

NOTICE OF PRIVACY PRACTICES

REHABILITATION ASSOCIATES OF THE MAIN LINE, P.C.
AND
MEDICAL ASSOCIATES OF THE MAIN LINE, P.C.

EFFECTIVE DATE: April 14, 2003

Reviewed/Updated April 22, 2010

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. INTRODUCTION

Rehabilitation Associates of the Main Line, P.C. and Medical Associates of the Main Line, P.C. (collectively, the "Practice") are required by federal and state law to maintain the privacy of your protected health information and to provide you with the following important information: how we may use and disclose your protected health information; your privacy rights related to your protected health information; and our obligations concerning the use and disclosure of your protected health information. The Practice is required to abide by the terms of the Notice that is currently in effect. We know that this Notice is long and may be complicated, but the Health Insurance Portability and Accountability Act and its associated regulations (the "Federal Privacy Rule") require us to address many specific things in this Notice.

In general, your protected health information is any information that relates to your past, present or future physical or mental health, the provision of health care to you, or the payment for health care provided to you, and that identifies you or reasonably can be used to identify you. For example, your medical chart and billing records are examples of information that are typically viewed as protected health information.

The Practice reserves the right to make changes to this Notice at any time and to make any such changes effective for all protected health information that we may already have about you, including information that we created or received prior to the effective date of the change. The Practice will provide you with a copy of any revised Notice of Privacy Practices upon your written request to our Privacy Officer.

The Practice is also posting a copy of our current Notice in the waiting room of the Practice, at its office locations. You may also obtain a copy of our current Notice by contacting our Privacy Officer.

This Notice is not intended to nor does it create contractual or other rights independent of those created in the Federal Privacy Rule.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

This section of the Notice will describe the different ways that the Practice may use and disclose your protected health information for treatment, payment or health care operations purposes. Each of these descriptions includes examples, but please note that the examples contained in this Notice are not all-inclusive.

A. Treatment - The Practice may use and disclose your protected health information to provide, coordinate or manage your health care related services. We may consult with other health care providers regarding your treatment and coordinate your care with others. Some examples of uses and disclosures of your protected health information for treatment include: physicians and other staff at the Practice who are involved in your care may review your medical record and discuss your protected health information in connection with your treatment; we may use and disclose your protected health information when you need a prescription, lab work, an x-ray or other health care services; we may use and disclose your protected health information when referring you to another health care provider; we may share and discuss your protected health information with an outside physician with whom we are consulting regarding you, including but not limited to sending a report about your care to such a physician so that he or she may treat you.

The Practice may use a sign-in sheet for its patients in the waiting area of the office which is accessible to all patients. The Practice may also page patients in the waiting room when it is time for them to receive services.

The Practice may contact you to provide you with appointment reminders, information about treatment alternatives and other health-related benefits or services that may be of interest to you.

B. Payment - The Practice may use and disclose your protected health information so that we can bill and collect payment for the treatment or services provided to you, as well as for the payment purposes of other health care providers and health plans. These uses and disclosures for payment purposes may also cover activities to determine your eligibility for services with your insurer, coordination of benefits with other insurers, billing, claims management, collection activities, medical necessity review activities, utilization review activities and disclosures to consumer reporting agencies (relating to the collection of payments owed to us). Examples of such uses and disclosures include sharing information with your health insurer to determine whether you are eligible for coverage or whether a proposed treatment is a covered service, submitting claims to your health insurer, sharing your demographic information with other health care providers who seek this information to obtain payment for health care services provided to you, providing medical records and other documentation to your health insurer to support the medical necessity of a health service, and allowing a health insurer to review protected health information for the insurance company's activities to determine the insurance benefits to be paid for your care.

C. Health Care Operations - The Practice may use and disclose protected health information in performing business activities known as health care operations. Health care operations include doing things to allow the Practice to improve the quality of care that we provide to you and to reduce health care costs. The following are some examples of uses and disclosures made by the Practice for health care operations purposes: quality assessment and improvement activities to review and improve the quality, efficiency and costs of care that we provide to our patients; reviewing and evaluating the skills, qualifications and performance of health care providers taking care of you and the other patients of the Practice; conducting training programs for medical and other students; accreditation, certification, licensing and credentialing activities; and the health care operations of an organized health care arrangement with which we participate, such as the joint care provided by a hospital and physicians who treat patients at the hospital.

III. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT THE PRACTICE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

The Practice may use and disclose your protected health information in other limited circumstances without your consent or other authorization from you. This section generally describes each of these circumstances by category, and each category generally includes one or more examples. Please note that not every possible use or disclosure in a category will be listed, and some examples fall under more than one category.

A. Individuals Involved in Your Care or Payment for Your Care - The Practice is permitted to disclose your protected health information to someone involved in your care or payment for your care, such as a spouse, family member or close friend, where such information is directly relevant to that person's involvement in your care or the payment for your care. For example, if you are having surgery, the Practice may discuss your physical limitations with the family member assisting you in your post-operative care. The Practice may also use and disclose your protected health information to notify or to assist in the notification of a family member, a personal representative or another person responsible for your care, regarding your location, general condition or death. For example, if you are hospitalized, the Practice may notify a family member of the hospital at which you are located and your general condition. The Practice may also coordinate with disaster relief agencies to make this type of notification.

