NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. PLEASE READ THIS REVIEW CAREFULLY.

PATIENT PRIVACY

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your health information and to provide you with a Notice of Privacy Practices describing how medical information about you may be used and disclosed and how you can access this information. This Notice also tells you about your rights under federal and state laws and how to file a complaint if you think your rights have been violated.

We use health information about you for treatment, to obtain payment for treatment, for administrative purposes and to evaluate the quality of care that you receive. We may be required or permitted by certain laws to use and disclose your health information for other purposes without your consent or authorization.

PURPOSE OF PRIVACY NOTICE

In general, any information that concerns your health, health care, or payment for that care, is considered confidential and protected by Adagio Health. This Notice describes Adagio Health’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 for the health services that have been or may be furnished to you. Adagio Health requires that all of its employees, volunteers, and independent contractors comply with these privacy practices with respect to medical information that is used or disclosed by Adagio Health.

USE AND DISCLOSURE OF MEDICAL INFORMATION

With your consent, we may use and disclose your protected health information for most treatment, payment, and health care operations purposes.

Protected Health Information is any personal health information, including demographic information (age, family size, income, address, etc.), collected from a patient by a health care provider that could potentially identify the individual.

Treatment is the provision, coordination, or management of health care and related services. For example, information about your medical history may be sent to a laboratory that is performing a Pap test in order to assist the pathologist in making an accurate diagnosis or many of the people who work for Adagio Health may use or disclose your health information to treat you or assist in your treatment.

Payment primarily means we may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive. For example, we may contact your health insurer to certify that you are eligible for benefits and we may provide your insurer with details regarding your treatment to determine if your insurer will cover or pay for your treatment.

Health Care Operations cover a range of activities that are necessary to the operations of Adagio Health. For example, we may use your protected health information to evaluate the quality of care you received from us or to conduct cost management and business planning activities.

Business Associates. We may share your information with others known as business associates, who perform services on behalf of Adagio Health. Our Business Associate must provide us with a written agreement that they will protect the confidentiality of your information. For example, we may disclose your health information to a billing company that bills for the services we provide.

Appointment Reminders. We may use and disclose your protected health information to contact you and remind you of an appointment. Appointment reminders will be sent to an address selected by you. If you wish to be contacted by phone, a message would not be left on an answering machine unless directed by you to do so.

Appointment Confirmations. We may use your information to confirm the time, place and attendance of your appointment with third-party transportation.
For Research Purposes. With your authorization, we may release your protected health care information for research purposes, such as tracking a particular disease.

Public Health Authority. We may disclose your health information to public authorities that are authorized by law to collect information for the purpose of: Reporting a birth, death, disease or injury, as required by law; Reporting child abuse or about victims of neglect or domestic violence; preventing or controlling disease or injury; Notifying a person regarding potential exposure to a communicable disease; Notifying a person regarding a potential risk for spreading or contracting a disease or condition; Reporting reactions to drugs or problems with products or devices; Notifying individuals if a product or device they may be using has been recalled.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities may include, investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, and criminal procedures or actions, or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. We may disclose your health care information in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your health care information in response to a discovery request, subpoena, or other lawful process by another party involved in a dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release your protected health care information if asked to do so by a law enforcement official: Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement; Concerning a death we believe has resulted from criminal conduct; Regarding criminal conduct at our offices; In response to a warrant, summons, court order, subpoena, or similar legal process; To identify/locate a suspect, material witness, fugitive or missing person; In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

Serious Threats to Health or Safety. We may use or disclose your protected health information to avert a serious and imminent threat to a person’s or the public’s health and safety. We will only make disclosures to a person or organization able to help prevent the threat.

Notification and/or Communication with your family in the event of a natural or man-made disaster, unless you tell us you object to such disclosures.

Military. We may disclose your protected health information if you are a member of U.S. or foreign military forces (including veterans) and if required by appropriate authorities.

National Security. We may disclose your health care information to federal officials for intelligence and national security activities authorized by law. We may also disclose your information to federal officials in order to protect the President, officials or foreign heads of state, or to conduct investigations.

Inmates. We may disclose your protected health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: For the institution to provide health care services to you; For the safety and security of the institution, and/or; To protect your health and safety or the health and safety of other individuals.

