

**TOHICKON INTERNAL MEDICINE, LLC**  
**MEDICAL INFORMATION MODEL NOTICE**

*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.*

*Effective Date:       March 2011*  
*Revised Date:        December 2015*

1. ***Purpose of this Notice.*** In general, any information that concerns your health, health care or payment for that care, is considered confidential and protected by Tohickon Internal Medicine, LLC. This Notice described Tohickon Internal Medicine, LLC's privacy practices, specifically how we use and disclose your medical information and what rights you have with respect to this information. This information may include your name, address, and other identifying data, or information on your health or the health services that you have been or may be furnished to you. Tohickon Internal Medicine, LLC requires that all of its divisions, employees, staff, volunteers and independent contractors comply with these privacy practices with respect to medical information that is used or disclosed by Tohickon Internal Medicine, LLC.

You should read this Notice before signing the Tohickon Internal Medicine, LLC Medical Information Consent (the "Consent"). Please feel free to contact Diana Castro to discuss any Tohickon Internal Medicine, LLC privacy practice or this Notice.

2. ***The Use and Disclosure of Medical Information for Treatment, Payment and Health Care Operations.*** By law Tohickon Internal Medicine, LLC is allowed to use and disclose your medical information for most treatment, payment and healthcare operations purposes once we have obtained from you a signed Consent.

***Treatment*** means provision, coordination or management of health care and related services by or involving Tohickon Internal Medicine, LLC, such as the coordination of consultations and referrals. Thus, with your Consent, Tohickon Internal Medicine, LLC can share most medical information regarding your health condition with another provider as part of a consultation. [Also, related to your treatment, Tohickon Internal Medicine, LLC may contact you to remind you to make or that you already made an appointment; to notify you regarding treatment alternatives or other health-related benefits and services that may be of interest to you.]

Please note that by law certain medical information, such as psychotherapy notes, normally may not be used or shared based on your Consent, even when it is related to your treatment. Instead, we need to obtain Authorization (a stricter form of permission) to specifically use or release that information.

***Payment*** primarily means Tohickon Internal Medicine, LLC's activities related to getting reimbursed services provided to you. However, payment can also cover activities to determine your eligibility for services with your insurer, coordination of benefits with other insurers, billing, claims management, collection, medical necessity review activities, utilization review activities, and disclosure to consumer reporting agencies.

For instance, with your Consent, we can disclose to your health plan medical information that is required by the plan to determine whether the services we have provided to you are medically necessary.

**Health care operations** cover a range of Tohickon Internal Medicine, LLC activities that are necessary to Tohickon Internal Medicine, LLC's operations. They may be performed by Tohickon Internal Medicine, LLC or, in some cases, by third-party contractors. They include quality assessment and improvement activities; peer review; credentialing and licensing; training programs; legal and financial services; business planning and development; management activities related to Tohickon Internal Medicine, LLC's privacy practices; customer services; internal grievances; creating de-identified information for data aggregation or other purposes; fundraising; certain marketing activities; and due diligence activities. An example of Tohickon Internal Medicine, LLC's operations is evaluating practitioners performance to insure that they meet our quality standards. Engaging counsel to defend Tohickon Internal Medicine, LLC in a legal action is another type of operations.

As a member of HealthShare Exchange of Southeastern Pennsylvania, Inc., (HSX), we may use or disclose your Personal Health Information to this Health Information Organization (HIO) and also to the HIO of the Commonwealth, The Pennsylvania Patient and Provider Network (P3N) . Other health care providers, such as physicians, hospitals and other health care facilities, may have access to this information for treatment, payment and other purposes, to the extent permitted by law. You have the right to "opt-out" or decline to participate in the Health Information Exchange (HIE). If you choose to opt-out of the HIE, we will not use or disclose any of your information in connection with HSX or P3N.

3. ***The Use and Disclosure of Medical Information Without Your Consent, Authorization or Other Permission.*** Under certain circumstances, Tohickon Internal Medicine, LLC may use or disclose your medical information without a Consent, Authorization or other written permission from you. These circumstances are as follows:
  - a. ***For Tohickon Internal Medicine, LLC Facility Directory.*** After we have given you the opportunity to refuse, or in an emergency when we believe that you would want such information to be shared, we can include in our facility directory your name, location in our facility, general health condition and religious affiliation. We may also share relevant information with clergy or a member of the public who inquires about you.
  - b. ***To a Relative, Friend or Individual Involved in Your Care, or for Disaster Relief.*** Tohickon Internal Medicine, LLC may provide medical information about you to your relative or friend, or another individual involved in your care. We will attempt to seek your permission to make this disclosure. If we are not able, for instance, because of your condition or because you are not immediately present, we will use our best judgment to determine whether you would want this information shared.
  - c. ***As Required by Law.*** Numerous state, federal and local laws permit or require certain uses and disclosures of medical information. However, Tohickon Internal Medicine, LLC may only use or disclose your medical information to the extent

authorized by law.

