



Notice of Privacy Practices

This notice contains important information about Dingmans Medical privacy practices which were revised pursuant to the Health Insurance Portability and Accountability Act of 1996 and related regulations. This notice describes how your Private Health Care Information may be used and disclosed, and indicates how you get access to this information. Please review it carefully.

If you have any questions about this notice, please contact our office manager, Raj Dalavai, at 570-828-8000.

DINGMANS MEDICAL: OUR COMMITMENT TO YOUR PRIVACY

Summary

1. Dingmans Medical is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding the treatment and services we provide to you.
2. Your medical records are our property. However, we are required by law:
 - a. To maintain the confidentiality of your medical information
 - b. To provide you with this notice of our legal duties and privacy practices concerning you medical information called Notice of Privacy Practices.
 - c. To follow the terms of our notice of privacy practices in effect at the time
3. This notice provides you with the following important information:
 - a. How we may use and disclose your medical information
 - b. Your privacy rights regarding your medical information
 - c. Our obligations concerning the use and disclosure of your medical information

Changes to this Notice

The terms of this notice apply to all records containing your medical information that are created or retained by us. We reserve the right to revise, change or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of the information that we already have about you, as well as any medical information that we may receive, create, or maintain in the future. Dingmans Medical will make a "good faith" effort to document that we provided our patients with a copy of this organization's Notice of Privacy Practices, and you may request a copy of our most current notice during any visit to Dingmans Medical.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe the different ways in which we may use and disclose your Protected Health Information. Please note that each particular use or disclosure is not necessarily listed below. However, the different ways we are permitted to use and disclose your medical information do fall within one of the listed categories.

Treatment

Dingmans Medical may use and disclose your medical information to treat you. Many of the staff that works at Dingmans Medical may use or disclose your medical information in order to treat you or to assist others in your treatment. Additionally, we may disclose your medical information to others who may assist in your care, such as your physician and other health care professionals.

Payment

Dingmans Medical may use and disclose your medical information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for your treatment. We also may use and disclose your medical information to obtain payment from other third parties who may be responsible for such costs. Also, we may use your medical information to bill you directly for services and items under applicable law.

Health Care Operations

Dingmans Medical may use and disclose your medical information to operate our business. These uses and disclosures are important to provide that you receive quality care and that our organization is well run. An example of the way in which we may use and disclose your information for our operations would be to evaluate the quality of care you received from us. We may also disclose your information to doctors, nurses and students for review and learning purposes. We maintain safeguards to protect your Protected Health Information against unauthorized access and uses.

Privacy Officer

Dingmans Medical has appointed a Privacy Officer. Our Privacy Officer/designee provides training programs to our medical staff and employees regarding our policies and procedures to implement and enforce the safeguarding of protected health information.

Appointment Reminders

Our organization may use and disclose your protected health information to remind you that you have any appointment.

Disclosure

We shall only disclose protected health information as permitted by law or with your permission. In addition, we shall make every effort to prevent unintentional disclosure although the regulations consider such disclosure legal. Some examples of what we do with the information we collect and the reasons are:

1. Administration of health benefits policies or contracts which may involve claims payment and management; utilization review and management; medical necessity review; coordination of care and benefits.
2. Quality assessment and improvement activities, such as peer review and credentialing of participating providers; program development and accreditation.
3. Performance measurement and outcomes assessment and health claims analysis.
4. Data and Information systems management
5. Performing regulatory compliance/reporting, and public health activities; responding to requests for information from regulatory authorities, responding to government agency or court subpoenas as required by law, reporting suspected or actual fraud or other criminal activity; conducting litigation, arbitration and performing third-party liability, subrogation and related activities.

Other Disclosures

Patients may request in writing that their protected health information be disclosed to a third party. For example you may wish to have your records available for a friend, neighbor, or family member to help resolve a question about a claim or other concern you have. However, you must sign an authorization form to do so.

Treatment Alternatives/Health-Related

Dingmans Medical may use and disclose you medical information to inform you of treatment alternatives and/or health related benefits and services that may be of interest to you.

Fundraising/Marketing

Dingmans Medical does not use or disclose protected health information for fundraising or marketing purposes.

The following categories describe additional conditions in which we may use or disclose your medical information:

Required by law

We will use or disclose medical information about you when required by applicable law.

Public Health Activities

Our organization may disclose you medical information for public health activities, including generally:

1. To prevent or control disease, injury or disability
2. To maintain vital records, such as births and deaths;
3. To report child abuse or neglect;
4. To notify a person regarding potential exposure to a communicable disease;
5. To notify a person regarding a potential risk for spreading or contracting a disease or condition;

6. To report reactions to drugs or problems with products or devices;
7. To contact public health surveillance, investigation or intervention;
8. To notify individuals if a product or device they may be using has been recalled;
9. To notify appropriate government agencies and authorities regarding the potential abuse or neglect of an adult patient including domestic violence; however, we will only disclose this

information if the patient agrees or we are required or authorized by law to disclose this information;

10. To notify your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Abuse, Neglect and Domestic Violence

We may disclose your medical information to a government authority if we believe you are a victim of abuse, neglect or domestic violence. If we make such a disclosure, we will inform you of it, unless we think informing you places you at risk of serious harm or if we were to inform your personal representative, is otherwise not in your best interest.

