



Attune Philadelphia Therapy Group

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2018

THIS NOTICE DESCRIBES

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

**PLEASE REVIEW THIS NOTICE CAREFULLY AND IF YOU HAVE ANY
QUESTIONS ABOUT THE NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected health information” (or “PHI” for short) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services including the payment for your health care.

We are required by law to maintain the privacy of your PHI and to provide you with this notice informing you of our legal duties and privacy practices with respect to your PHI. We are also required by law to notify affected individuals following a breach of their unsecured PHI. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices at the time of your next appointment. We will also post the revised notice in our office and on our website.

A. Confidentiality of Your PHI. Your PHI is confidential. We are required to maintain the confidentiality of your PHI by the following federal and Pennsylvania laws.

1. The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Department of Health and Human Services issued the following regulations: “Standards for Privacy of Individually Identifiable Health Information”. We call these regulations the “HIPAA Privacy Regulations”. We may not use or disclose your PHI except as required or permitted by

the HIPAA Privacy Regulations. The HIPAA Privacy Regulations require us to comply with Pennsylvania laws that are more stringent and provide greater protection for your PHI.

2. Pennsylvania Confidentiality Laws. Pennsylvania laws may provide greater protection for your PHI than the HIPAA Privacy Regulations. For example, we are not permitted to disclose or release PHI in response to a Pennsylvania subpoena. Also, any information acquired by a licensed psychologist in the course of your treatment that is in our PHI is privileged under Pennsylvania law and we may not release this information without your authorization or court order. We will comply with the Pennsylvania laws that are more stringent than the HIPAA Regulations and provide greater protection for your PHI.

3. Confidentiality of Drug and Alcohol Abuse Records. For individuals whose records include information relating to drug or alcohol abuse or dependency, Pennsylvania laws provide more protection for your PHI than the HIPAA Privacy Regulations. We will comply with the federal and Pennsylvania laws that are more stringent than the HIPAA Privacy Regulations and provide greater protection for your PHI.

B. Uses and Disclosures of Protected Health Information

1. We may use and disclose your PHI for treatment, payment and health care operations. Your PHI may be used and disclosed by those individuals in our office who are involved in your care and treatment for the purpose of providing services to you. Following our examples of the types of uses and disclosures of your PHI that our office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

(a) For Treatment. We may use your PHI to ensure that you are receiving appropriate services.

(b) For Payment. We will use and disclose your PHI to obtain payment for our services.

(c) For Health Care Operations. We may use and disclose your PHI in order to carry out health care operations. For example, your PHI is used for: business management and general administrative duties; quality assessment and improvement activities; medical, legal, and accounting reviews; business planning and development; licensing; training, and for state/federal oversight purposes.

We will disclose identifiable health information only to the extent reasonably necessary to perform the above-mentioned activities of our practice. In some instances, we may need to use or disclose all of the information, while other times, we may need to use or disclose only certain information.

C. Uses and Disclosures Requiring A Written Authorization

We may only use or disclose PHI for purposes outside of treatment, payment, and health care operations or as provided below in Section D when your appropriate authorization is obtained.

You may revoke all such authorizations at any time provided each revocation is in writing. You may not revoke an authorization to the extent that we have relied on that authorization and disclosed the PHI.

D. Uses and Disclosures Without An Authorization

We may use or disclose PHI without your authorization in the following circumstances:

- **As Required by Law.** We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request.
- **We may disclose PHI for disaster relief purposes.** We may use or disclose your PHI to a public or private agency authorized by law or charter to assist in disaster relief efforts such as the American Red Cross.
- **Public Health.** If required by federal or Pennsylvania law, we will disclose your PHI for public health activities.
- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, civil, administrative or criminal investigations, inspections, and licensing activities.
- **Child Abuse:** We are required by law to report suspected child abuse
- **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a request is made about the services we provided you or the records thereof, such information is privileged under state law, and we will not release the information without a written authorization, or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.
- **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties.
- **Organ Donation.** PHI may be used and disclosed to organ procurement organizations for cadaveric organ, eye or tissue donation purposes.

- **Research.** If we disclose your PHI for research, we will comply with federal and Pennsylvania law regarding such disclosures. An authorization will also be obtained from you.
- **HIPAA Compliance.** We are required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the Privacy Regulations.

E. Your Rights Regarding Your PHI

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights. Any requests with respect to these rights must be made in writing and sent to our Privacy Officer.

- **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of protected health information about you such as not disclosing PHI to family members. However, we are not required to agree to a restriction you request, other than a request not to submit an invoice to your insurance company.
- **Right to Receive Confidential Communications by Alternative Means and At Alternative Locations.** You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. For example, upon your request, we will send your bills to an address other than your own. We will accommodate reasonable written requests.
- **Right to Inspect and Copy.** You have the right to inspect or obtain a copy (or both) of PHI in our records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. At your request, we will discuss with you the details of the request and denial process.
- **Right to Amend.** You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. At your request, we will discuss with you the details of the amendment process.
- **Right to an Accounting.** You generally have the right to receive an accounting of disclosures of PHI for purposes other than TPO for which you have not provided an authorization.
- **Right to a Paper Copy.** You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.
- **Marketing and Sale of your PHI.** We will not engage in any marketing activities, as that term is defined under HIPAA and we will not disclose your PHI to any third party for financial gain (directly or indirectly) without your authorization. We will not sell your PHI without your express written authorization.

F. Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made concerning access to your records, you may contact:

Eric Spiegel, Ph.D., President & Practice Director of Attune Therapy Group, PC: (215) 564-9900

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request.

G. Effective Date, Restrictions and Changes to Privacy Policy

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by your next visit after the revision has taken place.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I have received, read, and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that you may change your Notice of Privacy Practices from time to time and that I may contact you at any time to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

YOUR SIGNATURE BELOW INDICATES THAT YOU ACKNOWLEDGE THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

Patient Name: _____

Signature: _____

Date: _____