- d. ***To a Public Health Authority.*** Tohickon Internal Medicine, LLC may be asked or required by law to divulge medical information to a public health authority under the following circumstances:
  - i. to report a birth, death, disease or injury, as required by law;
  - ii. as part of a public health investigation;
  - iii. to report child or adult abuse or neglect, or domestic violence, as authorized by law;
  - iv. to report adverse events (such as product defects), to track products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance, as required by the Food and Drug Administration;
  - v. to notify a person about exposure to a possible communicable disease, as required by law.
- e. ***For Health Oversight Activities.*** Health oversight activities include audits, government investigations, inspections, disciplinary proceedings, and other administrative and judicial actions undertaken by the government (or their contractors) by law to oversee the health care system. Tohickon Internal Medicine, LLC may be asked or required to share medical information with a health oversight agency for these activities.
- f. ***For Judicial and Administrative Proceedings.*** Tohickon Internal Medicine, LLC may disclose medical information as required by a court or administrative order, or in some instances pursuant to a subpoena, discovery request or other legal process.
- g. ***To Law Enforcement.*** Police and other law enforcement may seek medical information as required by a court administrative order, or in some instances pursuant to a subpoena, discovery request or other legal process.
- h. ***To Coroners, Medical Examiners and Funeral Directors.*** Tohickon Internal Medicine, LLC may release information regarding a decedent as required by law or in order to facilitate funerary activities.
- i. ***For Organ, Eye, and Tissue Donation.*** We may provide medical information to organ procurement organizations and similar entities in order to facilitate organ, eye and tissue donation.
- j. ***For Research Purposes.*** Tohickon Internal Medicine, LLC may be approached by researchers to provide medical information for research purposes, such as tracking a particular disease. Tohickon Internal Medicine, LLC may provide medical information to a researcher if the researcher has obtained a special waiver from a committee established under federal law to oversee medical research to allow the researcher to *not* have to obtain patients' permission prior to collecting the information. Further, the researcher must demonstrate that the information is necessary to the research, and poses a minimal risk of an inappropriate use or disclosure. If the researcher does not obtain the waiver, then Tohickon Internal Medicine, LLC may not disclose the information without an Authorization signed

by you.

- k. ***To Avert a Serious Threat to Health and Safety.*** Tohickon Internal Medicine, LLC may use or disclose your medical information to avert a serious and imminent threat to a person's or the public's health and safety.
  - l. ***For Military and Other Specialized Government Functions.*** Medical information may be disclosed for military, national security, intelligence or correctional activities.
  - m. ***For Workers' Compensation.*** Tohickon Internal Medicine, LLC may share information regarding work-related illnesses and injuries in order to comply with workers' compensation laws.
4. ***Authorizations for Other Uses and Disclosures of Your Medical Information.*** Unless Tohickon Internal Medicine, LLC has your Consent, or we are permitted or required to use your medical information for the reasons listed above, we must obtain your Authorization. An Authorization is a written permission that is different from a Consent and that specifically identifies that information that we seek to use or disclose, and when and how we seek to use or disclose it. For instance, if you are applying for a life insurance policy, Tohickon Internal Medicine, LLC must obtain your Authorization to share your medical information with the company. You may revoke an Authorization at any time except to the extent we have already used or disclosed information in reliance on your Authorization, or your Authorization was obtained as a condition of obtaining insurance coverage. We will not use your health information for marketing communications without your written authorization.
5. ***Individual Rights.*** You have a number of rights with respect to your medical information. They are as follows:
- a. ***Restrictions.*** You have the right to restrict how Tohickon Internal Medicine, LLC uses and discloses your medical information for treatment, payment or operations purposes, or to the family, friends and other individuals involved in your health care, including the right to restrict use and disclosure where you provide all payments for healthcare provided by Tohickon Internal Medicine, LLC. We are bound by an agreement to restrict the use or disclosure of your information except in emergency circumstances. Where you pay for a service "out of pocket," we will comply with a request, as it pertains to that service, to restrict disclosure to a health plan for purposes of payment or health care operations. However, we do not have to agree to a restriction if we do not believe we can or should comply with it. Also, we can ask you to revoke a restriction. Please direct any request for a restriction to the Health Information Department.
  - b. ***Confidential Communications.*** You have the right to request that Tohickon Internal Medicine, LLC restrict the way in which we communicate information regarding your health, health care services, or payment. For instance, you may ask that we communicate with you only at your home, not at your work. Assuming that we receive your request in writing, we will do our best to reasonably accommodate it. Please discuss with the Health Information Department how to obtain and complete a written request for confidential

communications.

