 18, 2021

If you have any questions regarding this Notice, you may contact us at:

Address: Carah Medical Arts
Attn: Privacy Officer
500 Gay Street, 1st Floor
Phoenixville, PA 19460
Phone: 484-920-3674
Fax: 484-397-1302

I. YOUR PROTECTED HEALTH INFORMATION AND OUR RESPONSIBILITIES

The privacy and safety of your Protected Health Information (“PHI”) is very important to us. This Notice describes how medical information about you/your PHI may be used and disclosed and how you can get access to this information. Carah Medical Arts, the health care practitioners and therapists providing services at its Clinic and its staff (“we”) will abide by the terms of the Notice currently in effect. We will notify you following a breach of your PHI. We will not use or share your PHI other than described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Generally speaking, your PHI is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. PHI includes genetic information. Your medical and billing/payment records are examples of information that usually will be regarded as your PHI.

If you have authorized us to do so, communications from us may include electronic mail, facsimile, video chat, instant messaging, and phone, and such communications by their nature cannot be guaranteed to be secure or confidential. You may object to the use of these methods of communication and a decision to not authorize these methods of communication will not affect the health care offered to you. If you initiate communication in which you disclose PHI on any of these communication platforms (electronic mail, facsimile, video chat, instant messaging, and phone), you authorize us to communicate with you regarding all PHI in the same format.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment, and health care operations

This section describes how we may use and disclose your PHI for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

1. Treatment

We may use and disclose your PHI for our treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- We may disclose medical information about you to doctors, nurses, technicians, medical students and other trainees, or other personnel who are involved in your care at our office.
- We may share medical information about you in order to coordinate the different services you need, such as prescriptions, lab work and x-rays.
- We may disclose medical information about you to people outside our clinic who may be involved in your medical care, such as other healthcare practitioners, family members, care givers or other health care related entities such as skilled nursing care facilities with whom you seek treatment.
- We may use a patient sign-in sheet in the waiting area which is accessible to all patients.
- We may call patients in the waiting room when it is time for them to go to an examining room.
- We may contact you to provide appointment reminders or notices about changes to the Patient Member Agreement or Private Contracts.

2. Payment

We may use and disclose your PHI for our payment purposes so that Enrollment Fees, Membership Fees, treatment and services you receive may be billed and payment may be collected from you or your authorized representative. We may use and disclose your protected health information for the payment purposes of other health care providers so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. We will disclose your PHI for the payment purposes of other health care providers only if necessary for treatment and services ordered or requested by the healthcare practitioners or therapists working at the clinic operated by Carah Medical Arts (for example for laboratory testing, pathology studies, diagnostic imaging, ambulance services and the like). Some examples of payment uses and disclosures include:

- Mailing or electronically sending bills or statements to you for Enrollment Fees, Membership Fees, treatment and services you received.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.

3. Health care operations

We may use and disclose your PHI for our health care operation purposes. Some examples of health care operation purposes include:

- We may use and share your PHI for running our clinic and contacting you when necessary.
- We may use medical information to review and improve our treatment and services.
- We may use medical information about you for various quality assurance and quality improvement activities within our clinic.
- Accreditation, certification, licensing, and credentialing activities.

- Other business management and general administrative activities, such as compliance with the resolution of patient grievances and customer service.
- We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients.
- Conducting fundraising activities. With any fundraising communication, you will be given the opportunity to opt out of future solicitations.

B. Other uses and disclosures not requiring authorization

We may use and disclose your PHI for other purposes.

