



Wheeler Family Medical Center
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PATIENT'S PRIVACY RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR MEDICAL RECORDS.

PLEASE REVIEW IT CAREFULLY!

Our office is dedicated to maintaining the privacy of your health care information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your medical records. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect.

1. Your medical records may be disclosed to your primary care physician, referring physician, or family member in order to coordinate your care. Your medical records may also be disclosed to your insurance company in order to receive reimbursement for services provided. Medical records pertaining to contagious diseases will be reported to the state department of health as required by law. The release of sensitive medical information such as HIV status, drug and alcohol abuse, and mental health conditions may be released to another health care provider to provide emergency care or to determine diagnosis and treatment of a condition. The release of medical information for any other purpose must be authorized by the patient.
2. The office may contact you or mail you correspondence regarding the need for an appointment or test results. You have the right to request an alternative means of communication. For example, you may request that any written correspondence from our office that normally would be mailed to your home address, be faxed or mailed to your place of employment. This request must be documented in writing.
3. You may request to inspect or obtain a copy of your medical records. A fee will be charged to copy this information according to the PA Act 26. You must sign a medical release to have your records copied or forwarded to another provider. There is no charge to have medical records forwarded to another provider.
4. All medical records remain within the confines of Somerset OB/GYN Associates, Ltd. Records are never left unattended during working hours, and are secured in the locked office with security monitoring after operational hours.
5. You have the right to request amendments and corrections to your medical records. Our office may deny the request if the information we have on file is accurate and complete or if our office did not create the health information. If the office grants the request the correction or change will be completed in 60 days. If the request is denied by the practice, you have the right to appeal this decision and file a written complaint with the privacy officer.
6. Employees of Somerset OB/GYN Associates, Ltd. have been informed of this notice and are required to abide by the stipulations herein.
7. Somerset OB/GYN Associates, Ltd. has the right to change this policy at any time. Patients will be informed of any changes involving this policy.

8. If at any time you feel your medical records have been disclosed without your authorization, you may file a complaint with our practice manager or privacy office.
9. You have the right to request an accounting of your disclosures of health information. This does not include disclosures made to carry out treatment, payment and health care operations. For example disclosures that were made to billing departments or insurance companies for the purpose of getting payments for services rendered.

Orig: 02/22/02 Revised:
04/17/02