

SUBURBAN UROLOGIC ASSOCIATES

NOTICE OF PRIVACY PRACTICES

As Required by the regulations written for the Health Insurance Portability and Accountability Act of 1996 (HIPM)

THIS NOTICE TELLS HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND TOLD TO OTHERS, AND HOW YOU CAN GET HEALTH INFORMATION ABOUT YOU

PLEASE READ THIS NOTICE CAREFULLY.

Our Promise About Your Privacy

Suburban Urologic Associates ("SUA") promises to try to maintain the privacy of your health information. For the purposes of this document we will refer to your identifiable health information as Protected Health Information. SUA will make and keep records about you and the treatment and services

SUA gives to you. SUA will try to keep the confidentiality of this Protected Health Information. SUA gives you this notice of our duties to describe what SUA does with your Protected Health Information.

This notice gives you the following important information:

How SUA may use and tell others about your Protected Health Information
Your privacy rights regarding your Protected Health Information
SUA's duties concerning the use and disclosures of your Protected Health Information

The terms of this notice apply to all records containing your Protected Health Information that are created or kept by Suburban Urologic Associates. SUA may change this notice at any time. Any change to this notice will apply to all Protected Health Information SUA will make and keep in the future effective on the publication or revision date. SUA will post a copy of this notice as it is now or as it might be changed in an easy to see place, and you may request a copy any time.

Understanding Your Protected Health Information

Each time you visit a hospital, doctor, or other person who gives you health care at Suburban Urologic Associates, a record of your visit is made. Usually this record contains information about who you are and where you live, your health problems, the examination and test results done to you, what the doctors think is wrong with you, your treatment and a plan for future care. This information, called your Protected Health Information, serves as a way to:

- plan your care and treatment
- communicate between the doctors and others who take care of you
- make a record telling about the care you got
- show that what SUA billed to you or your insurance was actually given to you
- teach student doctors and others who take care of patients
- do medical research

- tell public health officials about things to improve the health of the nation
- let SUA tell you about what SUA can do for you
- let SUA measure and improve the care SUA gives you

Understanding what is in your Protected Health Information and how it is used helps you to:

- make sure it is right
- better understand who, what, when, where, and why others may look at your Protected Health Information
- make better decisions about who else can look at your Protected Health Information

Your Rights

Although your record is the property of SUA, the Protected Health Information in it belongs to you. You have the right to:

- ask that it not be used or told to anybody else for some reasons
- get a paper copy of this notice
- look at and copy your record
- ask for a change to your record
- get an explanation from SUA of who SUA has shown your Protected Health Information to
- take back any authorization you gave SUA to use or tell others your Protected Health Information unless it has already been done.

Your Rights About Your Protected Health Information

You have these rights about the Protected Health Information that Suburban Urologic Associates keeps about you:

- 1, Confidential Communications, You have the right to ask that SUA tell you about your health and other Protected Health Information in the way you like and the place you want. For instance, you may ask that SUA contact you at home, rather than at work. In order to ask for a type of confidential communication, you must ask in writing to the Privacy Officer at 2580 Haymaker Road, #401, Monroeville, PA 15146 saying how or where, or both, you want to be contacted. SUA will do it if it's reasonable. You do not need to tell SUA why you are asking.
2. Asking for Restrictions. You have the right to ask that SUA only use or tell others your Protected Health information so that SUA can take care of you, get paid, or manage its business. Additionally, you have the right to ask that SUA only tell your Protected Health Information to people involved in your care or the payment for your care, such as family members and friends. SUA does not have to say yes to what you ask; however, if SUA does say yes, it must do what it said unless required by law, in emergencies, or when the information is necessary to take care of you. In order to ask for a restriction on SUA's use or disclosure of your Protected Health Information, you must ask in writing to the Privacy Officer at 2580 Haymaker Road, #401, Monroeville, PA 15146. You have to

write: (a) what you want restricted; (b) whether you are asking SUA not to use, tell others, or both; and (c) who you don't want to use or be told your Protected Health Information.

3. **Inspection and Copies.** You have the right to look at and get a copy of your Protected Health Information, including medical records and billing records, but not including psychotherapy notes, social service notes and risk management litigation records. You must fill out a SUA form called an authorization form in order to look at and /or get a copy of your Protected Health Information. SUA may charge you money for the costs of copying the records you request. SUA may say no when you ask to look at and/or copy your Protected Health Information sometimes; but you may ask for a review of that if it happens. These reviews will be conducted by a licensed health care professional chosen by SUA.
4. **Changes.** You may ask SUA to change your Protected Health Information if you think it is wrong or not complete, and you may ask for a change for as long as your Protected Health Information is kept by or for SUA. To ask for a change, you have to fill out a SUA form called an amendment form in writing and give or mail it to the Privacy Officer at 2580 Haymaker Road, #401, Monroeville, PA 15146. You must tell SUA what is wrong or not complete. SUA may say no if you do not fill out the whole form. Also, SUA may say no if SUA thinks (a) your Protected Health Information is accurate and complete; (b) what you ask is not about your Protected Health Information; or (c) is about Protected Health Information that SUA didn't make.
5. **Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures." An "accounting of disclosures" is a list of who SUA has told your Protected Health Information to and what SUA told them. The list will NOT include disclosures SUA told others so that SUA could take care of you, get paid, manage its business or which you requested by an Authorization per #8 below in this section. In order to obtain an accounting of disclosures, you must fill out the SUA form called an accounting form and give it or mail it to the Privacy Officer at SUA, 2580 Haymaker Road, #401, Monroeville, PA 15146. All accounting forms must state the period of time you want the list for, which cannot be more than six years or before April 14, 2003. The first list you ask for within a 12-month period is free, but SUA will charge you for additional lists within the same 12-month period. SUA will notify you of the costs involved each time you ask, and you may decide not to ask if you don't want to pay.
6. **Right to a Paper Copy of This Notice.** You may ask for a copy of this notice any time. To get a paper copy of this notice, contact the Privacy Officer at SUA, 2580 Haymaker Road, #401, Monroeville, PA 15146.
7. **Right to File a Complaint.** If you think your privacy rights have not been followed, you may file a complaint with SUA or with the Secretary of the Department of Health and Human Services of the United States. To file a complaint with SUA, contact the Privacy Officer at 2580 Haymaker Road, #401, Monroeville, PA 15146. All complaints must be in

writing. You will not be penalized for filing a complaint, and SUA will still take care of you no differently because you file a complaint.