Health Oversight Activities

Our organization may disclose your medical information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs and compliance with civil rights laws.

Lawsuits and Similar Proceedings

Dingmans Medical may use and disclose your medical information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your medical information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement

We may release medical information if asked to do so by law enforcement officials:

1. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement per state law;
2. Concerning a death we believe might have resulted from criminal conduct;
3. Regarding criminal conduct at Dingmans Medical
4. In response to a warrant, summons, court order, subpoena or similar legal process;
5. To identify/locate a suspect, material witness, fugitive or missing person; and
6. In an emergency, to report a crime (including the locating or victim(s) of the crime, or the description, identity or location of the perpetrator).

Coroners, Medical Examiners, and Funeral Directors

Dingmans Medical may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about our patients to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation

Dingmans Medical may use or disclose your medical information to organizations that handle organ and tissue procurement, banking or transplantation.

Serious Threats to Health or Safety

Dingmans Medical may use and disclose your medical 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, we will only make disclosures to a person or organization able to help prevent the threat.

Specialized Government Functions

Dingmans Medical may disclose your medical information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities. In addition, we may disclose your medical information to federal and/or state and/or local officials for intelligence and national security activities authorized by law. We also may disclose your medical information to federal officials in order to protect the President, other officials or foreign heads of state or to conduct investigations.

Furthermore, we may disclose your medical information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

1. For the institution to provide health care services to you
2. For safety and security of the institution and
3. To protect your health and safety or the health and safety of other individuals.

Workers' Compensation or Disability Claims

Dingmans Medical may release your medical information for your workers' compensation and disability claims and similar program to appropriate agencies.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have the following rights regarding the medical information that we maintain about you:

Requesting Restrictions

When requested in writing, you have the right to request a restriction in your medical information for treatment, payment or healthcare operations. Additionally you have the right to request that we limit our disclosure of you medical information to individuals involved in your care or the payment for your care, such as family members and friends.

We are not required to agree to your request; however, if we do agree we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use and disclosure of your medical information you must make your request in writing to the Director of Health Information Management specifying the method of contact, or the location where you wish to be contacted. We will accommodate reasonable requests. You need not give a reason for your request.

Confidential Communications

You have the right to request that Dingmans Medical communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you by mail, rather than by telephone, or at home rather than work.

In order to request a type of confidential communication, you must make a written request to Dingmans Medical specifying the requested method of contact, or the location where you wish to be contacted. Dingmans Medical will accommodate reasonable requests. You do not need to give a reason for your request.

Inspection and Copies

You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Dingmans Medical inspect/or obtain a copy of your medical information. In accordance with state law we may charge a fee. In accordance with law and our best judgment, we may deny your request to inspect and/or copy your medical information in certain limited circumstances; however, you may request a review of our denial.

Amendment

You may ask to amend you medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by Dingmans Medical. To request an amendment, your request must be made in writing to your healthcare provider. You must provide us with a reason that supports you request for amendment. Dingmans Medical will act on the request within 60 days of receipt of request, the time period may be extended once for an additional 30 days. Medical Records will notify the patient in writing explaining the reason for the additional 30 days along with the expected date the decision about the request will be made.

Dingmans Medical may deny your request if you fail to submit your request and the reason supporting your request in writing. Also, we may deny your request if the amendment would violate any law or statute or if you ask us to amend information that is:

1. Accurate and complete
2. Was not created by Dingmans Medical
3. If the individual who created the information is no longer an employee of Dingmans Medical

Accounting of Disclosures

An accounting of disclosures is a list of certain disclosures Dingmans Medical was made of you medical information which you did not specifically authorize. You have the right to request a copy of our accounting of disclosures for you medical information. Your request must be made in writing to Dingmans Medical. All requests for an accounting of disclosures must state a time period that may be no longer than six years and may not include dates before April 6, 2009. The first list you request within a 12-month period is free of charge. A charge for subsequent requests in the same 12-month period will be imposed in accordance with state law. A record of disclosures will be provided within 60 days of receiving the request.

Right to a Paper Copy of This Notice

You have a right to receive a paper copy of our Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, ask any member of our staff.

Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Dingmans Medical office manager or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint, contact the Office Manager at Dingmans Medical, 1592 Rte 739, Dingmans Ferry, PA 18328. All complaints must be submitted in writing, provide a narrative description of the complaint and describe the acts or omissions believed to violate applicable law. You will not be penalized for filing a complaint.

Right to Provide an Authorization for other Uses and Disclosures

Dingmans Medical shall make a good faith effort to obtain your written authorization for uses and disclosures that are not identified by this notice or are not permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your medical information may be revoked at any time in writing by sending a written, signed and dated request to Dingmans Medical. After you revoke your authorization, we will no longer use or disclose your medical information for the reasons described in the authorization. Of course, we are unable to take back any disclosures that we have already made with your permission. Please note that we are required to retain records of your care.