



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

. Purpose of the Notice

- a. The Salus University clinical practices are committed to preserving the privacy and confidentiality of your health information. We are required by law to protect the privacy of your health information. We are also required to explain how we may use information about you and when we can give out information to others. You have rights regarding your health information as described in this Notice. "Information" or "health information" includes any information that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care. We are required to abide by the terms of this Notice currently in effect. We also have the right to change our privacy practices.

. How We Use or Disclose Health Information

- a. We must use and disclose your health information to provide information to:
 - i. You or someone who has the legal right to act for you (your personal representative).
 - ii. The Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
- b. Where required by law. We have the right to use and disclose health information to treat you, pay for your health care, and operate our business. For example, we may use your health information:
 - i. For Treatment. We may disclose health information to other health care providers, like your family doctor to help them provide care to you. We may also use your health information to plan your care and treatment.

- ii. For Payment. We may use your health information to bill and receive payment from you, your insurer, or a government program for the services we provide to you.
 - iii. For Health Care Operations. We may use your health information to assess and improve the services that we provide. We may also use health information about you to educate health care professionals.
- c. We may use or disclose your health information for the following purposes in limited circumstances:
 - i. Appointment Reminders. We may use or disclose your health information to contact you to remind you of an appointment.
 - ii. For Treatment Alternatives & Health-Related Products and Services. We may use or disclose your health information to contact you to inform you of treatment alternatives or services that may be of interest to you.
 - iii. To Family Members and Friends. We may disclose your health information to family members and people who identify themselves as close personal friends, who are involved in your care or who help pay for your care, so long as you do not object.
 - iv. To Comply With the Law.
 - v. For Public Health Activities such as reporting disease outbreaks and other public health reporting.
 - vi. For Reporting Victims of Abuse, Neglect or Domestic Violence to government authorities, including a social service or protective service agency.
 - vii. For Health Oversight Activities such as audits by government agencies that oversee the services provided in our clinical practices.
 - viii. For Judicial or Administrative Proceedings such as in response to a court order, search warrant or subpoena.
 - ix. For Law Enforcement Purposes such as providing limited information to locate a missing person.
 - x. For Research Purposes such as research related to the prevention of disease or disability, if the study meets all privacy law requirements.
 - xi. To Provide Information Regarding Decedents to a coroner, medical examiner or funeral director as necessary to carry out their duties.
 - xii. For Organ Procurement Purposes. We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.
 - xiii. To Avoid a Serious Threat to Health or Safety by, for example, disclosing your health information to a police officer if we reasonably believe it is necessary to prevent a serious threat to your safety.

- xiv. For Specialized Government Functions such as military and veteran activities, national security and intelligence activities.
- xv. For Workers Compensation including disclosures required by state workers compensation laws of job-related injuries.
- xvi. To Disaster Relief Agencies. We may disclose your health information to disaster relief agencies, such as the Red Cross.

3. More Stringent Law

- a. Highly Confidential Information. Federal and applicable state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal and Pennsylvania law governing alcohol and drug abuse information as well as Pennsylvania laws that often protect information such as that dealing with HIV/AIDS.

4. Uses and Disclosures Pursuant to Your Written Authorization

- a. Except for the purposes identified in Section B, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke your authorization at any in writing, except to the extent that we have already taken action in reliance upon your authorization.


5. Your Rights Regarding Your Health Information

- a. You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from any Salus University clinical practice employee. However, you are permitted to request access to your clinical records either orally or in writing. In some instances, we may charge you for the cost(s) associated with providing you with the requested information.
 - i. Right to Inspect and Copy. You have the right to see and obtain a copy of your health records and other health information maintained by Salus University clinical practices that may be used to make decisions about you. Immediate access to your records is not guaranteed. In certain limited circumstances, we may deny your request and you have a right to review such denial.
 - ii. Right to Amend. You have the right to ask to amend health information that we maintain about you if you believe that the information about you is wrong or incomplete. We may deny your request if it was not properly submitted or for other reasons. If we deny your request, you may have a statement of your disagreement added to your file.

- iii. Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your health information made by us. We may charge a reasonable fee for the second request made by you within the same 12 months. This accounting will not include certain disclosures of health information including those that we made to you or for purposes of treatment, payment or health care operations, incidental disclosures, or pursuant to a written authorization that you have signed.
- iv. Right to Request Restrictions. You have the right to request a restriction or limitation on how we use or disclose your health information. You also have a right to restrict disclosures to family members or others who are involved in your health care or payment for your care. Please note that while we will consider your request, we are not required to agree to any restriction.
- v. Right to Request Confidential Communications. You have the right to request that we communicate with you about your health care in certain ways or at certain locations (for example, by sending information to a P.O. box rather than your home). We will accommodate all reasonable requests.
- vi. Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice.

6. Questions or Complaints

- a. If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer by calling 215-276-6070. If you believe your privacy rights have been violated, you may file a complaint with Salus University or with the Secretary of the DHHS (1-800-368-1019). To file a complaint with Salus University, contact our Privacy Officer at the number above. All complaints must be submitted in writing.



SALUS UNIVERSITY
The Eye Institute
Pennsylvania Ear Institute
Speech-Language Institute
Occupational Therapy Institute

By signing this form, I am acknowledging receipt of the Notice of Privacy Practices of Salus University. I have the right to review the Notice of Privacy Practices prior to signing this form. If I do not sign this form, Salus University may decline to provide treatment to me (or my child). Salus University reserves the right to revise its Notice of Privacy Practices at any time. A copy of such revisions will be available upon request.

Patient Name: _____

Patient Date of Birth: _____

Signature: _____ **Date:** _____

Printed Name (if signing on behalf of the patient): _____

Relation to Patient: _____