

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION – PLEASE READ THIS CAREFULLY AND IN IT’S ENTIRETY. (NOTICE EFFECTIVE DATE- OCTOBER 16, 2002)

TREATMENT: your health information may be used by staff members or disclosed to other healthcare professionals for evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of tests and procedures will be available in your medical record to all health professionals who provide treatment or who may be consulted by staff members.

PAYMENT: Your health information may be used to seek payment from your health plan, and other sources or coverage such as an automobile insurer or credit card companies that are used to pay for services. For example, your health plan may request and receive information on dates of service, for services provided and the medical condition being treated. You are required to provide this practice with all insurance coverage information, health, auto and worker’s compensation (if applicable), or discuss and provide alternative methods for providing payment for services to this practice.

HEALTH CARE OPERATION: Your health information may be used as necessary to support the day to day activities and management of this practice. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

LAW ENFORCEMENT: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections to facilitate law enforcement investigations and to comply with government mandated reporting.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the State’s Health Department.

OTHER USES/DISCLOSURES REQUIRING YOUR AUTHORIZATION: Disclosure of your health information or it’s use for any purpose other than those listed above require your specific written authorization. If you change your mind after authorizing a use or disclosure of information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that has occurred prior to the date of notification.

APPOINTMENT REMINDERS: Your health information will be used by our staff for appointment reminders.

INFORMATION ABOUT TREATMENTS: Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be of interest. We may also send you information describing other health-related goods and service that we believe may interest or be of benefit to you.

INDIVIDUAL RIGHTS: You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

THE DUTIES OF THIS MEDICAL/BEHAVIORAL HEALTH PRACTICE: Psychological Associates of Schuylkill County, LLC

We are required by law to maintain the privacy of your protected health information and provide you this notice of privacy practices

We are also required to abide by the privacy policies and practices that are outlined in this notice.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes may be required by changes in federal and state law and regulations. Whatever the reason for the revisions, we will provide you with a revised notice on your next office visit and will be applied to all protected health information that we maintain.

REQUEST TO INSPECT INFORMATION: As permitted by federal regulation, we require that requests to inspect protected health information by submitting it in writing. You may obtain a form to request access by contacting the Privacy Officer in writing.

COMPLAINTS: If you would like to submit a comment of complaint about our privacy practices, you may do so by letter, outlining your concerns. Please address correspondence to the Privacy Office, c/o this practice at our current address.