

**HIPAA - NOTICE OF PRIVACY PRACTICES  
AND DOYLESTOWN CLINICAL NETWORK (DCN)  
ANN SILVERMAN COMMUNITY HEALTH CLINIC  
*Formerly The Free Clinic of Doylestown***

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

HIPAA is short for the Health Insurance Portability and Accountability Act of 1996. This Act was designed to ensure that medical personnel, hospitals, and insurance companies safeguard your health information. The goal of HIPAA is to make sure your privacy is protected as much as possible and that no one can gain access to your health information without your permission. However, your health information can be released, without your authorization, for treatment, health care business operations, and payment of bills to:

- other medical professionals such as doctors, nurses, and dentists who are treating you or that we need to consult about your care
- the Doylestown Hospital billing office regarding bills that you may have incurred with the hospital because you were a patient of the Ann Silverman Community Health Clinic
- for scheduling of appointments
- to our attorneys or accountants in the event we need the information in order to address our own business functions (operations)
- Unless you tell us you object we may use or disclose your health information to notify your family or another person responsible for your care about your location, your general condition, or death. If you are unable to agree or object, our health professionals will use their best judgment in any communications with your family or others.
- We will use our professional judgment to make reasonable inferences in your best interest in allowing a person to pick up prescriptions, medical supplies, or other similar types of medical information.

Your health information cannot be released without your permission for purposes such as marketing, fundraising, research, or other such purposes. In general, we will attempt to ensure that you have been made aware of the use or disclosure of your health information prior to providing it to another person. We are required by law to make certain information available without your authorization. Some examples are:

- information necessary to prevent a serious threat to health or safety (for example, child or elder abuse or neglect, suicidal or homicidal threats, driving impairments)
- to control or prevent the spread of certain diseases (for example, HIV/AIDS)
- health oversight activities authorized by law, such as audits, investigations, and legal proceedings
- gunshot wounds, coroners and medical examiners
- requests for information about a crime victim or regarding a crime on the premises
- to respond to a court order or subpoena.

For all other circumstances, we may only use or disclose your health information after you have signed an authorization. You may revoke your authorization at anytime by contacting us, although we cannot reverse the release of information that you authorized and we already released.

**Your Rights:**

- You have the right to request restrictions on the uses and disclosures of your health information. We are not required to comply with your request.

- You have the right to receive your health information through confidential means, through a reasonable alternative means, or at an alternate location.
- You have the right to inspect and obtain a copy of your health information. We may charge you a reasonable cost-based fee to cover copying, postage, and/or a preparation of a summary.
- You have the right to request that we amend your health information that is incorrect or incomplete. We will allow you to have included in your record a document you provide that may disagree or clarify your health record, but we are not required to change your health information.
- You have a right to receive an accounting of disclosures (within six years of your request, but not before 4/14/03) of your health information made by us. Except, we do not have to account for disclosures made for treatment, payment, healthcare operations, information provided to you, notification and communication with family, certain government functions, appointment reminders, and fundraising, as described in this NOTICE OF PRIVACY PRACTICES.
- You have a right to a paper copy of this NOTICE OF PRIVACY PRACTICES. **If you have any questions please contact our Privacy Officer, at 215-345-2260.**

#### Our Duties:

- We are required to maintain the privacy of your health information and to provide you with a copy of this notice.
- We are required to abide by this notice.
- We reserve the right to amend this Notice at any time in the future and to make the new Notice provisions applicable to all of your health information, even if it was created prior to the change of the Notice. If such an amendment is made, we will immediately display the revised notice at our office and provide you with a copy of the amended Notice upon request.

#### COMPLAINTS

If you believe we have violated your privacy rights, you may submit a complaint to us or to the Secretary of Health and Human Services at 1-800-368-1019. To file a complaint with us, submit the complaint in writing to the privacy officer. We will not retaliate against you for filing a complaint.

You will be asked to sign that you have received our Notice of Privacy Practices.

#### DOYLESTOWN CLINICAL NETWORK (DCN)

The DCN is a database created by all the physicians in the Doylestown community who have some category of membership on the Medical Staff of Doylestown Hospital. This database consists of the medical records of all the physicians' patients, including yours if you want to participate. The only physicians allowed to access your records are those who are currently treating you. The DCN should enhance the quality of care provided to you, and reduce the risk that you will be prescribed inappropriate or excess medications.

When registered as a patient in this Practice, you are automatically included in the DCN. The Practice will include your clinical information, such as allergies, medications, problems, results, etc., in the DCN so it will be available to any physician member of the DCN who is treating you, including participating referring physicians and clinicians at any time they are providing you with care or in the event of an emergency visit.

If you choose not to participate in the DCN, ask our registration staff for the opt-out form. Once you have completed and signed the form, your information will not be shared on the DCN. Please tell any of our staff members of your decision to opt-out at any time during your visit. Your clinical information will then not be available via the electronic network.