

**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE  
NOTICE OF PRIVACY PRACTICES  
FOR PROTECTED HEALTH INFORMATION**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW**

**PURPOSE OF THIS NOTICE:**

**Philadelphia College of Osteopathic Medicine (PCOM)** is committed to preserving the privacy and confidentiality of your health information. We are required by law to explain how we may use health information about you and when we can give out information about you to others. You also have rights regarding your health information, as described in this Notice. "Protected Health Information" or "PHI" includes any information that relates to your physical or mental health or condition, the provision of health care to you or the payment for such healthcare. We are required to abide by the terms of this Notice currently in effect. We also reserve the right to change our privacy practices.

**HOW WE USE OR DISCLOSE HEALTH INFORMATION:**

1. We must use and disclose your PHI to provide information:
  - a. To you or someone who has the legal right to act for you ( your personal representative).
  - b. To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
  - c. Where required by law.
2. We have the right to use and disclose PHI to treat you, pay for your health care and operate our business. For example, we may use your PHI:
  - a. For Treatment- We may disclose PHI to other health care providers, like your family doctor to help them provide care to you. We may also use your PHI to plan your care and treatment.
  - b. For Payment- We may use your PHI to bill and receive payment from you, your insurer or a government program for the services we provide to you.
  - c. For Health Care Operations- We may use your PHI to assess and improve the services that we provide.
3. We may use or disclose your PHI for the following purposes, in limited circumstances:
  - a. To Family Members and Friends- We may disclose your PHI to family members and people who identify themselves as close personal friends, who are involved in your care or who help pay for your care, as long as you do not object.
  - b. In an Incidental Disclosure- We may disclose your PHI as a byproduct of another use or disclosure. For example, if an employee of PCOM is talking to you, another employee may inadvertently overhear the conversation.
  - c. To Comply With the Law.
  - d. For Public Health Activities- such as reporting disease outbreaks and other public health reporting.
  - e. For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities, including a social service or protective service agency.
  - f. For Health Oversight Activities such as audits by government agencies that oversee the services provided by PCOM.
  - g. For Judicial or Administrative Proceedings such as in response to a court order, search warrant or subpoena.
  - h. For Law Enforcement Purposes such as providing limited information to locate a missing person.
  - i. For Research Purposes such as research related to the prevention of disease or disability, if the study meets all privacy law requirements.
  - j. To Provide Information Regarding Decedents- We may disclose information to a coroner, medical examiner or funeral director as necessary to carry out their duties.
  - k. For Organ Procurement Purposes- We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.
  - l. To Avoid a Serious Threat to Health or Safety by, for example, disclosing your PHI to a police officer if we reasonably believe it is necessary to prevent a serious threat to your safety.
  - m. For Specialized Government Functions - such as military and veteran activities, national security and intelligence activities.
  - n. For Workers Compensation including disclosures required by state workers compensation laws of job-related injuries.
  - o. To Disaster Relief Agencies- We may disclose your PHI to disaster relief agencies, such as the Red Cross.

- p. Health Information Exchange. A health information exchange (“HIE”) is a network that allows HIE participants to share patients’ PHI for treatment, payment and health care operations purposes and other lawful purposes to the extent permitted by law (“Permitted Purposes”). HIEs make it possible for us to electronically share patients’ PHI to coordinate their care, obtain billing information and participate in quality improvement, among other things. Participants in the HIE may be health care providers, their billing companies, insurers, health plans, and accountable care organizations (“Participants”). Note that sensitive information (such as information relating to mental health, drug and alcohol treatment, HIV status and sexually transmitted diseases) may be contained in the documents accessed through the HIE.

PCOM participates in various HIEs from time to time solely for the Permitted Purposes, including Health Share Exchange of Southeastern Pennsylvania (“HSX”). More information on HSX can be found on its website at [hsxsepa.org](http://hsxsepa.org).

Opting out of HIEs. You may opt out of participating in all of the HIEs PCOM participates in by contacting the PCOM Compliance Office or by directly contacting the HIE. To opt out of HSX, go to the HSX website and complete the HSX Opt Out form at [healthshareexchange.org/patient-options-opt-out-back](http://healthshareexchange.org/patient-options-opt-out-back).

#### USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION:

The law only allows us to use and disclose your PHI for the purposes described in Section B above. If we would like to make a use or disclosure for any other purpose -- including using or disclosing psychotherapy notes, using or disclosing PHI for marketing purposes or making certain disclosures that constitutes the “sale of PHI” -- we will ask you to sign an authorization. If you have provided an authorization, you may revoke it at any time in writing, but the revocation will not apply to uses or disclosures we have already made in reliance on that authorization.

#### YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding your PHI. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from any employee of PCOM. However, you are permitted to request access to your clinical records either orally or in writing. In some instances, we may charge you for the cost(s) associated with providing you with the requested information.

