



NOTICE OF HIPAA PRIVACY PRACTICES – page 1 of 2

Effective Date: January 01, 2021

Your health information is private, and no one without a legitimate need to know may have access to it. Newtown Internal Medicine (“NIM”) is required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with this Notice of its legal duties and privacy practices. In the unlikely event that your PHI becomes disclosed to unauthorized parties, NIM will provide you with prompt notification.

NIM will not use or disclose your PHI, except as described in this Notice of HIPAA Privacy Practices (“Notice”). This Notice applies to all medical records generated during your treatment at NIM.

PERSONS REQUIRED TO FOLLOW THIS NOTICE

All healthcare professionals authorized to enter information into or view your medical records at NIM. All employees and staff at NIM, who may need access to your PHI must abide by this Notice.

DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

The following categories describe the ways that NIM may use and disclose your PHI, without your specific consent or authorization:

Treatment: NIM will use your PHI in the provision and coordination of your healthcare. We may disclose all or any portion of your medical record information to your physicians, nurses, other healthcare providers, pharmacies and facilities that we refer you for treatment or evaluation, who have a legitimate need for such information in the care and continued treatment of the patient.

Payment: NIM may release PHI about you for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. The information may be released to an insurance company, third-party payor or other entity (or their authorized representatives) involved in the payment of your medical bills and may include copies or excerpts of your medical record that are necessary for payment of your account.

Health Operations: NIM may use and disclose your PHI during health care operations to run our practice, improve your care and to contact you when necessary.

Business Associates: NIM may use and disclose PHI about you to its business associates. A business associate is an individual or entity under contract with NIM to perform or assist NIM in a function or activity that necessitates the use or disclosure of PHI. Business associates include but are not limited to consultants, independent contractors, accountants, lawyers, medical transcriptionists and third-party billing companies. NIM requires all contracted business associates and any of their subcontractors to protect the confidentiality of your PHI.

Law Enforcement and Regulatory Agencies: NIM may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, during an investigation by law enforcement agencies, to avert a serious threat to public health or safety, in response to a legal proceeding as required by law, for use and disclosure in domestic violence or neglect situations.

Workers’ Compensation: NIM may release PHI about you for workers’ compensation or similar programs that provide benefits for work-related injuries or illnesses.

Military Veterans: NIM may disclose PHI about you as required by military command authorities if you are a member of the armed forces.

One Summit Square
1717 Langhorne-Newtown Road
Suite 402
Langhorne, PA 19047

Phone #: 215-750-7000
Fax#: 215-750-9572
Email: info@NIM.health
URL: <https://www.NIM.health>



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Medical Examiner or Funeral Director: PHI may be disclosed to a coroner, medical examiner, or funeral director when an individual dies.

Other: Any other uses and disclosures will be made only with your written authorization. NIM will not release any HIV or substance abuse information without your written consent.

PATIENT INFORMATION RIGHTS

All records concerning your treatment obtained at NIM are the property of NIM. You have the following rights concerning your PHI:

Right to Confidential Communications: You have the right to receive confidential communications of your PHI by alternative means or at alternative locations. You will complete that information when signing the Acknowledgement of Receipt of the Notice of HIPAA Privacy Practices.

Right to Inspect and Receive a Copy: You have the right to inspect, copy and/or receive a copy of your PHI, such as medical and billing records that we use to make decisions about your care. You must submit a written request to NIM to obtain a copy of your records. We may charge a fee for the cost of copying, mailing or other associated charges. Please allow NIM sufficient time to comply with each request.

Right to Amend: You have the right to request an amendment your PHI on file with NIM. Any request for amendment shall be submitted to NIM in writing, stating the reason and/or documentation in support of the requested amendment. In case NIM may not agree with your request for amendment, we will inform you of that decision.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your PHI. A request for restriction of your PHI must be submitted to NIM in writing. NIM is not required to honor your request where the disclosure is (i) for the purpose of carrying out payment or healthcare operations, (ii) to someone who is the party responsible for payment of your account or (iii) otherwise required by law.

Right to Revoke Authorization: You have the right to revoke your authorization for NIM to use or disclose your PHI on a going forward basis only. The revocation cannot be retroactive to the extent that action has already been taken in reliance on your prior/current authorization. A request to revoke your authorization must be submitted to NIM in writing.

Right to Choose Someone to Act For You: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI, set forth in this Notice.

CHANGES TO THIS NOTICE

NIM will abide by the terms of the Notice currently in effect. NIM reserves the right to change the terms of its Notice, as may be required by law, periodically and to make the new Notice provisions effective for all PHI that it maintains. An updated version of this Notice may be obtained at our office.

We are required to post our HIPAA Privacy Practices. If you have any questions or concerns, please contact our Office Manager, Sedalia Johnson.

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