

# WEINSTEIN IMAGING ASSOCIATES, P.C.

## ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I was provided a copy of Weinstein Imaging Associates Notice of Privacy Practices.

Print Patient Name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ \*

Date: \_\_\_\_\_

\*If person signing is not the patient, please print your name and relationship to patient:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **For Office Use only:**

If no acknowledgment could be obtained, state the reasons why and the efforts taken to try to obtain the acknowledgment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE OF PRIVACY  
PRACTICES  
(Effective September 23, 2013)**

**This notice describes how medical information about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.**

Protected health information (hereafter referred to as “PHI”), about you, is maintained as a written and/or electronic record of your contacts or visits for healthcare services within our practice. Specifically, PHI is information about you, including demographic information (i.e. name, address, phone, etc.), that may identify you and relates to your past, present, or future physical or mental health condition and related healthcare services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our healthcare operations and for other purposes that are permitted or required by law.

**Your rights under the Privacy Rule:**

Following is a statement of your rights, under the Privacy Rule, in reference to your PHI. Please feel free to discuss any questions with our staff.

**You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices --** We are required to follow the terms of this notice. We reserve the right to change the terms of our notice, at any time. Upon your request, we will provide you with a revised Notice of Privacy Practices if you call

our office and request that a revised copy be sent to you in the mail or ask for one at the time of your next appointment. The Notice will also be posted in a conspicuous location within the practice and on our website.

**You have the right to authorize other use and disclosure**

– This means you have the right to authorize any use or disclosure of PHI that is not specified within this notice. For example, we would need your written authorization to use or disclose your PHI for marketing purposes, or if we intended to sell your PHI. You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

**You have the right to request an alternative means of confidential communication**

– This means you have the right to ask us to contact you about medical matters using an alternative method (i.e. telephone, email), and to a destination (i.e. cell phone number only, alternative address, etc.) designated by you. You must inform us in writing, using a form provided by our practice, how you wish to be contacted if other than the address/phone number that we have on file. We will follow all reasonable requests.

**You have the right to inspect and copy your PHI**

– This means you may inspect, and obtain a copy of your complete health record. If your health record is maintained electronically, you will also have the right to request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines. Our office also has a patient portal, which you are free to sign up for at any time, in order to retrieve any of your medical record information that is made available through the portal.

**You have the right to request a restriction of your PHI**

– This means you may ask us, in writing, not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. If we agree to the requested restriction, we will abide by it, except in emergency circumstances when the

information is needed for your treatment. In certain cases, we may deny your request for a restriction. You will have the right to request, in writing, that we restrict communication to your health plan regarding a specific treatment or service that you, or someone on your behalf, has paid for in full, out-of-pocket. We are not permitted to deny this specific type of requested restriction.

**You may have the right to request an amendment to your protected health information**

– This means you may request an amendment of your PHI for as long as we maintain this information. In certain cases, we may deny your request for an amendment.

**You have the right to request an accountability of disclosure**

– This means that you may request a listing of disclosures that we have made, of your PHI, to entities or persons outside of our office.

**You have the right to receive a privacy breach notice**

– You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

**HOW WE MAY USE OR DISCLOSE YOUR  
PROTECTED HEALTH INFORMATION  
(PHI):**

Following are examples of uses and disclosures of your PHI that we are permitted to make. These examples are not meant to be exhaustive, but to describe possible types of uses and disclosures:

**For Care and Treatment:** We may use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we may disclose your PHI to physician(s) and/or other healthcare providers (for example, a specialist or laboratory) who, at the request of your physician, become involved in your care. In emergencies, we will use and disclose your PHI to provide the treatment you require.

**For Billing and Payment:** Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the healthcare services recommended for you, such as determining eligibility or coverage for benefits. For example, obtaining approval for a biopsy might require that your relevant PHI be disclosed to obtain approval to perform the procedure at a particular facility. This health information is restricted to that which is needed for the financial transactions.

**For Healthcare Operations:** In order to provide quality care, healthcare providers at this facility may use your health information, for example, to analyze the care, treatment, and outcomes of your medical case and of others. This health information will be used to continually improve the care of the services that we provide to you. This includes, but is not limited to, business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.

**For Business Associates:** In order to provide quality care, this facility requires business services such as pharmacy (nuclear), medical equipment, medical laboratories, information technology, etc. These services will have use of your health information as it pertains to their service delivery. Also, business associates must follow our standards for protecting your health information and sign a business associate agreement. In addition, the business associates must follow the HIPAA Security Rule as specified in the Health Information Technology for Economic and Clinical Health Act (HITECH)/Energy and Commerce Recovery and Reinvestment Act, Subtitle D., Section 4401.

**Special Notices:** We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment, via a letter in the mail and possibly a phone call as well. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, or with respect to a group health plan, to disclose information to the health plan

sponsor. You will have the right to opt out of such special notices, by written request as directed from you.

**Health Information Organization:** We may elect to use a health information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.

**For Research:** We may disclose PHI to researchers if they have appropriate consent forms and the research has been approved by an institutional review board. The researchers will be held to this facility's health information privacy standards.

**To Others involved in your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person, (someone you have identified to be your "personal representative"), your PHI that directly relates to that person's involvement in your healthcare, or with test results or other information in the event we are unable to contact you. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death. If you are not present or able to agree or object to the use or disclosure of the PHI, then your healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is necessary will be disclosed.

**Other Permitted and Required Uses and Disclosures:** We are also permitted to use or disclose your PHI without your written authorization for the following purposes: as required by law; for public health activities; health oversight activities; in cases of abuse or neglect; to comply with Food and Drug administration requirements; legal proceedings; law enforcement purposes; coroners; funeral directors; organ donation; criminal activity; military activity; national security; worker's compensation; when an inmate in a correctional facility; and if requested by the Department of Health and Human Services in order to investigate or determine our compliance with the requirements of the Privacy Rule.

**Privacy Complaints:** If you believe that your privacy rights have been violated, you can file a complaint with our Privacy Officer (412.441.1161) or with the Secretary of Health and Human Services. There will be no penalty or retaliation for filing a complaint.

### **ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE:**

For new patients to our practice, you will be asked to sign an acknowledgment of receipt of this Notice, to make you aware of the possible uses and disclosures of your PHI and your privacy rights. The delivery of your healthcare services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your treatment, and will use/disclose your PHI in accordance with law.

### **TO REQUEST FURTHER INFORMATION OR ASK QUESTIONS:**

If you would like further information or have questions, Weinstein Imaging Associates employs a Privacy Manager who can be reached at 412.441.1161.

## **WEINSTEIN IMAGING ASSOCIATES, P.C.**

Shadyside location:  
5850 Centre Avenue  
Pittsburgh, PA 15206  
412-441-1161

South Hills location:  
1910 Cochran Road Suite 740  
Pittsburgh, PA 15220  
412-440-6999

North Hills location:  
5500 Corporate Drive Suite 100  
Pittsburgh, PA 15237  
412-630-2649

**[weinsteinimaging.com](http://weinsteinimaging.com)**