

**WAGNER INTEGRATIVE THERAPIES**  
**NOTICE OF PRIVACY PRACTICES**  
**EFFECTIVE JANUARY 1, 2016**

**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 of Privacy Practices (hereinafter "Notice"), please contact:

Privacy Officer: Vicki Messina, Office Manager, (215) 230-8100

- A. Introduction. Wagner Integrative Therapies is required by law to maintain the privacy of your protected health information, to provide you with notice of your legal duties and privacy practices with respect to your protected health care information, and to notify you following a breach of your unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practice that is currently in effect. This notice replaces all prior notices and applies to all protected health information that we maintain.
- B. What is Protected Health Information? Generally speaking, your protected health information is information about you that either identifies you or can be used to identify you and relates to your past, present, or future physical or mental health or condition, the provisions of health care about you, or payment of health care provided to you. Your medical and billing record at our practice are examples of information that usually will be regarded as your protected health information.
- C. Uses and Disclosures of your Protected Health Information: We may use and disclose your protected health information for treatment, payment and health care operation purposes. This section generally describes the types of uses and disclosures that fall into those categories and includes examples of these uses and disclosures. Not every potential use or disclosure for treatment, payment, and health care operations purposes is listed.
  1. Treatment- We may use or disclose your Private Health Information to help us with your treatment. We may also release your protected health information to help other health care providers treat you. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. Some examples of treatment uses and disclosures are:
    - a. Our medical records personnel may review your chart to ensure that all lab and other test results have been properly placed in your chart prior to your visit.
    - b. Our nurses and/or providers may communicate with laboratory or other testing facilities to review test results prior to your visit.
    - c. Providers in this offices may discuss your case amongst themselves or may review your medical treatment with referring physicians or physicians to whom they have referred you for care.
    - d. Personnel in this office may discuss your medical information with a hospital or other healthcare facility where you are being admitted or being treated or we may discuss this information with another health care provider who is treating you at such a facility.
    - e. This practice may contact you to provide appointment reminders.
    - f. This practice may leave voice messages on voicemail or answering machines reminding you of appointments.
    - g. This practice may send you information about treatment alternatives or other health-related benefits and services that may be of interest to you.



- l. We may use and disclose your health information if we are unable to obtain your consent because of substantial communication barriers, and we believe you will want us to treat you if we could communicate with you.
  - m. General business matters.
  - n. Other types of uses and disclosures may be made for healthcare operations even if not listed above.
  
