

## ALTERNATIVE CHOICES

319 Vine Street

Philadelphia, PA 19106

(215)592-1333

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

### **Notice of Privacy Practices**

Privacy is a very important concern for all those who come to this office. This notice describes the privacy practices of Alternative Choices. We are required by law to maintain your health information privacy and to provide you with this notice. If you have any questions please feel free to ask.

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### **A. Introduction - Our Commitment to Maintain Your Privacy**

This notice will tell you about how we handle information about you. It tells how we use this information here in this office, and how we may share it with other professionals and organizations involved in your care. We are required to tell you about this because of the privacy regulations of a federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **B. What we mean by your medical information**

A record of the care you receive at this office is created to provide you with quality care and to comply with certain legal requirements. All records of your care generated or received by this office are covered by our privacy policy. The information we collect from you is called, in the law, **Protected Health Information (PHI)**. This information goes into your medical or healthcare record.

We use this information for many purposes. For example, we may use it:

- To plan your care and treatment.
- To decide how well our treatment is working for you.
- When we talk with other healthcare professionals who are also treating you such as your family doctor or the professional who referred you to us.
- To show that you actually received services from us which we billed to you or to your health

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insurance company.

- For teaching and training other healthcare professionals.
- To improve the way we do our job by measuring the results of our work.

Although your health record is the physical property of the healthcare practitioner or facility that collected it, the information belongs to you. You have the right to inspect your PHI. You must submit your request in writing. If there is a cost associated with your request, such as copying information, you may be charged a fee. If there is anything in your record that you think is incorrect or something important is missing you can ask us to amend (add information to) your record, although in some situations we don't have to agree to do that.

### **C. Privacy and the laws**

The HIPAA law requires us to keep your PHI private and to give you this notice of our legal duties and our privacy practices which is called the **Notice of Privacy Practices** or **NPP**. We will obey the rules of this notice as long as it is in effect but if we change it the rules of the new NPP will apply to all the PHI we keep. If we change the NPP we will post the new Notice in our office where everyone can see it. You or anyone else can get a copy of our NPP and it will be posted on our website at [www.alternativechoices.com](http://www.alternativechoices.com).

### **D. How protected health information can be used and shared**

Except in some very special circumstances, when we use PHI here or disclose it to others we share only the **minimum necessary** PHI needed for the purpose.

#### **1. Uses and disclosures *with* consent**

After you have read the NPP you will be asked to sign a separate **Consent form** to allow us to use and share your PHI. In almost all cases we intend to use your PHI here or share your PHI with other people or organizations to provide **treatment** to you, arrange for **payment** for our services, or some other business functions called health care **operations**. Together these routine purposes are called TPO and the Consent form allows us to use and disclose your PHI for TPO (routine purposes).

#### **2. Uses and disclosures requiring your Authorization**

If we want to use your information for any purpose besides the TPO (routine treatment, payment, or healthcare operations) we need your permission on an Authorization form.

If you do authorize us to use or disclose your PHI, you can revoke or cancel that permission, in writing, at any time. After that time we will not use or disclose your information for the purposes that we agreed to. Of course, we cannot take back any information we had already disclosed with your permission or that we had used in our office.

#### **3. Uses and disclosures of PHI Not requiring Consent or Authorization.**

##### **a. When required by law**

There are some federal, state, or local laws which require us to disclose PHI.

- We have to report suspected child abuse
- If you are involved in a lawsuit or legal proceeding and we receive a subpoena, discovery request, or other lawful process we may have to release some of your PHI. We will only do so after trying to tell you about the request, or consulting your lawyer
- We may have to release some information to the government agencies which check to see that

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we are obeying privacy laws

### **b. To prevent a Serious Threat to Health or Safety**

If we come to believe that there is a serious threat to your health or safety or that of another person or the public we can disclose some of your PHI. We will only do this to persons who need to be aware of or who can prevent the danger.

### **4. Uses and disclosures requiring you to have an opportunity to object**

We can share some information about you with your family or close others. We will only share information with those involved in your care and anyone else you choose such as close friends or clergy. We will ask you about who you want us to tell what information about your condition or treatment. You can tell us what you want and we will honor your wishes as long as it is not against the law.

If it is an emergency - so we cannot ask if you disagree - we can share information if we believe that it is what you would have wanted and if we believe it will help you if we do share it. If we do share information, in an emergency, we will tell you as soon as we can. If you don't approve we will stop, as long as it is not against the law.

### **5. An accounting of disclosures**

When we disclose your PHI we keep a record of whom we sent it to, when we sent it, and what we sent. You can get a list of these disclosures.

### **E. If you have questions or problems**

If you need more information or have questions about the privacy practices described above please speak to your therapist or the Privacy Officer whose name and telephone number are listed below.

If you have a problem with how your PHI has been handled or if you believe your privacy rights have been violated, contact the Privacy Officer. You have the right to file a complaint with us and with the Secretary of the Federal Department of Health and Human Services. We will not in any way limit your care here or take any actions against you if you complain.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer:

Dr. C. Ariel can be reached at 215-592-1333 or at [cariel@alternativechoices.com](mailto:cariel@alternativechoices.com).

Dr. R. Naseef can also be reached at 215 592-1333 or at [rnaseef@alternativechoices.com](mailto:rnaseef@alternativechoices.com).

The effective date of this notice is April 14, 2003

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### **Notice of Privacy Practices (NPP) - Short Version**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO EXERCISE YOUR RIGHTS. PLEASE REVIEW IT CAREFULLY.

#### **YOUR PRIVATE HEALTHCARE INFORMATION IS PROTECTED BY LAW**

#### **OUR COMMITMENT TO MAINTAIN YOUR PRIVACY**

Our practice is dedicated to maintaining the privacy of your personal health information. We are also required by law to do this. This is a shorter version of the full, legally required NPP which is also available for your review.

Basically, we are required by law to:

- Make sure the medical information that identifies you is kept private.
- Give you this Notice of our legal duties and privacy practices and
- Follow the terms of this Notice

#### **HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION**

A record of the care and services you receive at Alternative Choices is created to provide you with quality care and to comply with certain legal requirements. Except in an emergency, we will ask you to sign a general consent as required by law so that we may use and disclose your Private Healthcare Information (PHI) when necessary for your treatment, for payment, or for healthcare operations.

We use the information about your health which we get from you or from others mainly to provide you with **treatment**, to arrange **payment** for our services or for some other business activities which are called, in the law, healthcare **operations**. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information as necessary for these purposes. If you do not consent and sign the form, we are unable to treat you.

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If we need to disclose your information for any other purposes we will discuss this with you and ask you to sign an Authorization to allow this.

### **We will keep your health information private and confidential.**

There are some times when the law requires us to use or share it such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization who is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission.

### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work to schedule or cancel an appointment. We will try our best to do as you ask.
- 2.. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. If we agree to your request, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to inspect the health information we have about you such as your medical and billing records. You can obtain a copy of these records but we may charge you for the cost associated with your request. A written request must be submitted.
4. If you believe the information in your records is incorrect or incomplete, you can ask for changes to your health information. You have to make this request in writing, telling us the reasons for making the changes. If we believe your record is already complete and accurate we will not amend it, however, your request will become part of the record.
5. You have the right to a copy of this notice. If we change this NPP we will post it in our waiting room, on our website, and you can always get a copy of the NPP from the your therapist or the privacy officer.

### **COMPLAINTS**

You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the healthcare we provide to you in any way.

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