

**Grove Medical Associates, PC**  
Primary Care Center of Excellence

**Notice of Privacy Practices**

This Notice of Privacy Practices describes how your medical information may be used and disclosed, and how you can obtain access to this information. Please review this document carefully.

**Protected Health Information (PHI):** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other federal laws, your PHI is confidential. PHI includes information about your symptoms, test results, diagnoses, treatment, and related medical information. Your PHI also includes payment, billing and insurance information. We are committed to protecting the privacy of your PHI.

**How we use your PHI:** This Notice of Privacy Practices describes how we may use your PHI within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, to obtain payment of rendered services, to perform healthcare operations, for administrative purposes and for evaluation of quality of care. We may also share your PHI for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. Under some circumstances described below, we may be required to use or disclose your PHI without your consent.

**Treatment:** We will use and disclose your PHI to provide medical treatment or services. We may also disclose your PHI to other healthcare providers who are participating in your treatment, to pharmacists who are filling your prescriptions, to laboratories performing tests, and to family members who are assisting in your care.

**Payment:** We will use and disclose your PHI for payment purposes. For example, we may need to obtain authorization from your insurance carrier before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. PHI may be shared with the following: billing companies, insurance carriers/health plans, government agencies or collection agencies.

**Healthcare Operation and Administration:** We will use and disclose your PHI to perform various routine functions of a medical office. For example, PHI may be used in quality evaluations, records analysis, student and employee training, and to assist in resolving problems or complaints within the practice. We may use your PHI to contact you to provide information about referrals, for follow-up with lab results, to inquire about your health or for other reasons. We may share your PHI with Business Associates who assist in performing routine operational functions. These Business Associates adhere to the same safeguards as our office.

We may ask you to complete a sign-in sheet or staff members may ask you the reason for your visit so we may better care for you. Despite safeguards, it is always possible in a healthcare setting that you may learn information regarding other patients or that other patients may learn information about you. In all cases, we expect and request that our patients maintain strict confidentiality of PHI.

**Special Situations that DO NOT Require Your Permission:** We may be required by law to report gunshot wounds, suspected abuse or neglect, vital statistics, diseases and similar information to public health authorities. We may be required by law to disclose information for audits and similar activities in response to a subpoena or court order, or as required by law enforcement officials. We may release your PHI to worker's compensation carriers, government programs, approved medical research, or to certain entities in the case of death. Your PHI may also be shared if you are an inmate or under custody of the law which is necessary for your health or the health and safety of other individuals. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces Personnel for activities deemed necessary by the appropriate military authorities. We may disclose affairs of your eligibility for benefits to domestic or foreign military authorities if you are a member of those military affiliations. In some situations, we may ask for your written authorization before using or disclosing your PHI. If you sign an authorization, you may later revoke it in writing.

## Grove Medical Associates, PC

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### Notice of Privacy Practices cont.

**Individual Rights:** You have certain rights with regards to your PHI. For example, you may identify individuals such as family members or friends with whom we may share your PHI. If you are not present or available to agree/object, the healthcare provider will use professional judgement to determine if it is appropriate and in your best interest to share the information with these individuals. We may use or disclose your PHI to notify these identified individuals of your location, general condition or death.

You may request restrictions on certain uses and disclosures of your PHI. We are not required to accept all restrictions. If you pay in full for a treatment or service at the time it is rendered, you can request that we not share this information with your medical insurance carrier or our Business Associates. We will make every effort to accommodate this request and if we cannot, we will inform you prior to rendering the service.

You may ask us to communicate with you confidentially, for example via sending notices to a special address.

In most cases, you have the right to get a copy of your PHI. There will be a charge for distributing these records. You will be informed of the amount of this charge and required to make payment in full prior to obtaining these records.

If you believe that information in your record is incorrect, or important information is missing, you have the right to submit a written request that we amend the existing information. You may request a list of instances in which we have disclosed your PHI for reasons other than treatment, payment and operations. The first request in a 12-month period is free of charge. Any additional requests may be subject to a service fee.

You have the right to obtain a paper copy of this Notice of Privacy Practices from us, upon request. We will provide you a copy of this Notice on the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible. You have the right to receive notification of any breach of your protected health information.

**Our Legal Duty:** We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI, and to abide by the terms of the Notice currently in effect. We may update or change our privacy practices and policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the waiting area of our office and on our website at [www.grovedoc.com](http://www.grovedoc.com).

If you are concerned about your privacy rights, or if you disagree with a decision that has been made about your PHI, you may contact our Privacy Officer at 508-753-2060. You may also send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

**My signature below acknowledges that I have been provided a copy of the Gove Medical Associates, P.C. Notice of Privacy Practices and I understand and agree to the terms as described within the Notice of Privacy Practices.**

\_\_\_\_\_  
Patient or Authorized Person's Signature

\_\_\_\_\_  
Date

#### **Legal Authorization:**

**I hereby authorize the release of my medical records to any subpoenas that may be received by Grove Medical Associates, P.C. due to litigation:**

\_\_\_\_\_  
Patient or Authorized Person's Signature

\_\_\_\_\_  
Date