

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AN DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REEVIEW IT CAREFULLY.

If you have questions regarding this notice, you may contact our Privacy Officer at:
Suite 307, 393 Vanadium Road, Pittsburgh, PA 15243. 412.279.5372

Internal Medicine/Richard Gobao, M.D. LLC is required by the federal privacy rule to maintain the privacy of your health information that is protected by the rule, and to provide your with notice of our legal duties and privacy practices with respect to your protected health care information. We are required to abide by the terms of the notice currently in effect.

Generally speaking, your protected health information is any information that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you, and individually identifies you or reasonably can be used to identify you.

Your medical and billing records at our practice are examples of information that usually will be regarded as your protected health information.

I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

A. Treatment, payment, and health care operations.

This section describes how w may use and disclose your protected health information for treatment, payment, and health care operations purposes. The descriptions include examples. Not every possible use or disclosure for treatment, payment, and health care operations purposes will be listed.

1. Treatment

We may use and disclose your protected health information for our treatment purposes as well the treatment purposes or other health care providers. Treatment includes the provision, coordination, or management of health care services to you by one or more health care providers. An example would include sharing information between physician and staff during your office visit. We also may contact you to provide appointment reminders.

2. Payment

We may use and disclose your protected health information for our payment purposes as well as the payment purposes of other health care providers and health plans. Payment uses and disclosures include activities conducted to obtain payment for the care provided to you or so that you can obtain reimbursement for that care, for example, from your health insurer. An example of this would be sending a bill for your visit to your insurance company for payment.

3. Health Care Operations

We may use and disclose your protected health information for our health care operation purposes of other health care providers and health plans. Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis and customer service. An example would be an internal quality assessment review.

B. USE AND DISCLOSURE FOR OTHER PURPOSES

We may use and disclose your protected health information for other purposes. This section generally describes those purposes by category. Each category includes one or more examples. Not every use or disclosure in a category will be listed. Some examples fall into more than one category-not just the category under which they are listed.

1. Individuals involved in care or payment for care. We may disclose your protected health information to someone involved in your care or payment for your, such as a spouse, a family member, or close friend. For example, if you have surgery, we may discuss your physical limitations with a family member assisting in your post-operative care.
2. Notification Purpose

We may use and disclose your protected health information to notify, or to assist in the notification of, a family member, a personal representative, or another person responsible for your care, regarding your location, general condition, or death. For example, if you're hospitalized, we may notify a family member of your hospitalization and your general condition. In addition, we may disclose your protected health information to a disaster relief, such as the Red Cross, so that it can notify a family member, a personal representative, or another person involved in your care regarding your location, general condition, or death.

3. Required by Law

We may use and disclose protected health information when required by federal, state, or local law. For example, we may disclose protected health information to comply with mandatory reporting requirements involving births and deaths, child abuse, disease prevention and control, vaccine-related injuries, medical device related deaths and serious injuries, gunshot and other injuries by a deadly weapon or criminal act, driving impairments and blood alcohol test.

II. PATIENT PRIVACY RIGHTS

1. Further restriction on use or disclosure

You have a right to request that we further restrict use and disclosure of your protected health information to carry out treatment, payment, or health care operations, to someone who is involved in their care or the payment for your care, or for notification purposes. We are not required to agree to a request for further restriction

To request a further restriction, you must submit in written request to our privacy officer. The request must tell us: (a) what information you want restricted; (b) how you want the information restricted, and (c) to whom you want the restriction to apply. The privacy officer will respond to your inquiry within 14 to 30 days.

2. Confidential Communication

You have a right to request that we communicate your protected health information to you by a certain means or at a certain location. For example, you might request that we only contact you by mail or at work. We are not required to agree to requests for confidential communications that are unreasonable.

To make a request for confidential communications, you must submit a written request to our privacy officer. The request must tell us how or where you want to be contacted. In addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

3. Accounting of Disclosures

You have a right to obtain, upon request, an “accounting of certain disclosures of your protected health information by us (or a business associate for us). Also, under certain circumstances we may charge you for providing the accounting. To request an accounting, you must submit a written request to our privacy officer. Our privacy officer will respond to your written request in 14 to 30 days.

3. Inspection and copying

You have a right to obtain a copy of your protected health information that we maintain in designated records set. This right is subject to limitations and we may impose charges for the labor and supplies in providing copies. To exercise your right of access, you must submit a written request to our privacy officer. The request must (a) describe the health information to which access is requested, (b) state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, (c) specify any requested form or format such as paper copy or an electronic means, and (d) include the mailing address, if applicable.

4. Right to Amendment

You have a right to request that we amend protected health information that we maintain about you in a designated record set if the information is incorrect or incomplete. This right is subject to limitations. To request an amendment, you must submit a written request to our privacy officer. The request must specify each change that you want and provide reason to support each requested change. Our privacy officer will respond to your written request in 14 to 30 days.

5. Paper copy of privacy notice

You have a right to receive, upon request, a paper copy of our Notice of Privacy Practices. Upon receipt you will be required to sign a form indicating that you received the Notice of Privacy Practices.

III. CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all protected health information that we maintain at the time of the change-including information that we created or received prior to the effective date of the change. We will post a copy of our current notice in the waiting room of the practice.

IV. COMPLAINTS

If you believe that we have violated your privacy rights, you may submit a complaint to the privacy officer which will be answered within 14 to 30 days, or the Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. Telephone 202.619.0257 or toll free at 1.877.696.6775.

V. LEGAL EFFECT OF THIS NOTICE

This notice is not intended to create contractual or other rights independent of those of the federal privacy rule. This notice will become effective August 1, 2006.