

**RECEIPT OF NOTICE OF PRIVACY
PRACTICES ACKNOWLEDGMENT FORM**

I hereby acknowledge that on _____ I received the Notice of Privacy Practices from Wrightstown Family Medicine, which sets forth the ways in which my personal health information may be used or disclosed by Wrightstown Family Medicine, and outlines my rights with respect to such information.

Patient's Signature/Date

Wrightstown Family Medicine

HIPAA Policy Statement

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.

During your treatment at Wrightstown Family Medicine, and members of its staff may gather information about your medical history and your current health. This notice explains how that information may be used and shared with others. It also explains your privacy rights regarding this kind of information. The terms of this notice apply to health information created or received by Wrightstown Family Medicine. We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

Your medical information may be used and disclosed for the following purposes:

- ▮ **Treatment:** We may use your information to provide, coordinate, and manage your care and treatment. For example, a Wrightstown Family Medicine staff member may share your medical information with another health care provider for a consultation or a referral.
- ▮ **Payment:** We may use and disclose medical information about you so that the treatment and services you receive may be billed to, and payment may be collected from, you, an insurance company, or another third party. For example, we may need to give your health plan information about treatment you received at Wrightstown Family Medicine so your health plan will pay us or reimburse you for the treatment.

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- ▮ **Health Care Operations:** We may use and disclose medical information about you for Wrightstown Family Medicine’s health care operations. Health care operations are the uses and disclosures of information that are necessary to run Wrightstown Family Medicine and to make sure that all of our patients receive quality care. For example, we may use medical information to evaluate the performance of our staff in caring for you.
- ▮ **Appointment Reminders and Other Health Information:** We may use your medical information to send you reminders about future appointments. We may also contact you with information about new or alternative treatments or other health care services.
- ▮ **To People Assisting in Your Care:** Wrightstown Family Medicine will only disclose medical information to those taking care of you, helping you to pay your bills, or other close family members or friends if these people need to know this information to help you, and then only to the extent permitted by law. We may, for example, provide limited medical information to allow a family member to pick up a hearing device for you. If you are able to make your own health care decisions, Wrightstown Family Medicine will ask your permission before using your medical information for these purposes. If you are unable to make health care decisions, Wrightstown Family Medicine will disclose relevant medical information to family members or other responsible people if we feel it is in your best interest to do so, including in an emergency situation.
- ▮ **Research:** Federal law permits Wrightstown Family Medicine to use and disclose medical information about you for research purposes, either with your specific, written authorization or, where allowed by state law, when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate. If required to do so by applicable law, we will obtain your consent before we disclose your health information to an outside researcher.
- ▮ **To Business Associates:** Some services are provided by or to Wrightstown Family Medicine through contracts with business associates. Examples include Wrightstown Family Medicine’s, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do.

In all of the situations described above, where required to do so by law, Wrightstown Family Medicine will obtain your written permission prior to

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disclosing your health information,

Your medical information may be released in the following special situations:

- We may also use or disclose your information, without your permission, for the following purposes to the extent permitted or required by law:
- Under emergency conditions, to government or other groups assisting in emergencies or disasters;
- When required by law;
- For public health activities, including, without limitation, to report disease and vital statistics, child abuse, and adult abuse or neglect or domestic violence;
- For health oversight activities, such as activities of state licensing and peer review authorities, and fraud prevention enforcement agencies;
- For judicial and administrative proceedings;
- To avert a serious threat to health or safety;
- To law enforcement officials with regard to crime victims, crimes on our premises, crime reporting in emergencies, and identifying and locating suspects or other persons.
- For certain specialized government functions, such as military discharge;
- To the military, to federal officials for lawful intelligence, counterintelligence, national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody;
- As authorized by the state's worker's compensation laws.

In all of the situations described above, where required to do so by law, Wrightstown Family Medicine will obtain your specific written permission prior to disclosing HIV-related information, mental health records, drug or alcohol abuse records, or any other type of record given explicit additional protections under applicable state law.

You have the following rights regarding medical information we maintain about you:

1. **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Wrightstown Family Medicine.

If you wish to inspect and copy medical information, you must complete and

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return a Request to Inspect and Copy Form (a copy of which is available upon request). If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. If you are denied access to medical information, you may request that the denial be reviewed. Another health care provider chosen by Wrightstown Family Medicine will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

2. **Right to Request Amendment:** If you believe that medical information we have about you is incorrect or incomplete, you have the right to ask us to change the information. You have the right to request an amendment for as long as the information is kept by or for Wrightstown Family Medicine. To request a change to your information, you must complete and return a Request for Amendment Form (a copy of which is available upon request). In addition, you must provide a reason that supports your request. Wrightstown Family Medicine may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 1. Was not created by Wrightstown Family Medicine, unless the person or entity that created the information is no longer available to make the amendment;
 2. Is not part of the medical information kept by or for Wrightstown Family Medicine;
 3. Is not part of the information which you would be permitted to inspect and copy; or
 4. Is accurate and complete.
3. **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you. This list will not include disclosures for treatment, payment, and health care operations; disclosures that you have authorized or that have been made to you; disclosures for facility directories; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement with custody of you; disclosures that took place before April 14, 2003; and certain other disclosures.

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- To request this list of disclosures, you must complete and return a Request for Accounting of Disclosures Form (a copy of which is available upon request). Your request must state a time period for which you would like the accounting. The accounting period may not go back further than six years from the date of the request, and it may not include dates before April 14, 2003. You may receive one free accounting in any 12-month period. We will charge you for additional requests.
4. **Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could ask that we not use or disclose information about treatment that you received to other health care providers or to your insurance company. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must complete and return a Request for Restrictions Form (a copy of which is available upon request).
 5. **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you only at work or only by mail. To request confidential communications, you must complete and return a Confidential Communication Request Form (a copy of which is available upon request). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may require you to provide information about how payment will be handled.
 6. **Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this notice any time.

Changes to This Notice

The effective date of this notice is April 14, 2003. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future. If the terms of this notice are changed, Wrightstown Family Medicine will provide you with a revised notice upon request, and we will post the revised notice on our website and in designated locations at Wrightstown Family Medicine.

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Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with Wrightstown Family Medicine, please complete and return a Complaint Form (a copy of which is available upon request) or contact our Compliance Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Except as described above, Wrightstown Family Medicine will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

Acknowledgment of Receipt of Notice: You will be asked to sign an acknowledgment form that you received this Notice of Privacy Practices.

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