8. Right to Give an Authorization for Other Uses and Disclosures, SUA will get your permission in writing (called an "authorization") any time SUA wants to use or tell somebody else your Protected Health Information in a way not told to you in this notice or permitted by the law. Any authorization you provide regarding the use and telling of your Protected Health Information you may take back at any time. This must be done in writing by contacting the Privacy Officer at SUA, 2580 Haymaker Road, #401, Monroeville, PA 15146. After you take back your authorization, SUA will not use or tell your Protected Health Information the way you said SUA could in the authorization. SUA will still keep all records of your care.

SUA Responsibilities

SUA

- o Keep your health information private
- o Give you this notice
- o Do what it says in this notice
- o Tell you if SUA cannot do what you ask about your Protected Health Information Do what you ask about your Protected Health Information if it is reasonable

SUA will not use or disclose your Protected Health Information without your permission, except as it says in this notice.

SUA Will Use and Disclose Your Protected Health Information in These Ways

1. Treatment. SUA will use your Protected Health Information to take care of you. For example, you may get lab tests (such as blood or urine tests), and the results may be used to help reach a diagnosis. SUA might use your Protected Health Information in order to write a prescription for you, or might tell your Protected Health Information to a pharmacy when calling and ordering a prescription for you. Many of the people who work for SUA - including doctors, nurses, and others - may use or tell your Protected Health Information in order to treat you or to help others in your treatment. There may also be doctors, nurses, therapists and others who do not work for SUA who take care of you after you come to SUA who SUA will give your Protected Health Information if they need it to take care of you. Also, SUA may tell your Protected Health Information to others who may help in your care, such as your spouse, children or parents (unless you indicate otherwise).
2. Payment. SUA will use and disclose your Protected Health Information in order to bill and get paid for the services and things you may receive from SUA. For example, SUA may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and SUA may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. SUA also may use and tell your Protected Health

Information to obtain payment from third parties that may be responsible for such costs, including family members, insurance companies, HMOs, etc.

3. **Health Care Operations.** SUA will use and disclose your Protected Health Information to manage its business, called "operations". As examples of the ways in which we may use and tell your information for operations, SUA may use your Protected Health Information to evaluate the quality of care you received from SUA, to conduct cost-management and business planning activities, or to maintain or update a disease or condition registry.
4. **Appointment Reminders.** SUA will use and disclose your Protected Health Information to contact you and remind you of an appointment.
5. **Treatment Options.** SUA will use and disclose your Protected Health Information to tell you the different ways you can be taken care of.
6. **Health-Related Benefits and Services.** SUA will use and disclose your Protected Health Information to tell you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** SUA may tell your Protected Health Information to a friend or family member who is helping you pay for your health care, or who assists in taking care of you, unless you tell SUA not to do so.
8. **Disclosures Required by Law.** SUA will use and disclose your Protected Health Information when required to do so by federal, state or local law.
9. **Law Enforcement.** SUA may disclose Protected Health Information if asked to do so by a law enforcement official:

Regarding a crime victim in certain situations

Concerning a death which might have resulted from criminal conduct

Regarding criminal conduct at SUA facilities

In response to a warrant, summons, court order, subpoena or similar legal process

To identify/locate a suspect, material witness, fugitive or missing person

In an emergency, to report a crime (Including the location or victim(s) of the crime, or the description, identity or location of the person responsible.)

10. **Deceased Patients.** SUA may tell Protected Health Information to a medical examiner or coroner to identify a dead person or to identify the cause of death. If necessary, SUA will tell Protected Health Information to funeral directors to perform their jobs.
11. **Organ and Tissue Donation,** SUA may tell Protected Health Information to organizations that handle organ, eye or tissue donation and transplantation, including organ donation banks, as necessary, to help organ or tissue donation and transplantation if you are an organ donor or potential recipient.
12. **Research.** SUA may use and disclose your Protected Health Information sometimes for research purposes. SUA will obtain authorization to use your Protected Health Information for

research purposes except when: (a) using or telling without an authorization was approved by an Institutional Review Board or a Privacy Board; (b) SUA gets the assurance of a researcher that the information is necessary for the research study and the use or telling of your Protected Health information is only to prepare a research study, and the researcher cannot take any of your Protected Health Information off our property; or (c) the Protected Health Information sought by the researcher only relates to deceased people and the researcher agrees that the use or telling is necessary for the research and, if asked, to provide proof of death prior to access of the Protected Health information of the deceased people.

13. **Serious Threats to Health or Safety.** SUA may use and 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, SUA will only tell your Protected Health Information to the person or organization able to help prevent the threat.
14. **Military.** SUA may disclose your Protected Health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
15. **Education.** SUA may use and disclose your Protected Health Information in the course of training people to become doctors, nurses, and other kinds of health care providers.
16. **Clergy.** SUA may tell your Protected Health Information to ministers, priests or other clergy in order to help them take care of your spiritual needs.