

## **Chalfont Family Practice Notice of Privacy Practices**

### **To our patients:**

This notice describes how health information about you, as a patient of this practice, may be used and disclosed and how you may get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996.

### **Our commitment to your privacy:**

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

### **Use and disclosure of health information:**

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in direct response to a court order.
3. If required to do so by a law enforcement official.
4. 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.
5. If you are a member of US or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials if required for intelligence and national security.
7. For Workers Compensation and similar programs.

### **Your rights regarding health information:**

1. Communications: You may request that our practice communicate with you about your health and related issues in a particular manner or location. For example, you may request that we only contact you at home or at work.
2. You may request a restriction in our use or disclosure of your health information beyond what is written here. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care.
3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you. There will be a small copying fee. You must submit your request in writing to Chalfont Family Practice, Attention: Medical Records, 65 East Butler Avenue, Suite 201, New Britain, PA 18901.
4. You may ask to amend your health information if you believe it to be incomplete or incorrect. To request an amendment, your request must be made in writing and submitted to Chalfont Family Practice, Attention: Medical Records, 65 East Butler Avenue, Suite 201, New Britain, PA 18901.
5. You have the right to request a paper copy of this notice.
6. Right to file a complaint. If you believe that your privacy right has been violated, you may file a complaint with our practice or the Secretary of the Department of Health and Human Services. Your complaint must be made in writing and submitted to Chalfont Family Practice, Attention: Privacy Officer, 65 East Butler Avenue, Suite 201, New Britain, PA 18901.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer at 215-822-3113.

**As a member of HealthShare Exchange of Southeastern Pennsylvania, Inc., (HSX), we may use or disclose your Personal Health Information to this Health Information Organization (HIO) and also to the HIO of the Commonwealth, The Pennsylvania Patient and Provider Network (P3N). Other health care providers, such as physicians, hospitals and other health care facilities, may have access to this information for treatment, payment and other purposes, to the extent permitted by law. You have the right to “opt-out” or decline to participate in the Health Information Exchange (HIE). If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with HSX or P3N.**