PHA ADULT MEDICINE
DELIVERING THE CARE YOU NEED
Text PHA to 55469

1740 South Street, Suite 300, Philadelphia, PA 19146
TEL: 215-732-0876
FAX: 215-732-1812
WEBSITE: www.phaadultmedicine.com
Download: Healow App for Patient Portal

NOTICE OF PRIVACY POLICY

It is the policy of Philadelphia Health Associates – Adult Medicine, PC that all physicians and staff members preserve the integrity and the confidentiality of protected health information (PHI) pertaining to you, our patients. It is our goal to provide the highest quality medical care possible while protecting your confidential health information to the highest degree possible. You should not fear about providing information to our practice, its physicians and office staff for purpose of treatment, payment and healthcare operations (TPO). To that end, our practice and its physicians and staff will

A. **Adhere to the standards set forth in the Notice of Privacy Practices.**

B. **Collect, use and disclose PHI only in accordance with state and federal laws and current patient covenants and/or authorizations, as appropriate. Our practice and its physicians and staff will not use or disclose PHI for use outside of the practice's TPO, such as marketing, employment, life insurance applications, etc. without an authorization from you, the patient.**

C. **Use and disclose PHI to remind you of your appointments only with your consent.**

D. **Recognize that PHI collected about you must be accurate, timely, complete, and available when needed. Our practice, its physicians and staff will implement reasonable measures to protect the integrity of all PHI maintained about you.**

E. **Recognize that you have a right to privacy. Our practice, its physicians and staff will respect your individual dignity at all times. Our practice and its physicians and staff will respect your privacy to the extent consistent with providing the highest quality medical care possible and with the efficient administration of the facility.**

F. **Act as responsible information stewards and treat all PHI as sensitive and confidential. Consequently, our practice and its physician and staff will**

    1. **Treat all PHI data as confidential in accordance with professional ethics, accreditation standards, and legal requirements.**

    2. **Not disclose PHI data unless you (or your authorized representative) have properly consented to or authorized the release, or law otherwise authorizes the release or it's a special situation as outlined in the Notice of Privacy Practice given to you.**

G. **Recognize that, although our practice "owns" the medical record, you have a right to inspect and obtain a copy of your PHI. In addition, you have a right to request an amendment to your medical record if you believe your information is inaccurate or incomplete. Our practice and its physicians and staff will**

    1. **Permit your access to your medical records when your written requests are approved by our practice. It we deny such requests, we will inform you that you may request a**

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review of our denial. In such cases, we will have on-site healthcare professional review your appeals.

2. **Provide you an opportunity to request the correction of inaccurate or incomplete PHI in your medical records in accordance with the law and professional standards.**
3. **Upon request, restrict access to your PHI.**

H. **Maintain a record of all disclosures of PHI for purpose other than TPO for each patient. We will provide an accounting of this record to you upon request, as long as the requests are in writing.**

I. **Adhere to any restrictions concerning the use or disclosure of PHI that you have requested and have been approved by our practice.**

J. **Allow you to obtain electronic copies of your health information.**

K. **Recognize your right to opt out of any communication made to you for fundraising purposes.**

L. **Recognize your right to restrict certain parts of disclosures of your PHI to health plans when you have paid in full for that health care item or service.**

M. **Allow you the right to request to receive confidential communications from us by alternative means or at an alternative location.**

N. **Acknowledge that you have the right to receive an accounting of certain disclosures we have made, if any, of their PHI.**

O. **Recognize that you have the right to receive a notification of a breach of your unsecured PHI in appropriate circumstances.**

P. **Allow you to obtain a paper copy of this privacy policy from our office.**

Our physicians and staff will adhere to this policy. Our practice will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with our practice's personnel rules and regulations.

Our practice may change this privacy policy in the future. Any changes will be effective upon the release of a revised privacy policy and will be made available to patients upon request.

Questions:
Please contact our Compliance Officer with any questions you have about access to your medical records or about this policy: 215-732-0876