If you are present and able to consent or object to such disclosures (or if you are able to do so in advance), then we may only use or disclose protected health information if you do not object after you have been informed of your opportunity to object. If you are not present or you are unable to consider objecting to such disclosures, we may exercise professional judgment in determining whether the use or disclosure of protected health information is in your best interests. We may also use our professional judgment in our experience with common practice to make reasonable decisions about your best interests in allowing a person to act on your behalf to pick up items such as prescription orders, medical supplies, x-rays or other things that contain protected health information about you.

B. Required By Law - The Practice may use and disclose your protected health information when it is required to do so by federal, state or local law. For example, the Practice may disclose your protected health information to comply with mandatory reporting requirements involving births and deaths, disease prevention and control, vaccine-related injuries, gun shots and other injuries by a deadly weapon or by a criminal act and blood alcohol testing.

C. Public Health Activities - The Practice may use or disclose your protected health information for public health activities to a public health authority that is permitted by law to collect or receive the information,

including but not limited to public health reporting related to disease, injury or disability, child abuse and neglect reports, and OSHA requirements for workplace surveillance and injury reports (where applicable).

D. **Victims of Abuse, Neglect or Domestic Violence** - The Practice may disclose your protected health information in certain cases to proper government authorities for purposes of reporting abuse, neglect or domestic violence in addition to child abuse in a manner consistent with the requirements of state and federal law. For example, the Practice may make reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

E. **Health Oversight Activities** - The Practice may use and disclose your protected health information for purposes of health oversight activities authorized by law. Such disclosures may include disclosures of your protected health information to a health oversight agency for audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs and compliance with certain laws. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs and other regulatory programs.

F. **Judicial and Administrative Proceedings** - The Practice may use or disclose your protected health information in judicial and administrative proceedings in response to a court order or in certain circumstances in order to respond to a subpoena, discovery request or other lawful process. For example, a physician with the Practice may comply with a court order to testify in a case in which your medical condition is at issue.

G. **Law Enforcement Purposes** - The Practice may use or disclose your protected health information for certain law enforcement purposes, including: as required by law; to alert law enforcement of a death that the Practice suspects was the result of criminal conduct; in response to a court order, warrant, subpoena, summons, administrative agency request or other authorized process; to identify or locate a suspect, fugitive, material witness or a missing person; to provide information regarding a crime on the premises of the Practice; and to report a crime in an emergency situation.

H. **Coroners, Medical Examiners and Funeral Directors** - The Practice may use or disclose your protected health information to assist a medical examiner in identifying a deceased person, determining the cause of death or facilitating the performance of other duties of the coroner or medical examiner required by law. In addition, the Practice may use and disclose protected health information for purposes of providing information to funeral directors consistent with applicable law as is necessary to carry out their duties.

I. **Organ and Tissue Donation** - If you are an organ donor, the Practice may use or disclose your protected health information to organizations that help procure, locate and transport organs in order to facilitate an organ, eye or tissue donation and transplantation.

J. **Research** - The Practice may use or disclose your protected health information for research purposes under certain limited circumstances. The Practice must obtain a written authorization to use and disclose protected health information about you for research purposes except in situations specifically authorized by the Federal Privacy Rule or where a research project meets specific, detailed criteria established by the Federal Privacy Rule to insure the privacy of protected health information.

K. **Serious Threat to Health or Safety** - The Practice may use or disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, the Practice will only make disclosures to a person or organization who is able to help prevent the threat.

L. **Specialized Government Functions** - The Practice may use or disclose your protected health information for certain specialized government functions, including certain military and veteran activities if required by the appropriate authorities; for intelligence and national security activities authorized by law; to help provide protective services for the President and others; to make medical suitability determinations for the Department of State and for the health and safety of inmates and others in correctional institutions or in other law enforcement custodial situations.

M. **Disclosures for Workers' Compensation** - The Practice may use or disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law, which provide benefits for work-related injuries or illness

without regard to fault. As an example, your protected health information could be used and disclosed when submitting a claim for payment to your employer's workers' compensation carrier if we were to treat you for a work-related injury.

N. **Business Associates** - There are certain services provided to the Practice through arrangements with business associates, such as billing companies, accounting firms and law firms. Where permitted by federal and state privacy rules, the Practice may disclose protected health information to our business associates and allow them to create and receive your protected health information on our behalf so that they can perform their duties on our behalf. As an example, the Practice may share with a billing company information regarding your care and payment for your care so that the billing company can submit these claims for payment and we can receive reimbursement for your care from the insurer.

O. **De-Identified Information** - The Practice may use or disclose your protected health information in the process of de-identifying the information. For example, we may use the protected health information in the process of removing such information that could identify you so that the de-identified information may be disclosed to a researcher without your authorization. In certain circumstances where permitted by federal and state law, the Practice may disclose your protected health information to a business associate to provide the function of de-identifying this information.

P. **Disclosures Required by Federal Privacy Rule** - The Practice is required to disclose protected health information to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the Federal Privacy Rule.

