
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.

Our Legal Duty to Protect the Privacy of Your Health Information

At Hillside Gastroenterology & Nutrition, Inc., we are legally required to protect the privacy of your health information. Protected Health Information (PHI) includes your name, address, telephone number, social security or other identifying number, etc. We are legally required to follow the privacy practices that are described in this notice. This notice takes effect April 14, 2003, and will remain in effect until we replace or modify it.

Uses and Disclosures of Your Health Information

We may use health information about you for most treatment, payment and health care operations or administrative purposes once we have obtained your written authorization. You may revoke an authorization at any time by giving us written notification.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination of management of your health care with a third party that has already obtained your permission to have access to your protected health information. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be disclosed to a physician to whom you have been referred to ensure proper treatment. We may disclose your protected health information to another physician or health care provider such as a laboratory or specialty provider, who becomes involved in your care as requested by your physician.

Payment

Payment primarily means the activities related to reimbursement for services provided to you. Payment may also include eligibility determinations by your health insurance plan or other actions such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, utilization review activities and disclosure to consumer reporting agencies. With your consent, we may disclose your relevant protected health information to your insurance carrier in order to obtain approval for a hospital admission or other services for which pre-certification is required.

Healthcare Operations

Healthcare Operations may be performed by Hillside Gastroenterology & Nutrition, Inc., or by third-party contractors. These operations include quality assessment and improvement activities, peer review, credentialing and licensing; training programs, legal and financial services, business planning and development, management activities related to our Privacy Practice, customer services, internal grievances, creating de-identified information for data aggregation or other purposes, certain marketing activities and due diligence activities. For example, we may disclose your protected health information to medical school students that 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 your protected health information to contact you regarding future appointments. We will share your protected health information with third party "business associates" that perform certain activities, such as anesthesia services, for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect that privacy of your protected health information. We may use or disclose your protected health information to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about services we believe may be beneficial to you. You may contact our office to request that these materials not be sent to you.

Information that may be disclosed or used without your Consent, Authorization or Other Permission

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, abuse or neglect reporting, auditing purposes, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances. We may also use or disclose such information in our facility directory (if applicable) after giving you the opportunity to refuse or in an emergency situation when we believe that you would want such information to be disclosed. The information to be included is your name, location in our facility and general health condition. Your religious affiliation may be disclosed to a member of the clergy. We may provide medical information about you to a relative, friend or individual who is involved in your care after we have your permission. If we are not able to seek your permission because you are incapacitated, we will use our best judgment to determine whether you would want this information shared. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures.

Changes to our policies

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the waiting area and in each examination room. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the office.

Individual Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. **If you request copies, we will charge you \$0.25 for each page. If requesting that the information be mailed, there will also be a charge for postage.** There is no charge if the records are being sent to another health care provider at your request. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, or related administrative purposes. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or ask that the missing information be added. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home. You may request in writing that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request but are not legally required to accept it.

Complaints

If you are concerned that we have violated your privacy rights, you may register your complaint with us by sending a written complaint to:

**Hillside Gastroenterology & Nutrition, Inc
Privacy Office
250 Fame Avenue, Suite 201
Hanover, PA 17331**

You may also send a written complaint to the U.S. Department of Health and Human Services. We support your right to protect the privacy of your health information. We will not retaliate in any way if you choose to file a complaint.

If you want more information about our privacy practices, have any questions or concerns, or want to act on any of your individual rights, please contact us at: 717-633-9086.