

Lebanon Internal Medicine Associates, p.c.

755 Norman Drive
Lebanon, PA 17042
717-273-6706

NOTICE OF PRIVACY PRACTICES

LEBANON INTERNAL MEDICINE ASSOCIATES

Effective date: April 14, 2003

Added date: February 17, 2010

THIS NOTICE EXPLAINS HOW YOUR MEDICAL INFORMATION IS COMMUNICATED WITHIN THE OFFICE, DISCLOSED TO OTHER ENTITIES INVOLVED IN YOUR CARE, AND HOW YOU, THE PATIENT, CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE READ CAREFULLY

If you have questions regarding this notice, you may contact the Privacy Officer at:

Address: Attention: Privacy Officer
Lebanon Internal Medicine Associates, p.c.
755 Norman Drive
Lebanon, PA 17042

Telephone: (717) 273-6706 – HIPAA Privacy Officer

Facsimile: (717) 202-0288

I. YOUR PROTECTED HEALTH INFORMATION

Lebanon Internal Medicine Associates (LIMA) is required by the federal privacy rule to maintain the privacy of health information that is protected by the rule, and to provide you with notice of our legal duties and privacy practices with respect to your protected health care information (PHI). We are required to abide by the terms of the notice currently in effect.

Generally speaking, your PHI is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you. Your PHI includes your name, address, phone number, social security number, etc. Your medical and billing records are also examples of information that usually will be regarded as your PHI.

II. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment, and health care operations

This section describes how LIMA may use and disclose your PHI. Under the law, the Practice may use and disclose your health information for many different reasons that fall under the categories of treatment, payment, and health care operations. Please note, the Practice may not use or disclose your health information for any reason except those described in this notice, without a written authorization, except as required by law.

You, the patient, reserve the right to give LIMA written authorization to use or disclose your health information to anyone for any purpose. If you submit an authorization to LIMA, you have the right to revoke it at any time by submitting a written revocation.

B. Notice of Security breach.

The patient has the right to receive notice of any breach of the Privacy or Security Rules with regard to his or her PHI.

1. Treatment

LIMA may use and disclose your PHI for LIMA treatment purposes as well as the treatment purposes of other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures include:

- During an office visit, practice physicians and other staff involved in your care may review your medical record and share and discuss your medical information with each other.
- We may share and discuss your medical information with an outside physician to whom we have referred you for care through email, fax transmission, or the U.S. Postal Service.
- We may share and discuss your medical information with an outside physician with whom we are consulting regarding your care through email, fax transmission, or the U.S. Postal Service.
- A prescription may be ordered for the continuity of your care according to physician instruction. We will communicate prescriptions via U.S. Postal Service, fax machine, and telephone.
- We may share and discuss your medical information with an outside radiology center (Priority Care Radiology Center, Hershey Medical Center, or The Good Samaritan Hospital (GSH)) or other health care facility where we have referred you for testing.
- We will transport by courier and/or employee your PHI to the Good Samaritan Hospital in order to have your x-rays interpreted by a radiologist.
- We may have to send your blood to a reference laboratory for testing. The laboratories LIMA participates with are Quest, Good Samaritan Hospital, and The Hershey Medical Center. A majority of these orders are entered into computers supplied by these laboratories and transmitted directly to those labs. If electronic transmission is not feasible, orders will be written on lab requisitions, placed with the specimen, and prepared for transport.
- We will transport by courier, laboratory specimens being tested at one of our outside labs or satellite offices. We will place the specimens into a carrier suitable for transportation and distribute the specimen to the appropriate location.
- Laboratory results from Quest Laboratories will be transmitted directly to LIMA and will be routed by LIMA laboratory staff. Results from GSH and The Hershey Medical Center will be delivered via courier enclosed in an envelope and handed to a member of the LIMA laboratory staff.
- You, the patient, have the right to request a copy of your lab results. You will be asked to fill out a release form for this information. When your physician has finished reviewing your results, they will be mailed to you via U.S. Postal Service.
- We may share and discuss your medical information with an outside home health agency, durable medical equipment agency, or other health care provider to whom we have referred you for health care services and products.
- There may be times when LIMA will be required to communicate via language interpreter or interpretation through American Sign Language.
- We may share and discuss your medical information with a hospital or other health care facility for the purposes of treatment and/or admission.
- We may share and discuss your medical information with another health care provider who seeks this information for the purpose of treating you.
- We will verify patient information at the time of check-in. We will verbally verify your name, address, telephone number, and insurance type. In order to maintain the privacy of your information, all patients waiting to check in for an appointment will be asked to wait at a predetermined point until the receptionist is available to assist them.
- We will ask for photo identification at each visit to protect our patients from fraud abuse. However, we can take a photo to be attached to your electronic chart – then we will no longer need to see photo ID at each encounter.