- Unless you object, we may disclose health information about you to family members, caregivers and friends who are involved in your care. We may also give information to someone who is involved in your payments to Carah Medical Arts.
- In a disaster relief effort so that your family can be notified about your condition and location.
- A government disaster relief agency if you are involved in a disaster relief effort.
- To inform you of treatment alternatives, benefits, or services related to your health.
- To contact you to raise funds for Carah Medical Arts. Information used and disclosed for fundraising will be limited to your name and other limited information permitted by law. You will have the opportunity to opt out of receiving future fundraising communications.
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities (e.g., audits, inspections, investigations, and licensure activities).
- Lawsuits and disputes (e.g., as required by a court or administrative order or in response to a subpoena or other legal process).
- Law enforcement (e.g., in response to legal process or as required or allowed by law).
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation organizations.
- Certain research projects as approved by a special approval process or if certain conditions are met.
- To prevent or lessen a serious threat to health or safety.
- To military authorities if required by them and if you are or were a member of the armed forces.
- National security and intelligence activities and presidential protective services.
- Should you become an inmate of a correctional institution or be otherwise in custody, we may disclose your PHI to a correctional institution or law enforcement.
- Workers' Compensation (in compliance with applicable laws).
- To business associates (individuals or entities that perform functions on our behalf) (e.g., membership management provider, payment processing provider, electronic health record provider, administrative support provider) so that they can perform the job we have asked them to do and provided they agree to safeguard the information.
- We may incidentally disclose PHI as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being called in the waiting room.
- We may disclose proof of immunization to a school for admission with oral or written agreement from a parent/guardian or other person acting in *loco parentis*, or directly from the individual if an adult or emancipated minor.

- Carah Medical Arts may include your contact information on its mailing list and send you membership communications (e. g. regarding news, events and membership activities). You have the possibility to opt out of our mailing list and membership communications at any time.

C. Uses and disclosures requiring authorization

All other purposes that do not fall under a category listed above, will require your written authorization to use or disclose your PHI. We will never sell your PHI. Subject to compliance with limited exceptions, we will not use or disclose psychotherapy notes or use or disclose your health information for marketing purposes, unless you have signed an authorization. You may revoke your authorization, and thereby stop any future uses and disclosures, by notifying us in writing.

III. PATIENT PRIVACY RIGHTS

You have the following rights regarding your medical records. Please contact our Privacy Officer to exercise your rights.

A. Right to request restriction

You may request limitations on how we use or disclose your medical information for health care treatment, payment, or operations (e.g., you may ask us not to disclose that you have had a particular surgery). We are not required to agree to your request, except for requests to restrict disclosures to a health plan for purposes of payment or health care operations when you have paid in full out-of-pocket for the item or service covered by the request and when the disclosure is not required by law. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

B. Right to confidential communications

You may request communications in a certain way or at a certain location. For example, you might request that we only contact you by mail or at work. We will accommodate reasonable requests for confidential communications but you must specify how or where you wish to be contacted and how payment will be handled.

C. Right to accounting of disclosures

You may request a list of instances where we have disclosed your medical information for certain types of disclosures. The accounting will not include disclosures that we are not required to record, such as disclosures made pursuant to an authorization and those about treatment, payment and healthcare operations. This right is limited to disclosures within six years of the request. The first accounting you request within a 12-month period is free, but we will charge a fee for any additional lists requested within the same 12-month period.

D. Right to inspect and copy

You have the right to look at and obtain a copy of your medical records, billing records, and other records used to make decisions about your care. We may charge you a fee for our postage and labor costs and supplies to create the copy. Under limited circumstances, your request may be denied and you may request review of the denial by another licensed health care professional of our choosing. We will comply with the outcome of the review. If your information is stored electronically and you request an electronic copy, we will provide it to you in a readable electronic form and format.

E. Right to request amendment

If you believe that the medical information we have about you is incorrect or incomplete, you have the right to request that your records be amended. Under limited circumstances, we may deny your request for amendment. If denied, you will receive an explanation for the decision and information explaining your options.

F. Right to copy of privacy notice

You may request a paper or electronic copy of this Notice at any time by contacting our Privacy Officer. You may also obtain an electronic copy of this Notice on our website. We will provide you with a copy promptly.

G. Right to notification of breach

We are required by law to notify affected individuals following a breach of unsecured medical information. A breach is generally defined as any disclosure of unsecured protected health information not permitted by this notice. Examples of exceptions include unintentional access by employees and inadvertent disclosures within an office.

F. 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 sure the person has this authority and can act for you before we take any action.

IV. CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any new provisions effective for all protected health information that we maintain at the time of the change, including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in our waiting room and on our website. At any time, patients may review the current notice or request a paper copy by contacting our privacy officer.

V. COMPLAINTS

If you believe your privacy rights have been violated, we want to know and we want to make it right. If you believe this is the case, please notify us immediately. You may also file a complaint with our Privacy Officer or with the Secretary of the United States Department of Health and Human Services. *You will not be penalized or retaliated against in any way for filing a complaint.*