



**NOTICE OF PRIVACY PRACTICES**  
**DiSepio Institute for Rural Health and Wellness**  
**at Saint Francis University**  
**PO Box 600, Loretto, PA 15940**  
**814-472-3923**

**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.**

This notice of privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and to accomplish other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Your protected health information may be used and disclosed by your health care professional, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the DiSepio Institute for Rural Health and Wellness, and any other use required by law.

#### **Treatment:**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a healthcare institution that provides care to you. Alternatively, your protected health information may be provided to a physician either to whom you have been referred or whom you have indicated as your primary care physician to ensure that the physician has the necessary information to diagnose or treat you.

#### **Payment:**

Your protected health information will be used, as needed, to obtain payment for your health care services. For example, your relevant protected health information may be disclosed to the health plan in order to obtain approval for continued treatment.

#### **Health care operations:**

We may use or disclose, as needed, your protected health information in order to support the business activities of the DiSepio Institute for Rural Health and Wellness. These activities include, but are not limited to, quality assessment activities, employee review activities, training healthcare students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to physical therapy interns, residents, or fellows who see clients in our office. In addition, we may use a sign-in sheet at the registration. We may also call you by name in the waiting room when your therapist is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: public health issues as required by law; communicable diseases; health oversight; abuse or neglect; Food and Drug Administration requirements; legal proceedings; law enforcement; coroners inquires; funeral arrangements; organ donation research; criminal activity; military activity and national security; workers' compensation reporting; and uses and disclosures as required by law. Under the law, we must make disclosures to you and, when required, by the U.S. Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of section 164.500 of the U.S. Health and Human Services Regulations as Amended August 2002. Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object, unless required by law. You may revoke this authorization at any time in writing except to the extent that your health care provider or the DiSepio Institute for Rural Health and Wellness already has taken an action relying on the use or disclosure indicated in the authorization.

**Health-Related Services;**

We may use and disclose your health information to send you mailings or electronic mail notifications about health-related services and programs offered at the DiSepio Institute for Rural Health and Wellness.

**Medical Research:**

The DiSepio Institute for Rural Health and Wellness supports faculty and student research to enrich the evidence basis of wellness, fitness, disease prevention, and rehabilitation and shares that research through publications, conference presentations, and other forms of dissemination. Our clinical researchers may examine your health records as part of your current care or to prepare to perform research. All research conducted at the DiSepio Institute for Rural Health and Wellness goes through a comprehensive process required by law that reviews protections, including privacy, for patients involved in clinical research. We will not use your health information or disclose it outside of the DiSepio Institute for Rural Health and Wellness without either obtaining your prior written approval or determining that your privacy is protected.

**YOUR RIGHTS**

Following is a statement of your rights with respect to your protected health information.

**You have the right to inspect and copy your protected health information.**

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled for actual use, or reasonable anticipation of use, in a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

**You have the right to request a restriction of your protected health information.**

This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your health care professional is not required to agree to a restriction that you may request. If the health care professional believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another health care professional.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.**

You have the right to obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice alternatively (i.e., electronically).

**You may have the right to have your health care professional amend your protected health information.**

If we deny your request for amendment, you have the right to file a statement of disagreement with us, and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

We reserve the right to change the items of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

**COMPLAINTS**

You may complain to us or to the U.S. Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our HIPAA compliance officer, Ms. Janet Long, of your complaint at (814) 472-3923. **We will not retaliate against you for filing a complaint.**

This notice was published and becomes effective on/or before **March 1, 2009.**

We are required by law to maintain the privacy of and provide individuals with this notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA compliance officer in person or by phone at (814) 472-3923. Your signature below is only acknowledgement that you have received this notice of our privacy practices:

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PRINTED NAME

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SIGNATURE

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DATE