Workers’ Compensation. We may share your protected health information regarding work-related illnesses and injuries in order to comply with workers’ compensation laws.

YOUR INDIVIDUAL RIGHTS
You have a number of rights with respect to your protected health information. They include:


Confidential Communication. You have the right to request that we communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than at work. In order to request a type of confidential communication, you must notify your health care provider and specify the requested method of contact, or location where you wish to be contacted.

Requesting Restrictions. You have a right to request a restriction in our use or disclosure of your protected health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your protected health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request, unless your requested restriction is with regard to uses and disclosure of your protected health information to a health plan for purposes of carrying out payment or health care operations, and the protected health information pertains solely to a health care item or service for which we have been paid for out-of-pocket in full. 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. In order to request a restriction to our use of your health care information, contact the Office Manager at the office where you are receiving your care. Your request must be in writing and must describe in a clear and concise fashion: the information you want restricted; whether you are requesting to limit Adagio Health’s use, disclosure, or both; and to whom you want the limits to apply.

Inspection and Copies. You have the right to inspect and obtain a copy of your medical records and billing records, but not including psychotherapy notes, and you also have the right to a copy of your health information in an electronic format, but only if it is contained in an Electronic Health Record (EHR). You must submit your request to the Office Manager at the office where you are receiving your care in order to inspect and/or obtain a copy of your medical records. We must act on your request within 30 days of receipt of your request. We may charge a reasonable cost based fee for costs of copying, mailing, labor and supplies associated with your request, and in the case of a request for a copy of your Health Information maintained in an EHR (or a summary or explanation of such information) in an electronic format, we may charge you the amount of our labor costs in responding to your request. We may deny your request under certain limited circumstances but you may request a review of our denial by a licensed health care professional chosen by us and who was not involved in the original denial.

Amendment. You may ask us to amend your protected 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 Adagio Health. Your request must be made in writing and submitted to the Office Manager at the office where you are receiving your care. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request in writing. Also, we may deny your request to amend information that is in our opinion: accurate and complete; not part of the health care information kept by or for the practice; not part of the health care information which you would be permitted to inspect and copy, or not created by us, unless the individual or entity that created the information is not available to amend the information.

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 health care information for non-treatment, payment or operations purposes. Use of your protected health information as part of treatment, payment or operations is not required to be documented, except when such disclosures of your health information are made through an EHR. Examples of this would be: the nurse practitioner sharing information with the office assistant; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to the Office Manager at the office where you are receiving your care. All requests for “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003. We must act on your request
within 60 days of receipt. If we are unable to comply with your request within 60 days, we are permitted a 30-day extension and will notify you in writing when the accounting of disclosures will be available. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of this Notice of privacy practices. You may ask us to give you a copy of this Notice at any time.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Adagio Health Privacy Officer at (412) 288-2130 or in writing at:

Adagio Health
Two Gateway Center
603 Stanwix Street, Ste. 500
Pittsburgh, PA 15222
ATTN: Privacy Officer

You may also file a complaint with Secretary of the U.S. Department of Health and Human Services (DHHS). To file a complaint with DHHS you must include the place and person you believe violated your privacy rights and describe how your privacy rights were violated. The complaint must be in writing by mail, fax, or email and filed within 180 days of when you knew the act occurred. You may contact the DHHS at 1-800-368-1019 or in writing at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

You will not be penalized for filing a complaint.

Right to Provide an Authorization for Other Uses and Disclosures. Adagio Health will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. You may revoke an authorization at any time except to the extent we have already used or disclosed information in reliance on your authorization.

Adagio Health is required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

The terms of this notice apply to all records containing your health care information that are created by Adagio Health. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this Notice will be effective for all of your records that Adagio Health has created in the past, or for any of your records that we may create or maintain in the future. Adagio Health will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. We are required to abide by this Notice. If you have questions, concerns or complaints regarding this notice or your health information, please contact the Privacy Officer at (412) 288-2130 for further information.

**EFFECTIVE** September 23, 2013
**UPDATED** June 6, 2018

Adagio Health complies with applicable Federal civil rights laws and does not discriminate, exclude, or treat people differently on the basis of religion, race, color, national origin, age, disability, sex, number of pregnancies, gender identity, sexual orientation, or marital status.