

NOTICE OF PRIVACY PRACTICES¹

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

I. Who is Subject to This Notice

Frank A. Fetterolf, M.D.²

II. My Responsibility

Your health information includes records that I create and obtain when I provide you care, such as a record of your symptoms, examination and test results, diagnoses, treatments, and referrals for further care. It also includes bills, insurance claims, or other payment information that I maintain related to your care.

The confidentiality of your personal health information is very important to me. You may be particularly concerned about the disclosure of information about your mental health treatment. I share those concerns and believe that a broad assurance of confidentiality is important to successful treatment. Reflecting this fact, there are in general more stringent confidentiality rules, under both federal and state law, applicable to records of mental health treatment than to records of other kinds of medical information.

This Notice describes how I handle your health information and your rights regarding this information. Generally speaking, I am required to:

Maintain the privacy of your health information as required by law;

Provide you with this Notice of my duties and privacy practices regarding the health information about you that I collect and maintain; and

Follow the terms of my Notice that is currently in effect.

III. Contact Information

After reviewing this Notice, if you need further information or want to contact me for any reason regarding the handling of your health information, please direct any communications to:

**Frank A. Fetterolf, M.D.
401 Shady Ave., Ste. D-103
Pittsburgh, PA 15206
(412) 832-9949
FAF4@cornell.edu**

IV. Uses and Disclosures of Information

As noted above, a broad assurance of confidentiality is important to successful treatment and mental health treatment records generally receive heightened protection against unauthorized disclosures. Additionally, the American Psychiatric Association's Principles of Medical Ethics, which I follow, may require me to obtain your consent in some situations before I make certain disclosures of your personal health information in situations in which state and federal law might allow disclosure without your consent. However, federal and state law do permit me to use and disclose limited and specific personal health information without your authorization for certain treatment, payment, and health care operations (examples of which are below) and in certain other circumstances (discussed in Part V of this Notice). Please note that I cannot generally disclose "psychotherapy notes" and other detailed and personal information concerning your treatment without your specific, written consent. A fuller description of what "psychotherapy notes" are and the limitations on their disclosure is contained later in this Notice.

Examples of using or disclosing health information for treatment:

A nurse takes your pulse and blood pressure, records it in the medical record, and informs your doctor of the results. As another example, if you needed emergency medical treatment, I could advise the physician treating you of the medications you were taking, as needed, so you could receive the treatment you needed.

Example of using or disclosing health information for payment:

I submit a bill to your health insurer or HMO to receive payment for your care; the insurer asks for health information (for example, your diagnosis and what care I provided) in order to pay me. In such situations, I will disclose only the minimum amount of information necessary for this purpose which will, absent your specific written consent, include no more than my name; the dates, types, and costs of therapies or services provided; and a short description of the general purpose of each treatment session or service.

Example of using or disclosing health information for health care operations:

In the course of providing treatment to patients, I may perform certain important functions such as training programs, credentialing, medical review, etc. In performing such functions, I may rely on certain other persons, referred to as "business associates," to assist me in these tasks. I will share with my business associates only the minimum amount of personal health information necessary for them to assist me, and the business associates are, in turn, extremely limited in their ability to disclose the information provided to them.

V. Other Uses and Disclosures³

In addition to uses and disclosures related to treatment, payment, and health care operations, I may also use and disclose your personal information without authorization for the following additional purposes:

Child Abuse

If you are a child and I reasonably conclude that you may have been the subject of abuse, I am required to report that information to various state officials. In so doing, I may disclose health information about you.

Business Associates

I may share health information about you with business associates who are performing services on my behalf. For example, I may contract with a company to service and maintain my computer systems or to do my billing. My business associates are obligated by federal law to safeguard your health information. In addition, I will share with my business associates only the minimum amount of personal health information necessary for them to assist me.

Communicable Diseases/Death Certificates

I am required to notify the Pennsylvania Department of Health if I treat or examine a person with certain identified diseases, conditions, or infections. No psychiatric illnesses are currently reportable. Similarly, I may disclose health information about you to the Health Department to complete a death certificate.

Coroners and Funeral Directors

I may disclose health information about you to a coroner if that information is pertinent to the coroner's duties, such as identifying a decedent or determining the cause of death. I may also disclose health information to funeral directors to enable them to carry out their duties.

Food and Drug Administration (FDA)

I may disclose health information about you to the FDA or to an entity regulated by the FDA, in order, for example, to report an adverse event or a defect related to a drug you are taking or a medical device you are using. Medical devices are rarely used in psychiatry but medications are.

Health Oversight

I may disclose health information about you for oversight activities authorized by law or to an authorized health oversight agency, such as the state Board of Medicine or the County Mental Health agency to facilitate its auditing, inspection, or investigation related to my provision of health care. Please note that psychotherapy notes, which are discussed later in this Notice, can only be disclosed to an agency that is overseeing the mental health professional who wrote the psychotherapy notes.