- D. Other Uses and Disclosures of Private Health Information: In addition to payment, treatment, and healthcare operations, subject to certain limitations, we may use your Private Health Information for other purposes. Within each category are examples of such uses or disclosures, but the examples are not intended to be inclusive of all purposes for which your Private Health Information may be used or disclosed in each particular category. There may also be overlap among the various categories.
  - 1. Disclosures to Federal or State Agencies: This practice will continue to make required disclosures to federal and state agencies, such as Social Security Administration or state agencies for applications for federal or state benefits for care or payment for care.
  - 2. Individuals Involved in Your Care: We may disclose your Private Health Information to someone involved in your care or payment for your care, such as a spouse, family member, or close friend, or a person responsible for your care, such as a nurse or home health care worker, unless you object in writing and ask us not to provide this information to specific individuals. We may also discuss your care with your personal representative or someone who has your healthcare power of attorney.
  - 3. Notification purposes: We may use and disclose your Private Health Information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care regarding your location, general condition, or death. 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.
  - 4. Required by Law: This practice may use or disclose Private Health information when required by federal, state, or local law to comply with mandatory reporting requirements, such as those involving births, deaths, child abuse, disease prevention and control, driving impairment, blood alcohol testing, vaccine-related injuries, medical device-related deaths gunshot wounds and other similar incidences that we are required to report.
  - 5. Workers' Compensation Insurers: We may disclose your Private Health Information to workers' compensation insurers, state administrators, employers, and other persons or entities involved in the workers' compensation system and similar proceedings.
  - 6. Your Legal Matters: This practice may use or disclose your Private Health Information in response to court or administrative proceedings if you are involved in a lawsuit or similar matter. We may disclose your Private Health Information in response to a discovery request, subpoena, or other lawful process by another party involved in a dispute, but only if we have received satisfactory assurances that the party seeking your Private Health information has made a good faith effort to inform you of the request and has taken steps to obtain your consent and you have had time to object if you so desire. We may seek a confidentiality and/or protective order prior to releasing Private Health Information if we deem it necessary.
  - 7. Public Health and Safety Matter: We may use or disclose your Private Health Information for public health activities. The activities generally include the following:
    - a. To prevent or control disease, injury, or disability;
    - b. To report birth or 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 of contracting or spreading a disease or condition; and
  - g. 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 this disclosure if you agree or when required or authorized by law.
8. Law Enforcement Matters: This practice may disclose your Private Health Information for law enforcement purposes, such as compliance with legal process, search warrants, identification of crime victims, reports of death suspected to have resulted from criminal activities, information regarding crimes, emergencies, reports regarding identification of deceased patients and cause of death.
9. Organ and Tissue Donation: We may use your Private Health Information in order to facilitate organ, eye, and tissue donation and transplantation, including to those entities engaged in procuring and banking of such items.
10. Health Oversight Activities: We may disclose medical information to 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 civil rights laws.
11. Coroners, Medical Examiners, and Funeral Directors: We may release medical information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law. We may also release medical information about a patient to the funeral director that is necessary to carry out their duties.
12. Specialized Government Functions: We may use and disclose protected health information for the purposes involving specialized government functions, including:
- a. Military and veterans' activities;
  - b. National Security and Intelligence;
  - c. Protective Services for the President and others;
  - d. Medical suitability determinations for the Department of State;
  - e. Correctional institutions and other law enforcement custodial situations.
- E. Business Associates: Wagner Integrative Therapies may engage certain persons to perform certain of our practice functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain Private Health Information with our billing company or computer consultant in order to facilitate our healthcare operations or payment for services provided in connection with your care. In this connection, we will require our business associates to enter into an agreement to keep your Private Health Information confidential and to abide by the terms set forth in this privacy notice.
- F. Creation of de-identified information: we may use protected information about you in the process of de-identifying the information. For example, we may use your protected health information in the process of removing those aspects which could identify you so that the information can be disclosed for research purposes. When your information has been de-identified this way, having all information removed that could reasonably identify that the information is you, we may disclose this information without your authorization as it is no longer considered protected health information.
- G. Incidental Disclosure: Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in the office. Our office will use our best efforts to limit these disclosures.

