

**NOTICE OF PRIVACY PRACTICES FOR  
WEST CHESTER GI, ASSOCIATES. P.C. and WEST CHESTER ENDOSCOPY, L.L.C.**

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

PLEASE REVIEW IT CAREFULLY.

1. **Introduction.** West Chester G.I. Associates, P.C. and West Chester Endoscopy, L.L.C. are required by both federal and state law to limit the manner in which it uses or discloses information about a patient or a patient's health information. In addition, we are required to notify you of our legal obligations with respect to our privacy practices concerning your protected health information and to abide by the notice then in effect. This notice is intended to describe both the obligations of this practice with respect to information that it has about you and your rights with respect to that information. Our employees and agents and the other health care professionals providing services to you in our office are subject to this notice.
2. **What is Protected Health Information (P.H.I.)?** Health information is broadly defined as any information, whether oral or recorded in any form or medium that is created or received by this practice whether the information relates to your past, present or future physical or mental health or condition, the provision of healthcare to you, or the past, present or future payment for the provision of healthcare to you. Individually identifiable healthcare information is information that includes health information and also includes demograP.H.I.c information collected from you that identifies you or which reasonably can be used to identify you. This is generally referred to throughout this notice as protected health information or "P.H.I." West Chester G.I. Associates, P.C. and West Chester Endoscopy, L.L.C. are required by law to maintain the privacy of your P.H.I. and to provide you with this privacy notice setting forth our legal duties with respect to your P.H.I.. This practice is required to abide by the terms of its privacy notice in effect from time to time.
3. **Uses and Disclosures of Your P.H.I.** If you are an existing patient, you have already signed a consent. If you are a new patient, you will be asked to sign a consent. The consent will allow West Chester G,I. Associates, P.C. and West Chester Endoscopy, L.L.C. to use and disclose your P.H.I. for your treatment, to obtain payment for the services we render to you and to assist us in our healthcare operations.
  - (a) **Treatment.** We may use or disclose your P.H.I. for your treatment. For example:
    - Our medical records personnel may review your chart to ensure that all lab and other tests results have been properly placed in your chart prior to your visit.
    - Our nurses or physicians may communicate with laboratory or other testing facilities to review test results prior to your visit.
    - Doctors in this office may discuss your case among themselves or may review your medical treatment with referring physicians or physicians to whom they have referred you for care.

- Personnel in this office may discuss your medical information with a hospital or other healthcare facility where you are being admitted or being treated or we may discuss this information with another healthcare provider who is treating you at such a facility.
  - This practice may use a sign in sheet in the waiting area which other patients may see.
  - This practice may announce the names of patients in the waiting area, and other people in that area may hear your name.
  - This practice may leave voice messages on your home answering machine or send postcard or other appointment reminders.
  - This practice may send you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
  - Other types of treatment uses or disclosures may be made even if not listed above.
- (b) **Payment.** We may use and disclose your P.H.I. in order to obtain payment for the services we render to you. For example:
- This practice may submit your P.H.I. to your insurance company in order to receive reimbursement for services rendered to you.
  - This practice may submit your P.H.I. to an electronic data interchange company in order to codify information for submission to a third party payor.
  - To facilitate reimbursement, this practice may provide supplemental information to your health insurance company in order to verify the medical necessity of the care that you have obtained.
  - We may submit information to your health insurer in order to coordinate benefits with other health insurance or public benefits that may be available to you.
  - This practice may provide consumer reporting agencies with credit information regarding your payment history.
  - This practice may provide information to collection agencies or our attorneys for purposes of obtaining payment of delinquent accounts.
  - Your P.H.I. may be disclosed in a legal action for purposes of securing payment of delinquent accounts.
  - Other types of payment uses and disclosures may be made even if not listed above.
- (c) **Healthcare Operations.** We may use and disclose your P.H.I. for the healthcare operations of this practice. For example:
- Peer review.
  - Quality assessment activities.
  - Medical education and training activities.

- Disease management programs.
  - Accreditation and certification activities.
  - Business planning and development activities.
  - Financial planning projections.
  - Monitoring for compliance and other legal matters.
  - General business matters.
  - Other types of uses and disclosures may be made for healthcare operations even if not listed above.
- (d) **Other Health Care Providers**. We may also disclose your P.H.I. to other health care providers, such as anesthesia providers, when such P.H.I. is required for them to treat you, receive payment for services you receive at our site or conduct certain health care operations.

