



HOUSER NEWMAN ASSOCIATES & MAHONING VALLEY AMBULATORY SURGERY CENTER PRIVACY POLICY



If you have any questions about this privacy notice, please contact the Privacy Officer at (570) 386-5926.

Houser Newman Associates (HNA) and Mahoning Valley Ambulatory Surgery Center (MVASC) understand that medical information about you is personal, and we are committed to protecting your health information. HNA and MVASC would like to tell you how we utilize and disclose your private health information (PHI). In our privacy policy, we will inform you how we use and disclose your PHI, when we can disclose your PHI to other parties, what our duties are to you, your privacy rights and how you can use them, and who you should contact for further information or if you have any complaints.

HOW WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

FOR YOUR TREATMENT: We may use and disclose your PHI to give you medical treatment and/or services and to manage and/or coordinate your eye care needs. This information may be disclosed to physicians, nurses, technicians, students, or other personnel who are involved in taking care of you.

FOR PAYMENT OF YOUR TREATMENT: We may have a need to use and disclose PHI about you so that the treatment and/or services you receive can be billed to your insurance so a payment can be collected from you, an insurance company or a third party.

FOR HEALTH CARE OPERATIONS: We may use and disclose PHI about you for health care operations which would involve any administration, education, and quality assurance activities that HNA or MVASC may conduct.

FOR HEALTH INFORMATION EXCHANGE: We may use or disclose PHI about you to participate in a Health Information Exchange (HIE) sponsored by either the government or private parties.

FOR SPECIAL USES: We may also use or disclose your PHI for purposes that involve your relationship with us as a patient. We may use or disclose your PHI to a company that may contact you to remind you about an upcoming appointment, to remind you that you may be due to come into our office for an exam, or to tell you about our new or upcoming services.

USE AND DISCLOSURE OF YOUR PHI THAT ARE PERMITTED OR REQUIRED BY LAW

Many laws and regulations either require or permit us to use or disclose your PHI. Here is a listing of required or permitted uses and disclosures that may be utilized by HNA or MVASC:

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: Unless you object, we may release PHI about you to a family member, or friend or any other person you identify who is involved in your medical care. This will only happen in the event you are unable to represent yourself and we find that it would be in your best interest.

RESEARCH: Under select circumstances, we may use and disclose PHI about you for research purposes. We may also release your medical information to a researcher provided that certain data elements are removed that may identify you (i.e., name, social security number, medical record number, etc.).

WHEN IT IS REQUIRED BY LAW: We will disclose PHI about you when required to do so by federal, state, or local law, for example, when ordered by a Court to turn over certain types of your PHI.

WHEN WE NEED TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

BUSINESS ASSOCIATES: We may disclose PHI about you to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. All business associates are obligated, under contract with us, to protect your privacy and ensure the security of your PHI.

FOR PAYMENT AND HEALTH CARE OPERATIONS OF OTHER ENTITIES: We may disclose PHI about you to another entity covered by the federal health care privacy regulations or to another health care provider (exa: ambulance service) if the disclosure is for the payment activities of that entity or provider receiving the information.

SPECIAL SITUATIONS

ORGAN AND TISSUE DONATION: We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate the organ or tissue donation and transplantation.

MILITARY AND VETERANS: If you are a member of the armed forces, we may release PHI about you as required by military command authorities, which can include foreign military personnel.

WORKERS' COMPENSATION: We may release PHI about you for workers' compensation or similar programs.

PUBLIC HEALTH RISKS: We may disclose PHI about you for public health activities. These activities generally include the following:

- to report communicable diseases;
- to report cancer cases;
- to prevent or control disease, injury or disability;
- to report birth information;
- to report death information;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.

ABUSE, NEGLECT, OR DOMESTIC VIOLENCE: We may disclose PHI to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make the disclosure if the patient agrees or when required or authorized by law.

LAWSUITS AND DISPUTES: If you are involved in a lawsuit or a dispute, we may disclose PHI information about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We will make efforts to tell you about the request or to obtain an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit you bring if your medical care or health care is at issue.

LAW ENFORCEMENT: We may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct on facility premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

DATA BREACH NOTIFICATION PURPOSES: We may use or disclose PHI about you to provide legally required notices of unauthorized access to or disclosure of your health information.

CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

INMATES: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

CERTAIN STRICTER REQUIREMENTS THAT WE FOLLOW

Several state laws may apply to your PHI that set a stricter standard than the protections offered under the federal health privacy regulations. Stricter state law in Pennsylvania will for example, limit us from disclosing medical records containing HIV related information; medical records containing alcohol and drug abuse information; and medical records containing psychiatric and psychological treatment. State law dictates to whom and under what circumstances disclosure is appropriate. Generally, release of this information is contingent upon your specific consent, or pursuant to a court order.

Written Authorization will be required for any other uses or disclosures of PHI that are not covered in this notice. You may revoke your written permission at any time, in writing.

You understand that any uses or disclosures that have already occurred will not be able to be withdrawn.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

RIGHT TO INSPECT AND COPY: You have the right to inspect, with certain exceptions, and copy your medical and billing records. You also have the right to request that we send a copy of your medical or billing records to a third party. These requests are required to be submitted in writing. If you request a copy of the information, we may charge you a reasonable fee for providing a copy of your records.

We may deny your request to inspect and copy your PHI in certain limited circumstances, because we determine it may cause you physical harm, or we think that it may cause physical, emotional, or psychological harm to another individual.

RIGHT TO A SUMMARY OR EXPLANATION: We may provide you with a summary of your PHI, rather than the entire record, or an

RIGHT TO GET A NOTICE OF A BREACH: You will be notified if your PHI has been “breached” which means that your PHI has been used or disclosed in a way that is inconsistent with law and results in it being compromised.

RIGHT TO AMEND: If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason that supports your request. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the entity;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

RIGHT TO A PAPER COPY OF THIS NOTICE: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may also obtain a copy of this notice on our website, www.housernewman.com

HOW TO EXERCISE YOUR RIGHTS: To exercise your rights described in this Notice, send your request, in writing, to the attention of the Privacy Officer, Houser Newman Associates, 37 Medical Crossing Road, Tamaqua, PA 18252

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer of Houser Newman Associates. To file a complaint, you may call the Privacy Officer directly at (570)-386-5926, or in writing to the attention of the Privacy Officer, Houser Newman Associates, 37 Medical Crossing Road, Tamaqua, PA 18252.

You will not be penalized for filing a complaint.

EFFECTIVE DATE

This Notice takes effect on November 21, 2023.

WHO WILL FOLLOW THIS NOTICE?

This notice applies to all Houser Newman Associates practices including the Mahoning Valley Ambulatory Surgery Center and their employees.