- We may call patients by their first and last name from the waiting room when it is time for them to go to an examining room.
- We may contact you, the patient, to provide appointment reminders, stating the name of our office or the physician you are seeing, as well as the date and time of your appointment. If we would reach an answering machine or voice mail, we will leave a brief message stating the date and time of your appointment, the office name or the name of the physician you are seeing, as well as a phone number to call back with any questions. If you prefer our office not to leave a message, please contact the LIMA privacy officer at 717/273-6706.
- We may transport by courier and/or LIMA employee your PHI when your medical information is transcribed and/or billed by one of our remote transcriptionists or by an off-site billing department representative.
- Patient's paper charts will be at times, transported to off-site locations for continuity of care. These locations include the satellite offices in Hershey and Manheim and the Good Samaritan Hospital. At some point in time this will no longer be the practice when EMR (electronic medical records) is completely implemented.
- We may use the intranet email system within the office to communicate PHI for the purpose of your visits and health care with LIMA physicians and staff.
- We may request a verbal authorization to disclose PHI over the telephone with someone other than you, the patient, if a written authorization cannot be obtained at that moment. A written authorization will be obtained at the next office visit.
- Excuses for work or school may be faxed or emailed to the location specified. The school will need a parent/guardian's permission if the student is eighteen years of age or younger.
- In the event that an ambulance needs to be called for your care at the time of your visit, we will share your medical information with the ambulance personnel.
- We may at times have medical information relayed to us through our answering service.
- If a family member or friend would contact the office or request to speak with you, the patient, we will not deny or confirm your absence or presence at LIMA. However, we will notify the individual of the Federal privacy regulations that restrict us from releasing your whereabouts. We will offer to take the name and phone number of the individual requesting your attention and have you, the patient, return the phone call if appropriate.

2. Payment

LIMA may use and disclose your PHI for payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. Examples of payment uses and disclosures include but are not limited to:

- Sharing information with your health insurer to determine whether you are eligible for coverage or whether proposed treatment is a covered service.
- Contacting you, the patient, via telephone, fax, or the U.S. Postal Service to assist in the payment of your medical bill.
- Discussing payment methods with you at the time of service.
- Discussing payment plans and/or collection policies with a billing representative via telephone, U.S. Postal Service, or in person.
- Submission of a claim form to your health insurer or via electronic transmission through our software vendor.
- Providing supplemental information to your health insurer so that your health insurer can obtain reimbursement from another health plan under a coordination of benefits clause in your subscriber agreement for example, Blue Cross is primary and Health America is secondary).

- Sharing your demographic information (for example, your address, phone number, or date of birth) with other health care providers who seek this information to obtain payment for health care services provided to you.
- Mailing bills in envelopes with the LIMA logo and return address.
- Provision of a bill to a family member or other person designated as responsible for payment for services rendered to you (referred to as the guarantor or policy holder).
- Providing medical records and other documentation to your health insurer to support the medical necessity of health care.
- Allowing your health insurer access to your medical record to assess for medical necessity documentation or quality review audit.
- Providing consumer reporting agencies with credit information (for example: your name and address, date of birth, social security number, payment history, account number, and the LIMA logo and address).
- Providing information to a collection agency or the Practice attorney for purposes of securing payment of a delinquent account.
- Disclosing information in a legal action for purposes of securing payment of a delinquent account.

3. Health care operations

LIMA may use and disclose your PHI for health care insurance purposes as well as certain health care quality assurance purposes of other health care providers and health plans. Some examples of health care operation purposes include but are not limited to:

- Quality assessment and improvement activities.
- Population based activities relating to improving health or reducing health care costs.
- Reviewing the competence, qualifications, or performance of health care professionals.
- Conducting training programs for medical and other health sciences students.
- Accreditation, certification, licensing, and credentialing activities.
- Health care fraud and abuse detection and compliance programs.
- Conducting other medical review, legal services, and auditing functions.
- Business planning and development activities, such as conducting cost management and planning related analyses. This law strictly prohibits the sale of PHI for sales or marketing purposes without a signed authorization from the individual whose PHI is requested.
- Other business management and general administrative activities, such as compliance with the federal privacy rule and resolution of patient grievances.