Judicial or Administrative Proceedings

If you are subject to involuntary commitment and treatment, or are otherwise the subject of court proceedings under the Mental Health Procedures Act, I may release information to a court or mental health review officer. I may also notify your County Mental Health Administrator, or persons designated by him or her, when you are receiving in-patient care. Additionally, I may disclose health information about you in the course of other judicial or administrative proceedings, such as a Workers' Compensation proceeding, in accordance with our legal obligations. Normally, this can only be done in response to a subpoena. Under Pennsylvania law, a subpoena for your medical records usually cannot be issued without either your agreement (or that of your lawyer on your behalf) or a Court Order.

Law Enforcement

I may, in response to a warrant or subpoena, disclose health information about you to a law enforcement official for certain law enforcement purposes. For example, I may be required to assist law enforcement to locate someone such as a fugitive or material witness, or to provide other information pertinent to an investigation. I may also advise police authorities in the event that you are seen in a hospital and you have been wounded or injured, either by yourself or others, by use of a deadly weapon.

Minors: Treatment of Minors and Notification to Parents

If you are between ages 14-18 and have voluntarily admitted yourself for in-patient care, I am required to notify your parents, guardian, or person acting in loco parentis that you have done so and to explain to them the proposed treatment. If I cannot identify any person in those categories, I may notify the county child welfare agency. In addition, if you are an unemancipated minor under age 18, there may be other circumstances in which I will disclose health information about you to a parent, guardian, or other person acting in loco parentis. For example, I may need to do so when their consent is necessary for you to receive non-mental health medical treatment. The extent to which I will provide treatment information about you to parents, guardians, and persons acting in loco parentis depends on, among other things, your age and the need for the involvement of those persons in treatment. I will attempt to reach agreements between you and your parents, guardians, or persons acting in loco parentis on this issue.

Organ and Tissue Donation

I may disclose health information about you to organ procurement organizations or similar entities to facilitate organ, eye, or tissue donation and transplantation to which you, or those persons authorized to act on your behalf, have consented.

Personal Representative

If you are an adult or emancipated minor who has a legally-appointed guardian, I may disclose health information about you to that person as necessary to make decisions about your health care.

Public Safety/Threats to Third Parties

I am required to notify a third party if I conclude that you have made a *bona fide* threat of serious physical harm to an identifiable third person and have the intent and capacity to carry that out. Notification in that situation would be limited to information about the threat and as necessary to allow the person to respond to it.

Research

I may disclose health information without a written authorization if an Institutional Review Board (IRB) or authorized privacy board has reviewed the research project and determined that the information is necessary for the research and will be adequately safeguarded. Generally, you will have

consented to participate in the research project but there may be limited circumstances, for example when the research involves a retrospective review of records, in which you will not have.

Required By Law

I have tried in this Notice to identify all of the circumstances in which I may be required to disclose health information about you. There may, however, be other situations in which I will disclose information about you as required by federal, state, or other applicable law.

Any Other Use or Disclosure -- Authorization Required

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization, which you may revoke except to the extent that information or action has already been taken in reliance of the authorization. For example, your authorization is required for the use and disclosure of most psychotherapy notes, as discussed below, for uses and disclosures for marketing purposes, including subsidized treatment communications, for the sale of your protected health information, and for other reasons that may not be described in this Notice. If you wish to revoke your authorization you may do so by submitting your request to us in writing (see section III above for contact information.)

VI. Psychotherapy Notes

In the course of your care with me, I may keep separate notes documenting or analyzing the contents of conversations during psychotherapy sessions. These notes, known as "psychotherapy notes," are kept apart from the rest of your medical record. They typically do not include basic information such as your medication treatment record, counseling session start and stop times, the types and frequencies of treatment you receive, test results, summaries of your diagnosis, condition, treatment plan, symptoms, prognosis, or treatment progress. Although some of that basic information may also appear in the psychotherapy notes, it is not protected as "psychotherapy notes" and will be kept in other sections of your records.

I will not disclose psychotherapy notes to others unless you have given written authorization to do so, subject to narrow exceptions (i.e. to prevent harm to yourself or others and to report child abuse/neglect). You cannot be required to authorize the release of your psychotherapy notes in order to obtain health-insurance benefits for your treatment or to enroll in a health plan. If you have any questions, feel free to ask.

VII. Your Health Information Rights

Under the law, you have certain rights regarding the health information that I collect and maintain about you. This includes the right to:

Right to Request Restrictions

You may request that I restrict certain uses and disclosures of your health information for treatment, payment or health care operations as well as for disclosures to family members and certain others who may be involved in your care of the payment for your care. I am not, however, required to agree to a requested restriction unless it relates to disclosure to a health plan for a purpose other than treatment and it pertains solely to a healthcare item or service for which you paid for in full, out of your own pocket, or is otherwise required by law. If I do agree to your requested restriction, I will comply with your request except as needed to provide you emergency treatment.

Right to Request Communication by Alternative Means

You may request that I communicate with you by alternative means, such as making records available for pickup, or mailing them to you at an alternative address, such as a P.O. Box. I will accommodate reasonable requests for such confidential communications.

