



Pathways to Health  
Wellness Center

## NOTICE OF PRIVACY PRACTICES

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**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please read carefully and sign.**

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Your practitioner is required by applicable federal and state law to maintain the privacy of your health information. They are also required to give you this Notice about their privacy practice, legal duties, and your rights concerning your health information. Your practitioner must follow the practices that are described in this Notice while it is in effect.

Your practitioner reserves the right to change their privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. Your practitioner reserves the right to make the changes in the privacy practices and the new terms of the Notice effective for all health information that they maintain, including health created or received before changes were made. Before making significant changes in privacy policies, this notice will be changed and made it available to you upon request.

### **YOUR PRACTITIONER MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU FOR:**

**Treatment:** Your practitioner may disclose your health information to a physician or healthcare provider delivering treatment to you.

**Payment:** Your practitioner may discuss your health information with your health insurer to verify that you are eligible for benefits if you are seeking reimbursement from your insurer.

**Healthcare Operations:** Your practitioner may disclose medical information about you for various practice functions such as reviewing the equality of care delivered, education or treatment planning.

**Appointment Reminders:** Your practitioner may use or disclose your health information to provide you with appointment reminders (such as voice messages, messages left with household members, postcards.etc.).

**Business Associates:** Your practitioner may provide your medical information to outside parties so they can perform certain functions on their behalf (e.g., ordering herbal prescriptions).

**Health Related Benefits and Services:** Your practitioner may use and disclose medical information to tell you about health related benefits or services that may be of interest to you.

**Your Authorization:** You may give written authorization to use your health information or to disclose it to anyone for any purpose. If you give your practitioner authorization, you may revoke it in writing at any time. Your revocation will not effect any use or disclosures permitted by your authorization while it was in effect. Unless you give your practitioner authorization, they cannot use or disclose your health information for any reason except those described in this Notice.

**Your Family and Friends:** Your practitioner may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or for payment of your healthcare, but only with your permission.

**Marketing Health- Related Services:** Your practitioner will not use your health information for marketing purposes without your authorization.

**Judicial Proceedings/Law Enforcement:** Your practitioner may disclose medical information about you in response to a court or administrative order, subpoena, discover request or when required to do so by law.

**Abuse or Neglect:** Your practitioner may disclose your health information to appropriate authorities if they reasonably believe that you are a possible victim of abuse, neglect, domestic violence or the possible victim of other crimes. Your practitioner may disclose your health information to the extent necessary to avert serious threats to your health or safety or the health of others.

**Right to Inspect and Copy:** You have the right to inspect and copy medical information that may be used to make decisions about your care. You may make the request in writing to obtain access to your health information.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information your practitioner may use or disclose about you for treatment, payment, or healthcare operations. You also have the right to request that your practitioner limit the medical information disclosed about you to someone who is involved in your care, such as family members or friends. Your practitioner is not required to agree to these restrictions, but if chooses to do so, will abide by the agreement made, except in an emergency. You must make your request to your practitioner in writing.

**Right to Confidential Communications:** You have the right to request that your practitioner communicate to you about your medical matters in a specific way or at a specific location. For example, you may ask to only be contacted at your workplace or via e-mail. Your request must provide satisfactory explanation regarding how payments will be handled under the alternative means or location of your request. The request must be in writing.

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice or the Secretary, please contact the Privacy Officer at (215) 242-6663. You will not be penalized for filing a complaint.



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**ACKNOWLEDGEMENT OF PRIVACY PRACTICES**

I acknowledge that I have received the NOTICE OF PRIVACY PRACTICES of this practice.

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Signature of patient or representative Date

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Print patient name Patient Birth Date

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Practitioner's signature Date