

UROLOGY OF CENTRAL PENNSYLVANIA, INC.

NOTICE OF PRIVACY PRACTICES

Effective Date: July 1, 2013

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.

If you have any questions about this notice, please refer to our website at www.urologycp.com; or you may contact the Corporate Privacy Officer by telephone at 717.724.4672 or mail: Privacy Officer, Urology of Central Pennsylvania, Inc., P.O. Box 458, Camp Hill, Pennsylvania 17001-0458.

➤ **WHO WILL FOLLOW THIS NOTICE.**

This notice describes Urology of Central Pennsylvania, Inc.'s ("UCPA") practices and that of (a) any health care professional authorized to enter information into your medical record at UCPA., (b) volunteers we allow to help you while you are at UCPA., (d) all contracted services, and (e) all members of UCPA 's workforce.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting that medical information. Your personal medical information is defined under federal law as "protected health information" ("PHI"). When UCPA retains your confidential medical information on its computer system, it is called "electronic protected health information" ("ePHI"). We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by UCPA, whether made by UCPA personnel or your personal physician, including both PHI and ePHI. Your personal physician may have different policies or notices regarding his/her use and disclosure of medical information created in his/her office or clinic.

This notice tells you about the ways in which we may use and disclose information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to: make sure that health-related information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe the ways that we use and disclose health-related information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. We will attempt in good faith to obtain your signed Acknowledgment that you received this Notice to use and disclose your PHI and ePHI.

For Treatment. We may use and disclose information about you to provide you with medical treatment or services. We may disclose information about you to physicians, nurses, technicians, medical students, or other personnel who are involved in your care. (For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process.) We also may share medical information about you in order to coordinate the things you need, such as prescriptions and lab work. We also may disclose medical information about you to people outside UCPA who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

For Payment. We may use and disclose information about you so the treatment and services you receive can be billed to and payment may be collected from you, an insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose information about you for normal business operations. These uses and disclosures are necessary to run UCPA and make sure that all of our patients receive quality care. (For example, in the course of quality assurance and utilization review activities, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may disclose medical information to “business associates” who provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. If we do disclose medical information to a business associate, we will do so subject to a contract that provides that the information will be kept confidential. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to physicians, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.)

Appointment Reminders. We may use and disclose information to contact you as a reminder that you have an appointment for treatment.

Follow-up Phone Calls. As part of your treatment plan, there may be times that you will be contacted by UCPA staff via telephone after you have had service at one of our facilities for purposes of customer satisfaction or the like.

Treatment Alternatives and Health-Related Benefits and Services. We may use and disclose information to recommend or tell you about treatment alternatives and health-related benefits or services that may be of interest to you.

Office Visits. When you visit UCPA, we may call your name while you are in the waiting room to notify you that the physician, nurse or other professional is ready to see you.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research. Under certain circumstances, we may use and disclose information about you for research purposes. All research projects are subject to a special approval process that evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose information for research, the project will have been approved through this research approval process; however, we may disclose information about you to people preparing to conduct a research project to help them look for patients with specific medical needs, so long as the information they review does not leave UCPA offices. When our staff conducts a research project, in which they look back at old medical records, your personal information will not be disclosed outside the organization nor will you be identified in any reports. If a research project is conducted where your information cannot be held confidential, a separate process is in place for you to consent for this type of research.

Service Excellence. We may follow up your visit with us by sending to the address listed in your records a brief written survey about your satisfaction with the level of service provided to you. In some cases, the survey may be conducted by telephone or e-mail using the contact information listed in your medical record. In some instances, your name may be passed on to members of the service excellence team to investigate a complaint or corroborate an incident.

Marketing. It is the policy of UCPA not to use patient records to market services.