Right of Access to Personal Health Information

You may request to review, or to receive a copy of, the health information about you that is maintained in my files and the files of my business associates (if applicable). In most cases, I may charge a reasonable fee for our costs in copying and mailing your requested information. You may request an electronic record of information that I maintain as an electronic health record. I may charge you for the reasonable preparation of the electronic record as permitted by law. Please note that I may deny you access to limited portions of the information I maintain if I determine that the requested information falls under certain permitted exceptions. For example, I may deny access to information that would constitute a substantial detriment to your treatment, or that would reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality. I may also deny access when I determine that access may endanger the life or physical safety of either you or another person. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and your right, if any, to request a review of the decision.

Right to Request Amendment

You may request that I amend the health information about you that is maintained in my files and the files of my business associates (if applicable). Your request must explain why you believe the records about you are incorrect, or otherwise require amendment. If I am unable to satisfy your request, I will tell you in writing the reason for the denial and tell you how you may contest the decision, including your right to submit a statement (of reasonable length) disagreeing with the decision. This statement will be added to your records.

Right to an Accounting of Disclosures

You may request a list of our disclosures of your health information. This list, known as an "accounting" of disclosures, will not include certain disclosures, such as those made for treatment, payment, or health care operations. I will provide you the accounting free of charge; however, if you request more than one accounting in any 12 month period, I may impose a reasonable, cost-based fee for any subsequent request. Your request should indicate the period of time in which you are interested (for example, "from May 1, 2003 to June 1, 2003"). I will be unable to provide you an accounting for any disclosures made before April 14, 2003, or for a period of longer than six years.

Right to a Paper Copy of this Notice

You may request a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request such a copy at any time.

Right to be Notified of a Breach of your Unsecured Protected Health Information

I will notify you in the event of an unauthorized acquisition, access, use or disclosure of your unsecured protected health information, subject to certain exception provided by law.

In order to exercise any of your rights described above, you must submit your request in writing to me (see Section III above for contact information). If you have questions about your rights, please speak with me in person or by phone or e-mail, during normal office hours.

VIII. To Request Information or File a Complaint

If you believe your privacy rights have been violated, you may file a written complaint by mailing it or delivering it to me (see Section III above). You may complain to the Secretary of Health and Human Services (HHS) by writing to Office for Civil Rights, U.S. Department of Health and Human Services 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia PA 19106-9111; by calling 800/368-1019 (main line), 215/861-4431 (fax), or 800/537-7697 (TDD). I cannot, and will not, make you waive your right to file a complaint as a condition of receiving care from me, or penalize you for filing a complaint. ⁴

IX. Revisions to this Notice

I reserve the right to amend the terms of this Notice. If this Notice is revised, the amended terms shall apply to all health information that I maintain, including information about you collected or obtained before the effective date of the revised Notice. If the revisions reflect a material change to the use and disclosure of your information, your rights regarding such information, my legal duties, or other privacy practices described in the Notice, I will promptly distribute the revised Notice, post it in the waiting area of my office and make copies available to my patients and others.

X. Effective Date This Notice was amended effective March 4, 2017 and includes changes that became effective March 4, 2017.

1 An “organized health care arrangement” has a complex and technical definition under HIPAA. Most commonly, that term will refer to a hospital and its medical staff and to those aspects of the care that are provided in a “clinically integrated care setting,” a term that would most likely be limited to care in an in-patient or short procedure unit. In that circumstance, the hospital will generally issue a “joint notice” on behalf of its various medical staff members who may provide care to a patient. A joint Notice must describe with reasonable specificity the service delivery sites, or classes of service delivery sites, to which the joint notice applies. If you have questions on this issue, contact your attorney and/or the hospital.

2 If the uses/disclosures in this section do not apply to your practice, they need not be included. Please note that any disclosure of protected health information that is not within the categories listed in your Notice will be a HIPAA violation. Thus, you should use caution in deleting categories on the basis that they would not apply to your practice. You should also add other categories that do apply to your practice after determining that they are permissible. For example, if it is your office practice to leave appointment information on answering machines, you should list that form of disclosure in this Notice. If your practice uses certain health information in any fundraising efforts, you must disclose this as well as notify the individual of his/her right to opt out of receiving fundraising communications with each solicitation.

3 Note that this contact information also applies to services provided in Delaware, Maryland, Virginia and West Virginia and D.C.. For services provided in New Jersey, the applicable contact information is: Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Building, 26 Federal Plaza-Suite 3312, New York, New York 10278; contact numbers are 800/368-1019 (voice), (212)264-3039 (fax), and 800/537-7697 (TDD).

4 Virginia and D.C.. For services provided in New Jersey, the applicable contact information is: Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Building, 26 Federal Plaza-Suite 3312, New York, New York 10278; contact numbers are 800/368-1019 (voice), (212)264-3039 (fax), and 800/537-7697 (TDD).

Acknowledgment of Receipt of Notice of Privacy Practices

First Name	Middle Name / MI	Last Name	Date of Birth
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I acknowledge that I have received a copy of the Notice of Privacy Practices of **Frank A. Fetterolf, M.D.**, effective **May 4 2017**.

Signature (patient or authorized representative)