- H. Authorizations: For all uses and disclosures that are not of the general types permitted pursuant to the terms of this privacy notice, we will obtain your written authorization to use or disclose your Private Health Information. Any time after you have given us an authorization, you may revoke it, except to the extent that we have already relied on the authorization you have provided.
- I. Patient Rights: You have certain rights pertaining to your Private Health Information, which are described below:
1. Restrictions on Use. You have the right to request a restriction or limitation on the medical information to carry out treatment and payment and health operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are not required to agree to these types of request. We will not comply with any requests to restrict use or access of your medical information for treatment purposes.
    - a. You also have the right to restrict use and disclosure of your medical information about a service or item for which you have paid out of pocket, for payment and operational (but not treatment) purposes, if you have completely paid your bill for this item or service. We will not accept your request for this type of restriction until you have completely paid your bill (zero balance) for this item or service. We are not required to notify other healthcare providers of these restrictions, that is your responsibility.
    - b. To request a further restriction as outline in this section, you must submit a written request to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply.
- J. Confidential Communications: You have the right to request that this practice communicate your Private Health Information to you by reasonable alternative means or alternative locations. For example, you have the right to request that we contact you only at work or only by mail. To make such a request, you must (i) make your request in writing; (ii) the request must specify the alternative address or other method of payment, if applicable, and (iii) information as to how payment will be handled if the request would vary the way in which the practice routinely handles payment issues. We are not required to agree to requests for confidential communications that are unreasonable. We will not ask you for an explanation of why you are requesting alternative means of communication. Your written request must specify how or where you wish to be contacted.
- K. Right of Access, Inspect and Copy: You have the right to inspect and obtain a copy of your protected health information that we maintain in a designated record. Generally, this includes your medical and billing records. This right is subject to limitations. In certain cases, we may deny your request. We also may impose charges for the cost involved in providing copies, such as labor, supplies, and postage as permitted by law.
- a. If your records are maintained electronically, you have the right to specify that the records that you want the records provided to you in electronic form. We will accommodate your request for a specific electronic format as long as we are able to readily produce a copy in the requested form or format. If we cannot do so, we will work with you to reach agreement on the alternative readable electronic form. If you request a copy of your information electronically on a movable electronic media (such as CD or USB drive) we may charge you for the cost of that media.
  - b. To exercise your right of access to your protected health information, you **MUST** make your request in writing. The request **MUST**: (1) describe the health information you are requesting; (2) state how you are going to pick up the information (ie: pick up a copy at the office, have a copy mailed to you, or have us set it aside for your inspection); (3) specify the requested form (ie: electronic or copies); and (4) include your name, date of birth, and mailing address.

- c. You also may request that your Private Health Information be directly transmitted to another person or entity. To exercise this right, you must submit your request in writing. The request MUST be in writing and signed by you, and it MUST clearly identify both the designated person and entity that the information is to be sent to.
- L. Amendment of Private Health Information. You have the right to request that we amend protected health information that we maintain about you if the information is incorrect or incomplete. In addition, you MUST specify the reason you are asking for the correction or amendment.
  - a. 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:
    - 1. Was not created by us, unless the person or entity that created the information is no longer available to make the correction or amendment;
    - 2. Is not part of the medical information kept by or for the Provider;
    - 3. Is not part of the information which you would be permitted to inspect and copy; or
    - 4. Is accurate and complete.
- M. Accounting of Disclosure of Private Health Information: You have the right to request an "Accounting of Disclosures." This right is subject to limitations, such as how far back the accounting must cover and the scope of the covered disclosures. In some circumstances, we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. The request MUST designate the applicable time period.
- N. Right to Receive a Paper Copy: You have a right to receive a paper copy of this Notice of Privacy Practices. Patients can get a copy of this Notice at the office, on our website, or by contacting our Privacy Officer, Vicki Messina at (215) 230-8100.
- O. Legal Effect: This Notice is not intended to create any contractual or other rights independent of those created in the federal privacy rule.

#### Change to this Notice

**We reserve the right to change this Notice. 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 the waiting room for the practice. At any time patients may review the current notice by contacting our office. Patients may access the current notice at our website, [www.jadamwagner.com](http://www.jadamwagner.com).**

#### Complaints

If you believe that your privacy rights have been violated, you may submit a complaint to our practice or the Secretary of Health and Human Services.

To file a complaint with the practice, you need to contact our Privacy Officer, Vick Messina, Wagner Integrative Therapies, 411 Hyde Park, Doylestown, PA 18902, (215) 230-8100.

To file a complaint with the U.S. Secretary of Health and Human Services, you need to contact the United States Department of Health and Human Services, 150 S. Independence Mall West, Suite 371, Public Ledger Building, Philadelphia, PA 19106-9111, (215) 561-4441, Hotline: (800) 368-1019.

The practice WILL NOT retaliate against you for filing a complaint with them or the United States Department of Health and Human Services.

**Effective Date: September 15, 2016 to be compliant with HIPAA Omnibus Privacy Rules  
Original Effective Date: April 14, 2003**