

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

If you have any questions regarding this notice, contact our Compliance Officer at the above address.

I. YOUR PROTECTED HEALTH INFORMATION

This Notice describes the practices of **Gastroenterology Associates of York/York Endoscopy Center** in connection with the use and disclosure of your medical information, and your rights and certain obligations we have regarding the use and disclosure of that information. It applies to the physicians, anesthesia providers, and other health care professionals within our practice who are involved in your care and/or are authorized to enter information into your medical records. This includes all of our employees, staff, and other personnel working in our office. We are required by law to maintain the privacy of your medical information and to provide you with this Notice describing our privacy practices. We are required to abide by the terms of this Notice currently in effect.

Generally speaking, your Protected Health Information is any information that relates to your past, present or future physical or mental health, your health care treatment, or payment for that treatment. It also applies to any information that can identify you and describes his or her health status, age, sex, ethnicity, or other demographic characteristics. Your medical and billing records at our practice are examples of information that usually will be regarded as your Protected Health Information.

We may make changes to this Notice in the future, and any of the terms of this notice that are changed will apply to all of your medical information. If we change our Notice, you may obtain a copy of the revised Notice by requesting it in person at our office, or by sending a written request for a copy to our Compliance Officer at the address listed above.

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 Protected Health Information 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 will be listed.

1. Treatment

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

- During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care.

- We may share and discuss your medical information with an outside physician with whom we are consulting regarding you.
- We may share and discuss your medical information with an outside laboratory, radiology center, or other health care facility where we have referred you for testing.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency or other health care provider to whom we have referred you for health care services and products.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- We may call you by name in the waiting room when it is time for you to go to an examining room.
- We may contact you to remind you of your appointment or to obtain patient demographic information prior to your appointment.
- We may update any changes in your address, insurance coverage, referring physician, etc. at the time of your appointment to ensure that all information on file is correct.
- We may discuss endoscopy results and discharge instructions with you while in the recovery area of the facility.

2. Payment

We may use and disclose your Protected Health Information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for care, for example, from your health insurer. Some examples of payment uses and disclosures include:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service
- Providing information regarding an upcoming outpatient procedure or inpatient admission to the hospital in order to gain pre-certification for that admission, as required by your health insurer.
- Submission of a claim form to your health insurer.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement.
- Sharing your demographic information (for example, your address) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing you bills in envelopes with our practice name and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you.
- Providing medical records and other documentation to your health insurer to support the medical necessity of a health service.
- Allowing your health insurer access to your medical record for a medical necessity or quality review audit.
- Providing information to a collection agency or our attorney for purposes of seeking payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

3. Health care operations

We may use and disclose your Protected Health Information for our health care operation purposes as well as certain health care operation purposes of other health care providers and health plans. Some examples of health care operation purposes include:

- Quality assessment and improvement activities.
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for residents, medical students, and other students.

- Accreditation, certification, licensing, and credentialing activities.
- Conducting other medical review, legal services, and auditing functions.
- Business planning and development activities, such as conducting cost management and planning related analyses.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and disclosures for other purposes

We may use and disclose your Protected Health Information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be used. Some examples fall into more than one category – not just the category under which they are listed.

1. Individuals involved in care or payment for care

We may disclose your Protected Health Information to someone involved in your care or payment for your care, such as a spouse, a family member, or close friend. For example, if you have endoscopy services, we may discuss your physical limitations with a family member assisting in your post-procedure care.

2. Notification purposes

We may use and disclose your Protected Health Information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you are hospitalized, we may notify a family member of the hospital admission and your general condition. In addition, we may disclose your Protected Health Information to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

3. Required by law

We may use and disclose Protected Health Information when required by federal, state, or local law. For example, we may disclose Protected Health Information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairment, and blood alcohol testing.

4. Other public health activities

We may use and disclose Protected Health Information for public health activities, including:

- Public health reporting; for example, communicable disease reports.
- Child abuse and neglect reports.
- FDA-related reports and disclosures; for example, adverse event reports.
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

5. Victims of abuse, neglect or domestic violence

We may use and disclose Protected Health Information for purposes of reporting of abuse, neglect or domestic violence in addition to child abuse. For example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

6. Health oversight activities

We may use and disclose Protected Health Information for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency or Department of Health inspection of patient records.

