

Lehigh Valley Family Practice, 1401 Fairmont Street, Whitehall, PA 18052

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 IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, CONTACT NARIEN GROVER, M.D.

As required under the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA), we are required by law to maintain the privacy of your health information, and to provide you with this notice of our policies regarding how your protected health information will be used or disclosed.

HOW WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

TREATMENT- We may use or disclose health information about you in order to provide you with medical treatment or services. We may share information about you with other health professionals, such as physicians, pharmacists, nurses, therapists, hospital personnel, nursing home personnel, social workers and others involved in your medical care.

PAYMENT-We may use or disclose your health information in order to bill or collect payments for services provided, to determine insurance eligibility or to obtain pre-authorization prior to treatment, this information may be disclosed to your health insurance company, collection agencies, attorneys, or responsible third parties.

HEALTH CARE OPERATIONS- We may use or disclose your health information in order to operate our medical practice. This may include cost-management reviews, quality of care audits, compliance reviews and other administrative functions.

APPOINTMENT REMINDERS- We may use or disclose your health information in order to remind you about your appointment, or to cancel or reschedule an appointment.

TREATMENT ALTERNATIVES-We may use or disclose your health information in order to inform you about possible treatment options or alternatives.

HEALTH RELATED BENEFITS AND SERVICES- We may use or disclose your health information in order to inform you about health related benefits or services that may be of interest to you.

FAMILY OR FRIENDS- We may use or disclose your health information with a family member or friend who is directly involved in your health care, or who assists in taking care of you. We may also use or disclose health information with a third party who has been directed to bring a child or other dependent individual to our office, such as a grandparent, baby-sitter or health aide.

REQUIRED BY LAW- We will use or disclose your health information as required by federal, state or local law.

WORKER'S COMPENSATION- We may use or disclose your health information for worker's compensation or similar programs.

SERIOUS HEALTH RISK- We will use or disclose your health information in order to prevent a serious threat to your health or safety, or the health of the public or another person.

LEGAL ORDERS- We may use or disclose your health information in response to a court order or subpoena by a judge, or during discovery. We may also use or disclose your health information if requested by law enforcement officials during an investigation of criminal misconduct.

Signature/Date

DECEASED PATIENTS- We may use or disclose health information of a deceased individual to a medical examiner or coroner in order to establish a cause of death, or to funeral directors such that they can carry out their duties.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

COMMUNICATION- you have the right to request that we communicate with you about health matters in a particular manner or location. For example, only at home or work, only by telephone or US Mail. To request such particular confidential communication, you must do so in writing to Lehigh Valley Family Practice. We will accommodate reasonable requests.

RESTRICTIONS- You have the right to request a restriction or limitation in the way we use or disclose your health information. We are not required to agree with your request. If we do agree, we will comply with your request, except during emergencies, during treatment or when required by law. To request such restrictions, you must do so in writing to Lehigh Valley Family Practice. You must tell us what information is to be restricted, whether the restriction is for use, disclosure or both, and to whom you want the restrictions to apply.

INSPECT AND COPY- You have the right to inspect and obtain a copy of your medical or billing records (except psychotherapy notes). You will be charged a reasonable fee for the costs of copying, mailing and other costs in complying with your request. In order to inspect or obtain a copy of your records, you must submit such request in writing to Lehigh Valley Family Practice. In certain circumstances, we may deny your request to inspect or obtain copies of your records. However, you may request a review of this denial. Another health professional chosen by us will conduct the review of the denial.

AMENDMENT- If you believe your medical information is incorrect or incomplete; you may ask us to amend the information. You must do so in writing to Lehigh Valley Family Practice. You must include a reason that supports your request for amendment, or your request will be denied. In addition, your request will be denied if you ask us to amend information that is accurate and complete, is not part of the medical information kept by this practice, was not created by this practice, or is not part of the information which you would be permitted to inspect or copy.

ACCOUNTING OF DISCLOSURES- You have the right to request a list of disclosures we made of your health information, except for disclosures required for treatment, payment or operations. You must submit your request in writing to Narien Grover, MD. Your request must state a time period, which may not be more than six years previous, and may not include dates before April 14, 2003. You may receive one disclosure list free of charge in any twelve-month period. We will charge you a reasonable fee for any additional lists required with in a twelve-month period.

PAPER COPY OF THIS NOTICE- You have the right to a paper copy of this notice.

COMPLAINT- If you believe your privacy rights have been violated you may file a complaint with this office, or with the Secretary of Department of Health and Human Services. To file a complaint with this office, contact Narien Grover, MD. All complaints must be in writing.

OTHER USES AND DISCLOSURES- Other uses and disclosures not covered by this notice or applicable laws will be made only with your written permission. You may revoke this permission, in writing, at any time.

WE HAVE THE RIGHT TO CHANGE THE TERMS OF THIS NOTICE AT ANY TIME.

ACKNOWLEDGEMENT- I acknowledge receipt of this Notice of Privacy Practices for Lehigh Valley Family Practice:

Patient/ Guardian Signature

Date

Name of Patient or (Patient's Representative): _____
Relationship, if applicable: _____