

Delaware Valley Urology, LLC

2003 Lincoln Drive West, Suite B

Marlton, NJ 08053

(856) 985-8000

Notice of Privacy Practices

At Delaware Valley Urology, LLC we strive to keep your information confidential, and may use and disclose your Personal Health Information (PHI) in the following ways:

1. **Treatment.** Our practice may use your PHI to treat you.
2. **Payment.** Our practice may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us.
3. **Health Care Operations.** Our practice may use and disclose your PHI to operate our business.
4. **Appointment Reminders.** Our practice may use your PHI to contact you and remind you of an appointment.
5. **Treatment Options.** Our practice may use and disclose your PHI to inform you of potential treatment options or alternatives.
6. **Health-Related Benefits and Services.** Our practice may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
7. **Release of Information to Family/Friends.** Our practice may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you, with your permission.
8. **Disclosures Required By Law.** Our practice will disclose your PHI when we are required to do so by federal, state, or local law.

The following categories describe scenarios in which we may use or disclose your identifiable health information:

1. **Public Health Risks.** Our practice may disclose your PHI to public health authorities that are authorized by law to collect information.
2. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law.
3. **Lawsuits and Similar Proceedings.** Our practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding.
4. **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official.
5. **Deceased Patients.** Our practice may release PHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death.
6. **Organ and Tissue Donation.** Our practice may release your PHI to organizations that handle organ, eye or tissue procurement, or transplantation.
7. **Research.** We may use and disclose your PHI for research purposes in certain limited circumstances with your permission.
8. **Serious Threats to Health or Safety.** Our practice may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
9. **Military.** Our practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
10. **National Security.** Our practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law.
11. **Inmates.** Our practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
12. **Workers' Compensation.** Our practice may release your PHI for workers' compensation and similar programs.

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YOUR RIGHTS REGARDING YOUR PHI:

1. **Confidential Communications.** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. Our practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. All requests must be submitted in writing to our Privacy Officer and we are permitted to charge for the cost of the copy. Copies will be provided within 30 days for information stored onsite and 60 days for information stored offsite.
4. **Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. You must provide us with a reason that supports your request for amendment. Our practice may deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. Our practice has 60 days to respond to your request for an amendment.
5. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our practice has made of your PHI for non-treatment, non-payment, or non-operations purposes. Use of your PHI as part of the routine patient care in our practice is not required to be documented. Our practice has 60 days to provide the accounting of disclosures.
6. **Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact the Privacy Officer.
7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, please contact the Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. Our practice has 30 days to investigate the complaint; our practice has 60 days to provide a written response to the individual who submitted the privacy complaint.
8. **Right to Provide an Authorization for Other Uses and Disclosures.** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Privacy Officer, Privacy Officer, at Delaware Valley Urology, LLC (856) 985-8000.