

Advanced Wellness Solutions

HIPAA 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 DUTIES

1. We are required by law to maintain privacy of your health information and to provide you with a copy of this notice.
2. We are required to abide by this notice.
3. We reserve the right to amend this notice at any time, provided that the changes are permitted by law. The new notice provisions will be applicable to all of your health information even if it was created prior to the change in the notice. Before we make an important change in our privacy practices, we will change this notice and provide you with an amended copy upon request.

USE AND DISCLOSE OF YOUR MEDICAL INFORMATION

For Treatment: The health care professionals will have access to your medical information in order to provide you with care; this includes doctors, nurses, medical students or others responsible for your treatment. We may also share medical information about you to your other health care providers in order to assist them in your treatment.

For Billing: We may use and disclose you medical information for payment purposes. Bills accompanies with relevant information may be sent to you, your insurance company, or lawyer.

For Health Care Operations: We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION UNDER THE FOLLOWING CIRCUMSTANCES WITHOUT OBTAINING YOUR PRIOR CONSENT OR AUTHORIZATION:

For Treatment, Payment or Healthcare Operations: See above

To Provide It to You.

To Notify and/or Communicate with your Family: Unless you tell us you object, we may use or disclose your health information to notify or help notify your family, personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in any communications with your family and others. We will also use our best judgment to make decisions about allowing someone to pick up medicine, medical supplies, x-rays or medical information on you.

For Public Health Purposes: We may use or disclose your health information to provide information to state or federal public health authorities, as required by law to prevent and control disease, injury or disability; report child abuse or neglect; report domestic violence; report to the Food and Drug Administration problems with products and reactions to medications; and report disease or infection exposure.

Health Oversight Activities: We may use or disclose your health information to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.

In Response to Subpoenas or Judicial and Administrative Proceedings: We may use or disclose your health information in the course of any administrative or judicial proceedings.

To Law Enforcement Personnel: We may use or disclose your health information to a law enforcement official to identify or locate a suspect, fugitive, material witness or missing person or comply with a court order or other law enforcement purposes.

Regarding Telephone Messages: We may leave an appointment reminder at the telephone number on record. We may leave a message at the telephone number on record request a return call.

PATIENT PRIVACY RIGHTS

The following are situations in which you have the legal right to request further restrictions and account of the use and content of your protected health information (PHI). Although we are not required by law to comply with all of these requests, it is our policy to accommodate all requests that do not compromise patient care or office operations. All requests to exercise your Patient Privacy Rights must be submitted to and approved by our privacy officer.

You may request that:

1. The use and/or disclosure of PHI be further restricted. For example, you may request that the disclosure of PHI be limited to specific persons involved in your care.
2. The communication of PHI is limited to certain means or locations. For example, you may only want to be contacted at work.
3. You have the right to obtain a copy of the health information used in your care. There may be a charge of processing this request.
4. We amend PHI about you that are either incorrect in complete. Approval of this request is subject to nature and accurateness of the requested change.
5. You receive a paper copy of the Notice of Privacy Practices (this notice).

Complaints

If you believe that your privacy had been violated, you do have the right to file a complaint with our practices privacy officer at 215-348-3880 or with the Department of Health and Human Services.

Changes in This Notice

We reserve the right to change this notice at anytime. Any changes will be effective for all protected health information including that obtained prior to the change. All changes will be consistent with the most current federal and state regulations.

Privacy Officer

You may contact our privacy officer at 215-348-3880 if you have any questions regarding this notice or for clarification regarding our privacy policies.

Acknowledgement

I hereby acknowledge that I have read the Notice of Privacy Practices

Patient Name (Please Print)

Patient Signature

Date