

Broad Street Weight Management Center, Inc., 1913 South Broad Street, Philadelphia, PA 19148
Premiere Physicians Weight Loss, LLC., 129 Johnson Road, Turnersville, NJ 08021, Unit A-3
Robert Fortino, D.O. Medical Director

Notice of Privacy Practices for Protected Health Information

This notice describes how medical information may be used and disclosed, and how you can get access to this information. Please review it carefully.

Broad Street Weight Management Center, Inc., and Premiere Physicians Weight Loss, LLC, respect your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so. The law protects the privacy of the health information we create and obtain in providing our care and services to you. For example, health information from other providers, billing, and payment information relating to these services. Federal and state law allows us to use and disclose this information for payment purposes.

Examples of use and disclosures of protected health information for treatment, payment and health operations:

For treatment: Information obtained by a nurse, physician, or other member of our healthcare team will be recorded in your medical record and used to help decide what care may be right for you.

For payment: We may request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care.

For health care operations: We use your medical records to assess quality and improve services. We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff. We may contact you to remind you about appointments and give you information about treatment alternatives or other health related benefits and services. We may contact you to raise funds. We may use and disclose your information to conduct or arrange services to include medical quality review by your health plan, accounting, legal, risk management, insurance services, audit functions, fraud and abuse detection, and compliance programs.

Your Health Information Rights

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have the right to:

- Receive, read, and ask questions about this notice
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any written request
- Request and receive from us a paper copy of the most current **Notice of Privacy Practices for Protected Health Information**
- Request in writing that you be allowed to see and get a copy of our protected health information
- Have us review a denial of access to your health information, except in certain circumstances
- Ask us to change your health information. You must request this in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records
- When you request, we will give you a list of disclosures of your health information. This will not include disclosures to third party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Ask that your health information be given to you by another means or at another location. Please sign, date, and give us your request in writing.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.

Our Responsibilities

We are required to keep your protected health information private. We will give you this "Notice". We will follow the terms of this "Notice". We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this "Notice". You may receive the most recent copy of this "Notice" by calling and asking for it or by visiting our office to pick one up.

(OVER)

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To Ask For Help or Complain

If you have questions, want more information, or want to report a problem about the handling of your protected health information, you may contact the office at 215-336-8000. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also deliver a written complaint to the office. You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

Other Disclosures and Uses of Protected Health Information

Notification of Family and Others

- Unless you object, we may release health 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. We may tell your family or friends your condition and that you are in a hospital. In addition, we may disclose health information about you to assist in disaster relief efforts.
- Information may be provided to people who ask for you by name. We may use and disclose the following information in a hospital directory: your name, location, general condition, and religion.
- You have the right to object to this use or disclosure of your information. If you object, we will not use or disclose it.

We may use and disclose your protected health information without your authorization as follows:

- Medical Research: if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.
- Funeral Directors or Coroner: consistent with applicable law to allow them to carry out their duties.
- Organ Procurement Organizations: (tissue donors) or persons who obtain, store, or transplant organs
- Food and Drug Administration: (FDA) relating to problems with food, supplements, and products.
- Workers' Compensation Laws: if you make a workers' compensation claim.
- Public Health and Safety Purposes: as allowed or required by law to prevent or reduce a serious, immediate threat to the health or safety of a person or the public. To the public health and safety. To prevent or control disease, injury or disability. To report vital statistics such as births or deaths.
- Report Suspected Abuse or Neglect: to public authorities.
- Correctional Institutions: if you are in jail or prison, as necessary for your health and the health and safety of others
- Law Enforcement: purposes such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime
- Health and Safety Purposes: such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.
- Health and Safety Oversight Activities: we may share health information with the Department of Health
- Disaster Relief Purposes: we may share health information with disaster relief agencies to assist in notification of your condition to your family.
- Work Related Conditions That Could Affect Employee Health: an employer may ask us to assess health risks on a job site.
- Military Authorities of the U.S. and Foreign Military Personnel: the law may require us to provide information necessary to a military mission.
- The Course of Judicial/Administrative Proceedings: at your request, or as directed by a subpoena or court order.
- Specialized Government Functions: we may share information for national security purposes

Uses and disclosures not in the "Notice" will be made as allowed or required by law or with your written authorization.

Effective April, 14, 2003

Signature: _____ Date: _____