

ALPHA ADVANCED CT. LLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When this Notice refers to “we” or “us”, it is referring to Alpha Advanced CT, LLC, all of the physicians in the practice and all of our employees.

This notice describes how we will use and disclose your health information. The policies outlined in this Notice apply to all of your health information generated by us, whether recorded in your medical record, invoices, payment forms, videotapes or other ways. Similarly, these policies apply to the health information gathered from other organizations by any health care professional, employee or volunteer who participates in your care.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

1. In some circumstances we are permitted or required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. These circumstances include:
 - Uses or disclosures for purpose relating to treatment, payment and health care operations:
 - A. **Treatment.** We may use or disclose your health information for the purpose of providing, or allowing others to provide, treatment to you or any other individual. Also, we may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
 - B. **Payment.** We may use and/or disclose your health information for the purpose of allowing us, as well as other entities, to secure payment for the health care services provided to you.
 - C. **Health Care Operations.** We may use and/or disclose your information for the purposes of our day-to-day operations and functions. We may also disclose your information to another covered entity to allow it to perform its day-to-day functions, but only to the extent that we both have a relationship with you or if we are part of an “organized health care arrangement” with the other entity, such as the hospitals where our physicians practice.
 - To create material(s) that originally had any identifying information concerning you deleted from the final material(s).
 - When required by law.
 - For public health purposes.
 - To disclose information about victims of abuse, neglect, or domestic violence.
- For health oversight activities, such as audits or civil, administrative, or criminal investigations.
 - For judicial or administrative proceedings.
 - For law enforcement purposes.
 - To assist coroner, medical examiners or funeral directors with their official duties.
 - To facilitate organ, eye, or tissue donation.
 - For certain research projects that have been evaluated and approved through a research approval process that takes into account patients need for privacy.
 - To avert a serious threat to health or safety.
 - For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes.
 - For worker’s compensation purposes, as permitted by law.

 2. We may also disclose to your relatives or close personal friends any health information that is directly related to that person’s involvement in the provisions of, or payment for, your care. We may also use and disclose your health information for the purpose of locating and notifying your relatives or close personal friends of your locations and general condition or death, and to Organizations that are involved in those tasks during disaster situations. Except in emergency situations, we will inform you that we intend to share information in this way and will give you an opportunity to object.

Expect as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time, in writing, unless we have taken action in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

YOUR RIGHTS

1. **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations purposes or notification purposes. We are not required to agree to your request. If we do agree to a restriction, we will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, submit a written request to the Contact Person listed on the final page of this Notice.
2. **To Limit Communications.** You have the right to receive confidential communication about your own health information by alternative means or at alternative means or at alternative locations. To request communications via alternative means or alternative locations, you must submit a written request to the Contact Person listed on the final page of this notice. All reasonable requests will be granted.
3. **To Access and Copy Health Information.** You have the right to inspect and copy any health information about you other than psychotherapy notes, information compiled in anticipation of or for use in civil, criminal or administrative proceedings, or certain information that is governed by the Clinical Laboratory Improvement Act. To arrange for access to your records, or to receive a copy of your records, you should submit a written request to the Contact Person listed on the last page of this Notice. If you request copies, you will be charged our regular fee for copying and mailing the requested information.
4. **To Request Amendment.** You may request that your health information be amended. Your request may be denied if the information in question: was not created by us, is not part of our records, is not the type of information that would be available to you for inspection or copying (for example psychotherapy notes), or it is inaccurate and complete. If your request is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates. Requests to amend health information must be submitted in writing to the Contact Person listed on the final page of this Notice.
5. **To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request. However the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations, (ii) disclosures made to you, (iii) disclosures of information maintained in our patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying our family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at time of disclosure, (vi) disclosures that occurred prior to April 14, 2003, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are part of a limited data set, (ix) disclosures that are incidental to another permissible use or disclosure, or (x) disclosures made to health oversight agency or law enforcement official, but only if the agency or official asks us not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that persons address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, submit a written request to the Contact Person listed on the final page of this Notice.
6. **To a Paper Copy of this Notice.** You have a right to obtain a paper copy of this Notice upon request.

OUR DUTIES

1. We are required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices.
2. We are required to abide by the terms of this Notice. We reserve the right to change the terms of the Notice and to make those changes applicable to all health information that we maintain. Any changes to this Notice will be posted at our office, and will be available upon request.

COMPLAINTS

You can complain to us and to the Secretary of the federal Department of Health and Human Services if you believe your privacy rights have been violated. To lodge a complaint with us, please file a written complaint with the Contact Person set forth below. This Contact Person will also provide you with further information about our privacy policies upon request. No action will be taken against you for filing a complaint.

DESIGNATED CONTACT PERSON:

Stanley P. Laucks Jr., M.D.
7 Rathton Road
York, PA 17403