

## PATIENT NOTICE of OUR INFORMATION PRACTICE

Association of Specialty Physicians, Inc., in which your physician is a member, has established a program to assist in compliance with the Health Insurance Portability and Accountability Act of 1996. This information describes how medical information about you may be used, disclosed and how you can get access to this information. Please read it carefully.

### RIGHT OF INSPECTION

You have the right to inspect and obtain a copy of your health information. Please provide a written request and we will provide this information to you within 30 days. If you believe an amendment or correction of inaccurate or incomplete health information needs to be made, this request also needs to be in writing. However, we may not agree with the content of the request.

### RIGHT OF PRIVACY

You have the right to an accounting of disclosure of your information. We use your health information for treatment, payment for treatment, administrative purposes and to evaluate the quality of care that you receive. Examples include sharing information with your insurance carrier who uses your information for billing functions and utilization review, updates are sent to your PCP who has referred you to our practice, and coordination of care information is sent to entities who will provide your surgical, tests, therapy and prescription services such as a hospital facility or pharmacy. **You give ASPI, Inc. permission to download your medication history from the pharmacy.** We may disclose your information as required by law and public policy. You have the right to request restriction of uses and disclosures of your information as well as a right to request restrictions communicating your health information. We may contact you for appointment reminders, treatment alternatives and other health related benefits and services that may be of interest to the patient.

### RIGHT TO COMPLAIN

You have the right to complain to our Compliance Officer, Andrew Kaye, MD at 724-775-4242 or to the Secretary of HHS (Department of Health and Human Services) about violations of the provisions of the HIPAA rules or the policies and procedures of our company.

### AMENDMENT

We have the right to change our privacy policies any time. Before we make a significant change, we will change our notice and post the new notice. You can request a copy of our notice at any time.

Acknowledgement of Notice for \_\_\_\_\_ (patient)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature