

Lonny D. Matlick D.O.

Office Privacy Policy

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We are required by law to maintain the privacy of your Protected Health Information (“PHI”). PHI is personal information about you, including demographic information that we collect from you, that may be used to identify you and relates to your past, present or future physical or mental health or condition, including treatment and payment for the provision of healthcare.

This Notice explains our legal duties and privacy practice with regard to your PHI. We are required by federal law to provide you with a copy of this Notice and to abide by the terms of this Notice. Accordingly, we will ask

you to sign a statement acknowledging that we have provided you with a copy of this Notice.

We reserve the right to change the terms of this Notice at any time. The change may be retroactive and cover PHI that we received or created prior to the revision. If we do change the Notice, a copy of the new Notice will be posted in the waiting room. We will provide you with a copy of the revised Notice upon your request.

PATIENT RIGHTS

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

1. The right to consider and sign an authorization for a non-authorized use. The law only allows us to use or disclose your PHI in certain circumstances, as explained more fully below. If we need to make a use or disclosure that does not fall into one of those exceptions, including the disclosure of immunization records to schools or results or work physicals to employers, we will ask you to sign an authorization. If we do not have a valid authorization on file specifically authorizing the proposed use or disclosure, then we will not make that use or disclosure. You may revoke an authorization at any time in writing, but the revocation will not apply to uses or disclosures we have already made in reliance on your original authorization.
2. The right to inspect and copy. You have the right to inspect and request a copy of your PHI. To inspect and request a copy of your PHI, you must submit your request in writing. This right does not extend to psychotherapy notes, information compiled in reasonable anticipation of legal action and confidential information relating to certain lab tests. We have the right to deny you access, but you will be notified of the reason for denial and be given the right to have the denial reviewed under certain circumstances. If you request a copy of your PHI, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.
3. 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 treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had to your spouse. ***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. You must make your request in writing.
4. 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 at work or by mail. To request confidential communications, you must make your request in writing. 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 must be made in writing.
5. The right to amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing. We have the right to deny your request for amendment, if we determine that your record was not created by us, is not maintained by us, would not be available for access or is accurate and complete. Your records will not be changed or deleted as a result of our granting your request, but the amendment will be attached to your record and its existence noted in your record as necessary. (Note: use of this procedure is not necessary for routine changes to your demographic information, such as address, phone number, etc.)
6. The right to receive an accounting. You have the right to receive an accounting of our uses and

disclosures of your PHI. The accounting will not list disclosures made (i) to carry out treatment, payment and healthcare operations; (ii) to you; (iii) pursuant to an authorization; (iv) for national security or intelligence purposes; (v) to correctional institutions or law enforcement personnel or (vi) that occurred prior to April 14, 2003. (Note: compliance with this right is time-consuming, and so we reserve the right to charge you a fee if you request more than one accounting in a twelve-month period.) Your request for an accounting must be submitted in writing.

USES AND DISCLOSURES

The following categories describe different ways that we use and disclose medical information.

1. Treatment refers to a specific sharing and use of your PHI relating to your direct care by our employees, including consulting other professionals and the use of disease management programs. For example, we will disclose your PHI to another health care professional or a testing facility to whom you have been referred for care or for assistance with treatment.
2. Payment refers to specific sharing and use of your PHI for purposes of obtaining payment for our treatment of you, including billing and collection activities, related data processing and disclosure to consumer reporting agencies. For example, your PHI will be disclosed on forms we submit to your insurance to receive payment. We may also tell your insurance company about a treatment you are going to be receiving to obtain prior approval.
3. Operations refer to specific sharing and use of your PHI necessary for our administrative and technical operations, within the limitations imposed by professional ethics. Permissible activities would include, but are not limited to, accounting or legal activities, quality assessment, employee review, student training and other business activities. For example, we might need to disclose your PHI to a medical student as part of the educational process.

ORGANIZATIONAL POLICIES

To facilitate the smooth and efficient operation of our practice, we engage in certain practices and policies that you should understand. You can avoid any of the following practices by discussing your concerns with us and working out an alternative.

1. We contact our patients by telephone (which might include leaving a message on an answering machine or voice mail) or mail to provide appointment reminders or routine test results.
2. We use sign-in sheets and call out names in our waiting room to manage patient flow.
3. Our staff will conduct routine discussions at our front desk with patients.
4. We may contact our patients by telephone or mail to provide information about treatment alternatives or other health-related benefits and services that may be of interest.
5. We may use your name and address to send you a newsletter about our practice and the services we offer.
6. We may disclose your PHI to a member of your family or a close friend that relates directly to that person's involvement in your healthcare.

You should also be aware of the following policies regarding our uses and disclosures of your PHI. You cannot

avoid these uses and disclosures, but you should discuss any questions or concerns you might have with us.

1. We share PHI with third-party “business associates” that perform various functions for us (for example, billing and transcription), but we have written contracts with those entities containing terms that require the protection of your PHI.
2. We will disclose your PHI to your personal representative(s), if any, unless we determine in the exercise of our professional judgment that such disclosure should not be made.

We will not permit the following disclosures without your written authorization, and your refusal to provide such authorization will not affect our duty to treat you.

1. Marketing
2. To your employer, except where necessary for provision of care or payment purposes (for example, if your employer is self-insured).
3. Disclosures outside our offices, unless for treatment, payment or operations.
4. For research purposes, unless certain safeguards are taken.

We may make disclosures in certain situations as required by law, even without your written authorization. These situations include, but are not limited to:

1. If all identifying information is removed so your identity cannot be ascertained from the information disclosed, i.e., on a completely anonymous basis.
2. When required by law, for example, public health reporting purposes or to a person who may be affected by a communicable disease.
3. To your employer, if we are providing care to you at your employer’s request to evaluate a work-related illness or injury, or medical surveillance of your workplace.
4. Pursuant to a warrant or court order.
5. For health oversight purposes as authorized by law, for example, an investigation of our practice for purposes unrelated to your treatment.
6. To a public health authority as authorized by law, including those designated to receive notification of abuse or neglect.
7. To the U.S. Food and Drug Administration, in the event of an adverse event.
8. Related to a judicial or administrative proceeding, including subpoenas.
9. For national security and intelligence purposes, or to correctional institutions.
10. For purposes of worker’s compensation law (or similar law).
11. Regarding a decedent, including to a funeral director.

12. For military or veteran's activities.

QUESTIONS AND COMPLAINTS

If you have any questions about this Notice, the matters discussed herein or anything else related to our privacy policy, please feel free to ask for an appointment or call (609) 641-6646 to speak with our Privacy and Security Officer.

You may file a complaint with our Privacy and Security Officer or to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated. To file a complaint to the Secretary, your complaint must be in writing, name us, describe the acts or omissions believed to be in violation of your privacy rights and be filed within 180 days of when you knew or should have known that the act or omission occurred.

You can file a complaint with us in writing. We will not retaliate against you for filing a complaint. If you want further information about the complaint process, please talk to our Privacy and Security Officer.