As Required By Law. We will disclose information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose information 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. Disclosures would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We will disclose information about you for public health activities as required by law. These activities generally include the following (a) to prevent or control disease, injury or disability; (b) to report births and deaths; (c) to report child abuse or neglect; (d) to report reactions to medications or problems with products; (e) to notify people of recalls of products they may be using; (f) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (g) to notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We will disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if satisfactory efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release information if asked to do so by a law enforcement official (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect, fugitive, material witness, or missing person; (c) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the patient agreement; (d) about a death we believe may be the result of criminal conduct; (e) about

criminal conduct; and (f) 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.

Coroners, Medical Examiners and Funeral Directors. We will release information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We will also release information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President of the United States and others. We may disclose information about you to authorized Federal officials so they may conduct special investigations and provide protection to the President or other officials and dignitaries.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official to provide you with health care, to protect your and others' health and safety, or for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

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

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. (Usually, this includes medical and billing records but does not include psychotherapy notes.) To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy your medical information in certain limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for UCPA.
 - To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address listed above. In addition, you must provide a reason that supports your request.
 - We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) Is not part of the medical information kept by or for the organization; (c) Is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.

Right to an Accounting of Disclosures.

You have a limited right to receive an accounting of all disclosures we make to other persons or entities of your medical records information except for disclosures required for treatment, payment and health care operations, disclosures that require an Authorization, disclosures incidental to another permissible use or disclosure, and otherwise as allowed by law. We will not charge you for the first accounting in any 12-month period; however, we will charge you a reasonable fee for each subsequent request for an accounting within the same 12-month period.

Right to Request Restrictions. You have the right to request a restriction or limitation on our use or disclosure of information about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that we not use or disclose information about a surgery you had, or you could ask that information about you not be included in the facility directory.)

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

If you want to request a restriction, you must complete a “Request to Invoke/Revoke Restrictions on Disclosure of Protected Health Information” form available at UCPA or submit your request in writing to the Privacy Officer. The written request must include (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or other family members).

Right to Request Confidential Communications. You have the right to request that we communicate with you in a certain way or at a certain location. (For example, you can ask that we only contact you at work or by mail).

If you want to request confidential communications, contact the Privacy Officer in writing, by telephone or during the registration process. We will not ask the reason for your request. We will accommodate all reasonable requests. Your request must include the address and/or telephone number where you want to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice at any time. You may obtain a copy of this notice at our website, www.urologycp.com or at any UCPA office.

Right to Request Restriction of Disclosure Relating to Services Paid in Cash. You may also request a restriction on disclosure of protected health information to a health plan for purpose of payment or health care operations if you paid for the services out of your own pocket, in full. This does not apply to services that are covered by insurance. You are required to pay cash, in full, for the services before the restriction applies.

Right to Request ePHI. With respect to ePHI, we agree to give you your ePHI in the form and format requested by you, if it is readily producible in that form or format. If it is not readily producible in the form or format requested, we will give you a readable hard copy form. Any directive given to us by you to transmit ePHI must be done in writing by you, signed and clearly identify the designated person and location to send the ePHI. We will provide you access to your PHI or ePHI within thirty (30) days from the date of request.

Right to Breach Notification. You have the right to receive notification from us if any breach of your unsecured protected health information occurs.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in various locations indicating the effective date. Revised copies of this notice will be provided at your next visit.

COMPLAINTS

➤ If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the facility, contact the Privacy Officer at the address listed above. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

This Notice of Privacy Practices shall not be construed as a contract or legally binding agreement. Any non-compliance with any provision of this Notice shall not be construed as a breach of contract, breach of confidentiality, invasion of privacy, misappropriation of name or likeness, violation of any consumer protection law, negligence or violation of any state law. By signing the Acknowledgment of Receipt of this Notice, you agree that the sole legal recourse for our non-compliance with this Notice is to file a written complaint to the Secretary of the U.S. Department of Health and Human Services, and that no complaint or cause of action may be filed in any federal or state court for breach of contract, breach of confidentiality, invasion of privacy, misappropriation of name or likeness, violation of any consumer protection law, negligence or violation of any state law, or under any tort theory.

OTHER USES OF MEDICAL INFORMATION.

➤ Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

