

Notice of Privacy Practices Summary for Patients

On April 14, 2003 a new set of regulations is effective that describes how your MEDICAL INFORMATION AND OTHER INFORMATION WE USE, for Example billing, is used and disclosed to others. This NOTICE OF PRIVACY PRACTICES describes these uses and disclosures and how you may access this information yourself.

Attached to this overview summary is a detailed policy explaining the requirements of these new regulations for Abington Hematology Oncology Associates as it relates to your **Protected Health Information**. This summary is designed to assist you in the understanding of the policy and how it may be practically applied while you are a patient of the Practice. Abington Hematology Oncology Associates takes great pride in its history of providing services to patients in a confidential and private manner. These regulations formalize the practices that we have followed as a practice that provides specialized services with many other State, Local, and Federal requirements and does not outline many things that are new, just how we inform you of them.

We will protect any information that could be used to identify you that we have created or received about your past, present or future health or condition, the provision of the care to you and the payment of this healthcare. For the most part, we may not disclose more information than is necessary to accomplish the purpose of the disclosure when someone asks for this information.

At our facilities, we take great care to keep your identity private; however, your treatment will require you to be part of treatment groups and joint treatment functions that may reveal your identity to other patients or visitors. We are notifying you that this could happen although we take great care to keep any information about you confidential.

Doctors or other healthcare professionals, including medical students and residents, involved in your care will receive information from us about your condition. Likewise, we will provide information to health insurers to obtain payment for our services. Sometimes, information may need to be provided to a governing body. All of these disclosures of information are permitted in order to serve you well.

We may request an authorization from you to share some of your specific record, for example, those about your oncologic treatment. This step will be taken to assure you agree that this information may be shared.

As a patient of the Practice, you have the right to review your Protected Health Information and to request to correct or amend it. You may also request an accounting of any disclosures of your information that are for other than treatment, payment, or our daily operations. You may make these requests to the Privacy Official. The Privacy Official or a designated staff member will work with you to make the appropriate arrangements and decide what information you may obtain.

The Notice of Privacy Practices summarized here is attached and is the official policy of Abington Hematology Oncology Associates, Inc. practice under the Health Insurance Portability and Accountability Act (HIPPA) of 1996. The notice went into effect on April 14, 2003

If you have any questions regarding this notice you may contact the practice's patient advocate or Privacy Official at 215-658-7259.