1. **Right to Inspect and Copy**: You have the right to see and obtain a copy of your health records and other PHI maintained by PCOM that may be used to make decisions about you. Immediate access to your records is not guaranteed. In certain limited circumstances, we may deny your request and you have a right to review such denial. If your PHI is maintained in an electronic form (e.g., in an electronic medical record), you have the right to request an electronic copy of your record be given to you or transmitted to another individual or entity.
2. **Right to Amend**: You have the right to ask to amend PHI that we maintain about you if you believe that the information about you is wrong or incomplete. We may deny your request if it was not properly submitted or for other reasons. If we deny your request, you may have a statement of your disagreement added to your file.
3. **Right to an Accounting of Disclosures**: You have the right to request an accounting of certain disclosures of your PHI made by us. We may charge a reasonable fee for the second request made by you within the same 12 months. This accounting will not include certain disclosures of PHI including those that we made to you or for purposes of treatment, payment or health care operations, incidental disclosures or pursuant to a written authorization that you have signed (unless such disclosures were made through an electronic medical record, in which case you have a right to request an accounting of those disclosures made during the 3 years before your request).
4. **Right to Request Restrictions**. You have the right to request a restriction or limitation on how we use or disclose your PHI. You also have a right to restrict disclosures to family members or others who are involved in your health care or payment for your care. Please note that while we will consider your request, we are not required to agree to any restriction.
5. **Right to Request Confidential Communications**. You have the right to request that we communicate with you about your health care in certain ways or at certain locations (for example, by sending information to a P.O. box rather than your home). We will accommodate all reasonable requests.
6. **Out of Pocket Payments**. If you pay out-of-pocket in full for an item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or healthcare operations, and we will honor that request.
7. **Right to Notice of Security Breach**. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive notice by e-mail) of any breach of your unsecured PHI as soon as reasonably practicable but in any event within 60 days of discovering the breach.
8. **Right to a Paper Copy of this Notice**. You have the right to receive a paper copy of this Notice.

#### QUESTIONS OR COMPLAINTS:

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Chief Compliance Officer at:

Margaret McKeon, BSN, JD

Chief Compliance Officer  
 Philadelphia College of Osteopathic Medicine  
 4190 City Avenue  
 Philadelphia, PA 19131  
 Phone: (215) 871-6826

If you believe your privacy rights have been violated, you may file a complaint with PCOM or with the Secretary of the DHHS (1-800-368-1019). To file a complaint with PCOM, contact our Privacy Officer at the number above. All complaints must be submitted in writing.

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call: Philadelphia College of Osteopathic Medicine at (678) 225-7500 and ask for your provider's office.

**Spanish** ¿Habla español? Le proporcionaremos un intérprete sin costo alguno para usted.  
**Español**

**Russian** Вы говорите по-русски? Мы абсолютно бесплатно предоставим вам переводчика.  
**Русский**

**Mandarin** 您讲国语吗? 我们将免费为您提供翻译。  
**中文**

**Vietnamese** Quý vị nói được tiếng Việt không? Chúng tôi sẽ cung cấp một thông dịch viên miễn phí cho quý vị.  
**Tiếng Việt**

**Arabic** هل تتحدث اللغة العربية؟ سوف نوفر لك مترجماً فورياً بدون أي تكلفة عليك.  
**اللغة العربية**

**Korean** 한국어를 사용하십니까? 무료로 통역 서비스를 제공해 드리겠습니다.  
**한국어**

**French** Parlez-vous français ? Nous vous fournirons gratuitement un interprète.  
**Français**

**Haitian Creole** Èske ou pale Kreyòl Ayisyen? N ap ba ou yon entèprèt gratis.  
**Kreyòl Ayisyen**

**Portuguese** Fala português? Vamos facultar-lhe um intérprete, sem custos para si.  
**Português**

**Gujarati** તમે ગુજરાતી બોલો છો? અમે ઈન્ટરપ્રીટર દુભાષિયો પૂરો પાડીશું, જેનો ખર્ચ તમારે ઉપાડવાનો રહેશે નહીં.  
**ગુજરાતી**

**German** Sprechen Sie Deutsch? Wir stellen Ihnen unentgeltlich einen Dolmetscher zur Verfügung.  
**Deutsch**

**Amharic** አማርኛ ይናገሩሉ? እርስዎ በግልጽ ምንም ወጪ ሳያወጡ አስተርጓሚ እናቀርባለን።  
**አማርኛ**

**Hindi** क्या आप हिन्दी बोलते हैं? हम आपके लिए बिना किसी निजी लागत के एक दुभाषिया को उपलब्ध कराएँगे।  
**हिन्दी**

**Persian** فارسی صحبت می کنید؟ یک مترجم شفاهی رایگان در اختیار شما قرار خواهیم داد.  
**فارسی**

**Japanese** 日本語を話しますか? 個人的な負担なしで通訳を提供致します。  
**日本語**

**American Sign Language (ASL)**

