



## Notice of Privacy Practices

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.**

### Your Rights

*When it comes your health information, you have certain rights which are explained below:*

You have the right to:

<b>Get a copy of your paper or electronic medical record</b>	If you would like to receive a copy of your record, please contact us at the email or phone number below. We will provide you with a copy or summary of your information within 30 days of your request. If you would like a paper copy, we charge a fee of \$15.
<b>Correct your paper or electronic medical record</b>	If you feel that your record is incorrect or incomplete, you may ask us to correct it. However, we may say “no” to your request. If this is the case, we will tell you why in writing within 60 days.
<b>Request confidential communication</b>	If you would like us to contact you a specific way (i.e., home vs. office phone) or to send mail to a different address please let us know and we will.
<b>Ask us to limit the information we share</b>	<p>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations. However, we are not required to agree to your request, and we may say “no” if it would affect your care.</p> <p>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.</p>
<b>Get a list of those with whom we’ve shared your information</b>	You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
<b>Get a copy of this privacy notice</b>	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<b>Choose someone to act for you</b>	<p>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</p> <p>We will make sure the person has this authority and can act for you before we take any action.</p>

Phone 1.215.486.7346

Fax 1.866.513-0868

Email: [info@paramountaba.org](mailto:info@paramountaba.org)

Website: [paramountaba.org](http://paramountaba.org)

<p><b>File a complaint if you believe your privacy rights have been violated</b></p>	<p>You can complain if you feel we have violated your rights by contacting us using the information on the bottom of page 1.</p> <p>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</p> <p>We will not retaliate against you for filing a complaint.</p>
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## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

- In these cases, you have both the right and choice to tell us to:
  - Share information with your family, close friends, or others involved in your care
  - Share information in a disaster relief situation
  - Include your information in a hospital directory
  - *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- In the case of fundraising:
  - We may contact you for fundraising efforts, but you can tell us not to contact you again.

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

<p><b>Treat you</b></p>	<p>We can use your health information and share it with other professionals who are treating you.</p> <p><i>Example: A doctor treating you for an injury asks another doctor about your overall health condition.</i></p>
<p><b>Run our agency</b></p>	<p>We can use and share your health information to run our practice, improve your care, and contact you when necessary.</p> <p><i>Example: We use health information about you to manage your treatment and services.</i></p>
<p><b>Bill for your services</b></p>	<p>We can use and share your health information to bill and get payment from health plans or other entities.</p> <p><i>Example: We give information about you to your health insurance plan so it will pay for your services.</i></p>

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Help with public health and safety issues**
  - We can share health information about you for certain situations such as:
    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence
    - Preventing or reducing a serious threat to anyone’s health or safety
- **Do research**
  - We can use or share your information for health research.
- **Comply with the law**
  - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
- **Respond to organ and tissue donation requests**
  - We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director**
  - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers’ compensation, law enforcement, and other government requests**
  - We can use or share health information about you:
    - For workers’ compensation claims
    - For law enforcement purposes or with a law enforcement official
    - With health oversight agencies for activities authorized by law
    - For special government functions such as military, national security, and presidential protective services
- **Respond to lawsuits and legal actions**
  - We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

## **Other Instructions for Notice**

- This Notice of Privacy Practice is updated as of October 1, 2017. ParamountABA may change the terms of this Notice at any time. ParamountABA may, at its discretion, make the new terms effective for all PHI in our possession, including any PHI created or received before the new Notice is issued.
- If you have any questions about this notice or any complaints about ParamountABA LLC's privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact us at:

ParamountABA, LLC  
67 Thornridge Drive  
Levittown, PA 19054  
Phone: 215-486-7346  
Email: [info@paramountaba.org](mailto:info@paramountaba.org)