7. Judicial and administrative proceedings

We may use and disclose Protected Health Information disclosures in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

8. Law enforcement purposes

We may use and disclose Protected Health Information for certain law enforcement purposes, including to:

- Comply with legal process; for example, a search warrant.
- Comply with a legal requirement; for example, mandatory reporting of gunshot wounds.
- Respond to a request for information for identification and/or location purposes.
- Respond to a request for information about a crime victim.
- Report a death suspected to have resulted from criminal activity.
- Provide information regarding a crime on the premises.
- Report a crime in an emergency.

9. Coroners and medical examiners

We may use and disclose Protected Health Information for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

10. Funeral directors

We may use and disclose Protected Health Information for purposes of providing information to funeral directors as necessary to carry out their duties.

11. Organ and tissue donation

For purposes of facilitating organ, eye and tissue donation and transplantation, we may use Protected Health Information and disclose Protected Health Information to entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue.

12. Threat to public safety

We may use and disclose Protected Health Information for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

13. Specialized government functions

We may use and disclose Protected Health Information for purposes involving specialized government functions, including:

- Military and veterans activities.
- National security and intelligence.

- Protective services for the President of the United States and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

14. Workers' compensation and similar programs

We may use and disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's workers' compensation carrier if we treat you for a work-related injury.

15. Business associates

Certain functions of the practice are performed by a business associate, such as a billing company, an accounting firm, or a law firm. We may disclose Protected Health Information to our business associates and allow them to create and receive Protected Health Information on our behalf. For example, we may share with our collection agency information regarding your billing records so that the company can collect delinquent and past due accounts.

16. Creation of de-identified information

We may use Protected Health Information about you in the process of de-identifying the information. For example, we may use your Protected Health Information in the process of removing those aspects that could identify you so that the information can be disclosed to a researcher without your authorization.

17. Incidental disclosures

We may disclose Protected Health Information as by-products of an otherwise permitted use or disclosure. For example, other patients may overhear your name being called in the waiting room.

C. Uses and disclosures with authorization

For all other purposes, which do not fall under a category listed under sections II.A and II.B, we will obtain your written authorization to use or disclose your Protected Health Information. Your authorization can be revoked, at any time, in writing. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

III. PATIENT PRIVACY RIGHTS

A. Further restriction on use and disclosure

You have a right to request that we further restrict use and disclosure of your Protected Health Information to carry out treatment, payment, or health care operations, to someone who is involved in your care or the payment for your care, or for notification purposes. We are not required to agree to a request for a further restriction.

To request a further restriction, you must submit a written request to our Compliance Officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

B. Confidential communication

You have a right to request that we communicate your Protected Health Information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our Compliance Officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

C. Accounting of disclosures

You have a right to obtain, upon request, an “accounting” of certain disclosures of your Protected Health Information by us (or a business associate for us). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances, we may charge you for providing the accounting. To request an accounting, you must submit a written request to our Compliance Officer. The request should designate the applicable time period.

D. Inspection and copying

You have a right to inspect and obtain a copy of your Protected Health Information that we maintain in our office. You may not, however, have access to psychotherapy notes or information that is put together for use in a civil, criminal or administrative proceeding.

To inspect or copy your medical information, you must submit your request, in writing, to our Compliance Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or supplies associated with your request.

E. Right to amendment

You have the right to ask us to amend your Protected Health Information if you believe that your medical information is incorrect or incomplete. To request an amendment, your request must be made in writing and submitted to our Compliance Officer, explaining why you believe that the information is incorrect or incomplete. If we deny your request for 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 any such rebuttal.

F. Paper copy of privacy notice

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. To obtain a paper copy, contact our Compliance Officer.

IV. CHANGES TO THIS NOTICE

We reserve the right to change this notice 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 created or received prior to the effective date of the change.

We will post a copy of our current Notice of Privacy Practices in the waiting room for the practice. At any time, patients may review the current notice by contacting our Compliance Officer.

V. COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Compliance Officer, in writing, at the above address. ***We will not retaliate against you for filing a complaint.***