

**NOTICE OF PRIVACY POLICIES FOR MATERNAL FETAL MEDICINE OF
CENTRAL PENNSYLVANIA, P.C.**

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND
IS CLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY!

Introduction

At Maternal Fetal Medicine, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes the personal information we collect, and how and when we use or disclose that information.

Understand Your Health Record/Information

Each time you visit Maternal Fetal Medicine, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a: Basis for planning your care and treatment; Means of communication among the many health professionals who contribute to your care; Legal document describing the care you received; Means by which you or a third-party payer can verify that services billed were actually provided; A tool in educating health professionals; A source of data for medical research; A source of information for public health officials charged with improving the health of this state and the nation A source of data for our planning and marketing; A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Your Health Information Rights

Although your health record is the physical property of Maternal Fetal Medicine, the information belongs to you. You have the right to: Obtain a paper copy of this notice of information practices upon request; Inspect and copy your health record as provided for in 45 CFR 164.524; Amend your health record as provided for in 45 CFR 164.528; Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528; Request a restriction on certain use and disclosures of your information as provided by 45 CFR 164.522, and Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Maternal Fetal Medicine is required to: Maintain the privacy of your health information, Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you, Abide by the terms of this notice, Notify you if we are unable to agree to a requested restriction, and Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. If our information practices change, we will revise the terms of this Notice, post the revised Notice in our offices and make the revised Notice available to you upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after

a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer: Pat Suhr at 717-231-8472

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment, and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your Physician will document in your record his or her expectations of the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your primary physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you are discharged from our care.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use you health information for regular health operations.

For example: Members of the medical staff or the Practice Administrator may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business Associates: There are some services provided in our organization through contacts with business associates. Examples include independent laboratories or the hospitals we are associated with. When these services are contracted we may disclose your health information to your business associate so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general conditions as needed.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any person **you identify**, health information relevant to that person's involvement in your care of payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institution review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable produce recalls, repairs, or replacement.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional Institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law Enforcement: We may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena.

Other Office Practices:

1. As part of our practice, many of our patients send us photographs and letters to let us know how their families are doing. We display these letters and photographs of pregnancy outcomes on bulletin boards and in scrap books as a source of support for the parents currently going through difficult pregnancies.

2. We may contact you to discuss payment arrangements for any outstanding bills that are your responsibility. If we are unable to reach you, we may leave a message for you to call our office. In that message, we will identify our office, the name of the person calling and a phone number where you can reach us.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

This notice is effective April 25, 2005 and applies to all protected health information as defined by federal regulations.