IV. OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All uses and disclosures of your protected health information that are not set forth in Sections I through III above will only be made with your written authorization. If you have authorized the Practice to use or disclose your protected health information, you may revoke your authorization at any time by notifying the Practice's Privacy Officer of your revocation in writing, except to the extent we have already relied on or taken action on the authorization.

V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

A. **Right to Request Restrictions on Use or Disclosure** - You have the right to request additional restrictions on your protected health information that we may use for treatment, payment and health care operations. You may also request additional restrictions on our disclosure of your protected health information to certain individuals involved in your care that are otherwise permitted by the Federal Privacy Rule. *The Practice is not required to agree to your request.* If the Practice does agree to your request, it is required to comply with our agreement except in certain cases, including where the information is needed to treat you in the event of an emergency. To request restrictions, you must make your request in writing to the Practice's Privacy Officer. In your request, please include (1) the information that you want to restrict; (2) how you want to restrict the information (for example, restricting use to this office or only restricting disclosures to persons outside this office); and (3) to whom you want those restrictions to apply.

B. **Right to Receive Confidential Communications** - You have the right to request that the Practice communicate your protected health information to you by a certain means or at a certain location. For example, you might request that the Practice only contact you at home, rather than at work. The Practice will not request an explanation from you as to the basis of your request. The Practice is not required to agree to requests for confidential communications where those requests are unreasonable.

You must make a request for confidential communications in writing to the Practice's Privacy Officer. The request must tell us how you would like to be contacted (for example, by regular mail to your office and not to your home). In addition, if another individual or entity is responsible for payment for your services, the request must explain how payment will be handled.

C. **Right to Inspect and Copy** - You have the right to request the opportunity to inspect and receive a copy of your protected health information that we maintain in a designated records set, which includes medical and billing records and other records used by the Practice in making certain decisions about you. This right is subject to limitations, such as limitations on access to psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding, and we may deny your request only in certain circumstances. The Practice may impose a

reasonable charge for the copying, postage, waiver and supplies involved in providing copies in accordance with federal and state law.

If you wish to exercise your right to inspect and copy, you must submit a written request to the Practice's Privacy Officer, which request must include (1) a description of the protected health information to which access is requested; (2) describe how you want to access the information, such as by inspecting the information at our office or requesting a copy of the information by mail; (3) specify any requested form or format, such as a paper copy or submission in electronic form; and (4) include the location at which you want the requested information to be sent, if applicable.

D. **Right to Amend Protected Health Information** - You have the right to request that the Practice amend protected health information that we maintain about you in a designated records set if the information is incorrect or incomplete. However, your right to amend protected health information is subject to limitations. In order to request the amendment, you must submit a written request to the Practice's Privacy Officer, which must specify each change that you want to make and provide a reason to support each requested change. The Practice may deny your request for amendment in certain cases, including if it is not in writing or if you do not give the Practice a reason for the request. If we deny your request for an amendment, you have a right to file a statement of disagreement with us; we may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal.

E. **Right to Receive an Accounting of Disclosures** - You have the right to request an accounting of certain disclosures that the Practice has made of protected health information about you. This is a list of disclosures made by us during a specified period of up to six (6) years *other than* disclosures made: for treatment, payment and health care operations; for use in or related to a facility directory; to family members or friends involved in your care; to you directly; pursuant to an authorization made by you or your personal representative; or for certain notification purposes (including but not limited to national security, intelligence, correctional or law enforcement purposes). The right to receive this information is subject to certain exceptions, restrictions and limitations. Your right to receive the information regarding these disclosures is limited to those made after April 14, 2003. If you wish to make a request for an accounting, please make a written request to the Practice's Privacy Officer identified in this Notice. The first list that you request in a twelve (12) month period will be free, but we may charge you for all reasonable costs of providing additional lists in the same twelve (12) month period. We will tell you about these costs at the time you make such a request, and you may choose to cancel your request at any time before incurring any costs.

F. **Right to Obtain a Paper Copy of Notice** - You have the right to receive a paper copy of this Notice at any time. This right applies even if you have previously agreed to receive this Notice electronically. Please contact our Privacy Officer in writing to obtain a paper copy of this Notice.

VI. COMPLAINTS

If you believe that the Practice has violated your privacy rights, you may submit a complaint to the Practice or the Secretary of Health and Human Services. To file a complaint with the Practice, please submit the complaint in writing to our Privacy Officer at the address listed at the end of this Notice. The Practice's Privacy Officer will provide you with the contact information for the Secretary of Health and Human Services upon request. The Practice will not retaliate or take action against you for filing such a complaint.

VII. QUESTIONS

If you have any questions about this Notice, please contact our Privacy Officer at the address and telephone number listed below.

VIII. PRIVACY OFFICER CONTACT INFORMATION

You may contact our Privacy Officer at the following address and telephone number:

David N. Horwich, MD

Rehabilitation Associates of the Main Line, P.C.
414 Paoli Pike
Malvern, PA 19355
484-596-7869

This Notice of Privacy Practices was published and first became effective on April 14, 2003.

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