- c. **Access.** You have the right to inspect and copy most of the medical information maintained by Tohickon Internal Medicine, LLC, including information contained in electronic health records. Normally, we will provide you with access within thirty (30) days of your request. We may charge a reasonable copying fee. In certain limited instances, we may deny you access (such as when the information constitutes psychotherapy notes) and you may appeal the denial. Any request to inspect and copy medical information should be made to the Health Information Department.
  - d. **Amendment.** You have the right to ask Tohickon Internal Medicine, LLC to amend written medical information. For instance, you can request that we correct and incorrect surgery date in you records. We will generally amend your information within sixty (60) days of you request, and will notify you when we have amended your information. We can deny your request only in certain circumstances, such as when we believe that the information is accurate and complete, and you can appeal our denial. Please direct any request to amend your medical information to the Health Information Department.
  - e. **Accounting.** You have the right to request an accounting from Tohickon Internal Medicine, LLC of certain disclosures made by us during the six (6) years prior to your request. We will generally provide you with your accounting within sixty (60) days of your request. These disclosures do not include those made for certain purposes including treatment, payment or operations, for the facility directory. You also have the right to request an accounting of all disclosures of electronic health information for treatment, payment or healthcare operations purposes made by us during the three (3) years prior to your request. Please forward any accounting request to the Health Information Department.
  - f. **Paper Notice.** If you have obtained this Notice electronically, you may obtain a paper copy by asking the Health Information Department or any staff member.
  - g. **Complaints.** You may complain to Tohickon Internal Medicine, LLC and/or the Secretary of the federal Department of Health and Human Services if you believe any right with respect to your medical information has been violated by Tohickon Internal Medicine, LLC, its employees or its agents. If you wish to file a complaint, please contact the Health Information Department who will provide you with the appropriate complaint form. Under no circumstances will Tohickon Internal Medicine, LLC take any retaliation against you for filing a complaint.
6. **Tohickon Internal Medicine, LLC Duties.** Tohickon Internal Medicine, LLC is required by law to maintain the privacy of your medical information and to provide you with this Notice of our legal duties and privacy practices with respect to your medical information. We must comply with the Notice currently in effect. We will revise the Notice if we materially change any use, disclosure, individual right or legal duty or other privacy practice stated in this Notice. If we revise a Notice, copies will be available by asking the Health Information Department or any Tohickon Internal Medicine, LLC staff member. We may choose to apply a change in a privacy practice to information that we created or received prior to issuing a revised Notice.

## TOHICKON INTERNAL MEDICINE, LLC CONSENT

This is a Medical Information Consent required by law to ensure that you are aware the ways in which Tohickon Internal Medicine, LLC may use or disclose your health information for treatment.

***Your Medical Health Information is Treated as Confidential.*** In general, any information that is about your health, the health care you receive, or payment for that care, is considered confidential and protected by Tohickon Internal Medicine, LLC. How we use and disclose medical information is described in detail in the Tohickon Internal Medicine, LLC Medical Information Notice, which is available for your review by asking the Health Information Department or any member of our staff.

***Using and Disclosing Information for Treatment, Payment and Health Care Operations.*** Tohickon Internal Medicine, LLC is permitted by law to use and disclose your medical information for treatment, payment and health care operations. For instance, we can share necessary information in order to bill your insurer. Please read the Notice for a complete description of the ways in which we use and disclose your medical information for these purposes.

***Restrictions on How Tohickon Internal Medicine, LLC Uses and Discloses Your Health Information.*** You can ask Tohickon Internal Medicine, LLC to restrict the medical information used or shared about you for treatment, payment and health care operations. We may not be able to agree with your request, and will tell you so. If we do not agree to your request, we are bound to follow it.

***Your Right to Revoke This Consent.*** You can take away this Consent at any time, as long as you do so in writing. Please consult the Notice or the Health Information Department for more information on how to revoke this Consent. Your revocation will not apply to any use or disclosure of your medical information by Tohickon Internal Medicine, LLC prior to the revocation and based on the original Consent.

***Tohickon Internal Medicine, LLC' Right to Change Its Notice Form.*** We have the right to change our Notice at any time. If we do so, you may obtain a copy of the revised Notice by consulting the Health Information Department or any member of our staff.

**Please sign below to indicate that you have read this Consent and agree with its terms.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print name of Patient