B. Uses and disclosures for other purposes

LIMA may use and disclose your PHI for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category – not just the category under which they are listed.

1. Individuals involved in your care

The Practice may disclose your PHI to someone involved in your care, such as a spouse, a family member, or close friend. You will be required to complete a personal representative form in order for LIMA to disclose your medical information with the abovementioned individuals. If the patient's signature cannot be obtained due to extenuating circumstances, a verbal authorization will

suffice but should be documented and a written authorization should be obtained at the next office visit. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.

2. Personal Representative

You may designate someone to be informed of your medical condition. Your personal representative may be your legal guardian, someone who has power of attorney over your health care decisions or your parent if you are an unemancipated minor under the age of 18. You will be required to complete a personal representative form in order to permit LIMA to share this information with your personal representative.

3. Notification purposes

LIMA may use and disclose your PHI 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, we may notify a family member of the hospital and your general condition. In addition, we may disclose your PHI to a disaster relief entity, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

4. Required by law

The Practice may use and disclose PHI when required by federal, state, or local law. For example, we may disclose PHI to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device-related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments, and blood alcohol testing.

5. Other public health activities

We may use and disclose PHI for public health activities, including:

- Public health reporting, for example, communicable disease reports.
- Child abuse and neglect reports.
- FDA-related reports and disclosures, for example, adverse event reports.
- Public health warnings to third parties at risk of a communicable disease or condition.
- OSHA requirements for workplace surveillance and injury reports.

6. Victims of abuse, neglect or domestic violence

We may use and disclose PHI for purposes of reporting abuse, neglect or domestic violence in addition to child abuse, for example, reports of elder abuse to the Department of Aging or abuse of a nursing home patient to the Department of Public Welfare.

7. Health oversight activities

We may use and disclose PHI for purposes of health oversight activities authorized by law. These activities could include audits, inspections, investigations, licensure actions, and legal proceedings. For example, we may comply with a Drug Enforcement Agency inspection.

8. Judicial and administrative proceedings

We may use and disclose PHI in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is an issue.

9. Law enforcement purposes

We may use and disclose PHI for certain law enforcement purposes including but not limited to:

- Comply with legal process, for example, a search warrant.
- Comply with a legal requirement, for example, mandatory reporting of gun shot wounds.
- Respond to a request for information for identification/location purposes.
- Respond to a request for information about a crime victim.
- Report a death suspected to have resulted from criminal activity.
- Provide information regarding a crime on the premises.
- Report a crime in an emergency.

10. Coroners and medical examiners

We may use and disclose PHI for purposes of providing information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law.

11. Funeral directors

We may use and disclose PHI for purposes of providing information to funeral directors as necessary to carry out their duties.

12. Organ and tissue donation

For purposes of facilitating organ, eye and tissue donation and transplantation, we may use and disclose PHI to entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue.

13. Threat to public safety

We may use and disclose PHI for purposes involving a threat to public safety, including protection of a third party from harm and identification and apprehension of a criminal. For example, in certain circumstances, we are required by law to disclose information to protect someone from imminent serious harm.

14. Specialized government functions

We may use and disclose PHI for purposes involving specialized government functions including but not limited to:

- Military and veterans activities.
- National security and intelligence.
- Protective services for the President and others.
- Medical suitability determinations for the Department of State.
- Correctional institutions and other law enforcement custodial situations.

15. Worker's Compensation and similar programs

We may use and disclose PHI as authorized by and to the extent necessary to comply with laws pertaining to Worker's Compensation or similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault. For example, this would include submitting a claim for payment to your employer's Worker's Compensation carrier if we treat you for a work injury.

16. Business associates

Certain functions of the Practice are performed by a business associate such as a computer company, an accounting firm, or a law firm. We may disclose PHI to business associates and allow them to create and receive PHI on behalf of the Practice. For example, the billing software company, Scinet, may have access to your PHI in the process of repairing the office computer system.

