

**CENTER FOR UROLOGIC CARE
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NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE
USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS
INFORMATION. PLEASE REVIEW CAREFULLY .**

The federal regulation, known as the "HIPAA Privacy Rule", requires that we provide detailed notice in writing of our privacy practices. We know that this notice is long but we are now required to address many specific areas in this notice.

Our Commitment To Protecting Health Information

The HIPAA Privacy Rule requires that we protect the privacy of health information about our patients. This information is known as "protected health information" or "PHI". We are required by law to maintain the privacy of PHI about you, give you this notice of our privacy practices and comply with the terms of our Notice of Privacy Practices.

We reserve the right to make changes to this notice at any time and to make such changes effective for all PHI we may already have about you. If and when this notice is changed, we will post a copy in our office in a prominent location. At any time, patients may review the current notice by contacting our privacy officer. Patients may also access the current notice at our web site www.urologiccare.com.

Uses and Disclosures for Treatment, Payment and Health Care Operations

The following categories describe the different ways we may use and disclose PHI for treatment, payment and health care operations. The examples included may not list every use or disclosure that may fall within that category. Certain discretion may be necessary on an individual basis.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordination of your health care. We may use and disclose PHI when you need a prescription, lab work, x-ray or other health care service. We may disclose PHI when referring you to another health care provider. We may disclose PHI to a new physician of your choosing or to a physician who referred you to our care.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. Before providing treatment, we may share details with your health plan concerning the services you are scheduled to receive. For example, we may need to obtain pre-authorization or payment approval from your health care plan. We may use and disclose PHI for billing, claims management and collection activities. We may disclose PHI to insurance companies providing you with additional coverage. We may provide limited PHI to consumer reporting agencies related to collection of payment owed to us. We may also disclose PHI to another health care provider, company or health plan in order for them to obtain payment for their services, for example an independent lab.

Health Care Operations: We may use and discuss PHI in performing business activities which are called health care operations. Health care operations pertain to doing things that will improve the quality and efficiency of delivering health care. For example, we may discuss with our physicians and

staff ways we can improve the medical treatment we provide. We may use PHI to identify groups of people with similar health problems for the purpose of offering information regarding new treatment options, alternative therapy, education and support. We participate with training programs to help students, trainees, etc. to practice, learn and improve their skills. We cooperate with various people who review our activities such as lawyers, accountants, and technical support persons.

Other Uses And Disclosures

Communication From Our Office: We may contact you to remind you of appointments, provide results from diagnostic testing, obtain or convey insurance information, offer information regarding alternative treatment options or other health related services. Discretion will be used on our part when leaving messages either with other persons or on an answering machine.

Individuals involved in your care or payment for your care: We may disclose PHI about you to a family member, close friend or other person identified by you if that information is directly relevant to the person's involvement in your care or payment for your care. If you are not present and have not given prior consent or objection, professional discretion will be exercised in determining whether disclosing PHI is in your best interest. We may also use PHI to notify necessary persons of your location, general condition or death. We will make reasonable decisions about your best interest in allowing another person to act on your behalf to pick up prescriptions, medical records, medical supplies, x-rays or other things that contain PHI about you.

Other Uses And Disclosures We Can Make Without Written Authorization Or Your Opportunity to Agree Or Object

Required by Law: We may use and disclose PHI as required by federal, state or local law.

Public Health Activities: We may use and disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health including the following:

To prevent or control disease, injury or disability

To report disease, injury, birth or death

To report child abuse or neglect

To report reactions to medications or problems with products or devices regulated by FDA or other activities related to quality, safety or effectiveness of FDA related products

To notify patients of recalls of products they may be using

To notify a patient who may have been exposed to a communicable disease

To report to your employer, under limited circumstances, information related primarily to workplace injuries or illness.

Abuse, Neglect or Domestic Violence: We may disclose PHI in certain cases to proper authorities if we reasonable believe that a patient has been a victim of abuse, neglect or domestic violence.

Health Oversight Activities: We may supply PHI to a health oversight agency for activities involving audits, investigations, inspections, licensure and other activities conducted by health oversight agencies for monitoring the health care system, government health care programs and compliance with law.

Lawsuits And Other Legal Proceedings: We may disclose information required by a court, subpoena, discovery requests or other required legal process.

Law Enforcement: Under certain circumstances, we may disclose PHI to law enforcement officials.

Coroners, Medical Examiners, Funeral Directors: We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine cause of death. We may disclose PHI to funeral directors as authorized by law so that they may carry out their job.

Organ And Tissue Donation: If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate and transplant organs in order to facilitate donation.

Research: We may use or disclose PHI under certain limited circumstances for research purposes.

To Avert A Serious Threat to Health or Safety: We may use or disclose PHI for purposes involving a threat to public safety including protection of a third party.

Workers' Compensation And Similar Programs: We may use or disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs.

Your Rights Regarding Protected Health Information About You

Right To Request Restrictions: You have the right to request additional restrictions on your PHI, including disclosure to certain individuals involved in your care that would otherwise be permitted by the Privacy Rule. **We are not required to agree to your request.** To request restriction, you must request in writing.

Right To Inspect And Copy: You have the right to inspect and receive a copy of certain PHI about you that we maintain. This includes medical and billing records. To inspect or copy PHI, please contact our Privacy Official. If you request a copy of PHI about you, we may charge a reasonable fee for copying, postage, labor and supplies used in meeting your request.

Right To Receive Accounting of Disclosures: You have the right to request an "Accounting" of certain disclosures that we have made of PHI about you. This is a list of disclosures made by us during a specified period of up to six years other than disclosures made: for treatment, payment, health care operations, disclosures made to family members or friends involved in your care, to you directly or disclosures made prior to April 14, 2003. Requests should be directed to our Privacy Official. The first request will be without charge.

Right To A Paper Copy Of This Notice: You have the right to request a copy of this notice at any time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Official at the address and number listed below. We will not retaliate against any complaints.

Questions: Please contact our Privacy Official.

Privacy Official Contact Information: Privacy Officer
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