17. Creation of de-identified information

LIMA may use PHI about you in the process of de-identifying the information. For example, we may use your PHI in the process of removing those aspects which could identify you so that the information can be disclosed to a researcher without your authorization.

“Limited Data Set” HIPAA’s Privacy Rule makes provisions for a "limited data set," authorized only for public health, research, and health care operations purposes. A limited data set must have all 16 direct identifiers removed, including: **Names, street addresses (other than town, city, state and zip code), telephone numbers, fax numbers, email addresses, social security numbers, medical records numbers, health plan beneficiary numbers, account numbers, certificate license numbers, vehicle identifiers and serial numbers including license plate numbers, device identifiers and serial numbers, URLs, IP address numbers, biometric identifiers (including finger and voice prints) and full face photos (or comparable images)**

18. Incidental disclosures

We may disclose PHI as by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged in the waiting room.

C. Uses and disclosures with authorization

For all other purposes which do not fall under a category listed under sections III.A and III.B, we will obtain your written authorization to use or disclose your PHI. Your authorization can be revoked at any time except to the extent that we have relied on the authorization.

III. PATIENT PRIVACY RIGHTS

A. Further restriction on use or disclosure

You have the right to ask that the Practice place additional limits on the use and disclosure of your health information; however the Practice is not required to agree to all requests.

To request a further restriction, you must submit a written request to the Medical Information Services Manager, the Privacy Officer, or your physician. The request must indicate: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.

B. Confidential communication

You have a right to request that the Practice communicate your PHI to you by a certain means or at a certain location. For example, you might request that the Practice only contact you by mail or at work. The Practice is not required to agree to requests pertaining to confidential communications that are deemed unreasonable. You will be made aware if your request cannot be attended to.

To make a request for confidential communications, you (the patient) must submit a written request to the Privacy Officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

C. Accounting of disclosures

You have a right to obtain, upon request, an "accounting" of certain disclosures of your PHI by LIMA (or a business associate of the Practice). This right is limited to disclosures within six years of the request and other limitations. Also in limited circumstances you may be charged for the supplies involved in copying. To request an accounting, you must submit a written request to the Medical Information Services Manager, Privacy Officer, or your physician. The request should designate the applicable time period. Requests for disclosures will be granted for designated time periods beginning April 14, 2003.

D. Inspection and copying

You have a right to inspect and obtain a copy of your PHI that are maintained in the medical records department. This right is subject to limitations and a fee may apply for the cost of labor and supplies involved in providing copies.

To exercise your right of access, you must submit a written request to the Medical Information Services Manager or your physician. The request must: (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, copy/ mailing of copy, (c) specify any requested form or format, such as paper copy or an electronic means, and (d) include the mailing address, if applicable. If someone other than the patient will be picking the information up from the office, photo identification will be required of the individual along with written permission from the patient.

If all requirements are met, you will be allowed to inspect and copy the medical information requested in a secure area with an appropriate member of the Medical Information Services department present at all times.

The patient has the right to request that a copy of their EMR be forwarded to a third party who is specifically and adequately identified.

E. Right to amendment

You have a right to request that amendments to PHI that are maintained concerning your health if you perceive the information is incorrect or incomplete. This right is subject to limitations and approval by the practitioner. To request an amendment, you must submit a written request to the Medical Information Services Manager or your physician. The request must specify each change that you want and provide a reason to support each requested change.

IV. CHANGES TO THIS NOTICE

Lebanon Internal Medicine Associates (LIMA) reserves the right to change this notice at any time. LIMA further reserves the right to make any change effective for all PHI that is maintained at the time of the change – including information that was created or received prior to the effective date of the change.

A copy of the current Notice of Privacy Practices will be available in the patient waiting room, and in each exam room. Patients will also be able to access this notice at our web site at www.limaonline.net at a future date.

V. COMPLAINTS

If you believe that LIMA 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 the Privacy Officer. LIMA will provide patient complaint forms at the request of a patient. LIMA's patient complaint process can be found in the waiting room of the Practice. Patient's access to care will not be affected if a complaint is filed.

VI. LEGAL EFFECT OF THIS NOTICE: This notice is not intended to create contractual or other rights independent of those created in the Federal Privacy Rule.

02/17/2010