4. **Other Uses and Disclosures of P.H.I.**. In addition to payment, treatment and healthcare operations, subject to certain limitations, we may use your P.H.I. for other purposes. The list below sets forth some examples of uses and disclosures of P.H.I. for other purposes. Within each category are examples of such uses or disclosures, but the examples are not intended to be inclusive of all purposes for which your P.H.I. may be used or disclosed in each particular category. There may also be overlap among the various categories.

- (a) **Disclosures to Federal or State Agencies** This practice will continue to make required disclosures to federal and state agencies, such as the Social Security Administration or state agencies for applications for federal or state benefits for care or payment for care.
- (b) **Individuals Involved in Your Care** We may disclose your P.H.I. to someone involved in your care or payment for your care, such as a spouse, family member or close friend or a person responsible for your care, such as a nurse or home healthcare worker, We may also discuss your care with your personal representative or someone who has your healthcare power of attorney.
- (c) **Required by Law** This practice may use or disclose P.H.I. when required by federal, state or local law to comply with mandatory reporting requirements, such as those involving births, deaths, child abuse, disease prevention and control, driving impairment, vaccine-related injuries, medical device-related deaths, gunshot wounds and other similar incidences that we are required to report.
- (d) **Workers' Compensation Insurers** We may disclose your P.H.I. to workers' compensation insurers, state administrators, employers and other persons or entities involved in the workers' compensation system and similar proceedings.
- (e) **Your Legal Matters** This practice may use or disclose your P.H.I. in response to court or administrative proceedings if you are involved in a lawsuit or a similar matter. We may disclose your P.H.I. in response to a discovery request, subpoena or other lawful process by another party involved in a dispute, but only if we have received satisfactory assurances that the party seeking your P.H.I. has made a

good faith effort to inform you of the request to provide you with an opportunity to object.

- (f) **Public Health and Safety Matters** We may use or disclose your P.H.I. for public health activities, including reporting communicable diseases, child abuse and neglect reports, FDA-related reports and disclosures, public health warnings to third parties regarding risk of communicable diseases or conditions, reports regarding victims of abuse, neglect or domestic violence, reports of elder abuse to the Department of Aging, reports of abuse of a nursing home patient to the Department of Public Welfare, reports to health oversight entities such as a drug enforcement agency, reports to prevent or lessen a serious threat to safety, or compliance with judicial and administrative proceedings.
  - (g) **Law Enforcement Matters** This practice may disclose your P.H.I. for law enforcement purposes, such as compliance with legal process, search warrants, identification of crime victims, reports of death suspected to have resulted from criminal activities, information regarding crimes, emergencies, reports regarding identification of deceased patients, cause of death, providing information to funeral directors necessary to carry out their operations, information relating to threats to public safety, or specific government functions such as military and veterans activities, national security and intelligence and similar law enforcement matters.
  - (h) **Organ and Tissue Donation** We may use your P.H.I. in order to facilitate organ, eye, and tissue donation and transplantation, including to those entities engaged in procuring and banking of such items.
5. **Business Associates.** West Chester G.I. Associates, P.C. and West Chester Endoscopy, L.L.C. may engage certain persons to perform certain of our practice functions on our behalf and we may disclose certain health information to these persons. For example, we may share certain P.H.I. with our billing company or computer consultant in order to facilitate our healthcare operations or payment for services provided in connection with your care. In this connection, we will require our business associates to enter into an agreement to keep your P.H.I. confidential and to abide by the terms set forth in this privacy notice.
6. **Incidental Disclosure.** Certain disclosures may occur incidentally. For example, conversations regarding your medical care may be overheard by other persons or patients in the office or someone may view your name on the sign-in sheet in the waiting area. Our practice will use its best efforts to limit these disclosures, but the efficient delivery of medical care in our office setting will not permit incidental disclosures to be totally eliminated.
7. **Authorizations.** For all uses and disclosures that are not of the general types permitted pursuant to the terms of this privacy notice, we will obtain your written authorization to use or disclose your P.H.I.. Any time after you have given us an authorization, you may revoke it, except to the extent that we have already relied on the authorization you have provided.
8. **Your Privacy Rights.** You have certain rights described below with respect to your P.H.I.. The following will describe each of these rights and how you may exercise them:

- (a) **Restrictions on Use.** You have the right to request restrictions on uses or disclosures of your P.H.I. to carry out treatment, payment and healthcare operations, but this practice is not required to agree to such requested restrictions. To request a restriction, you must submit a written request to our privacy officer. The request must state (i) what information you want restricted and (ii) to whom the restriction should apply.
  - (b) **Confidential Communications.** You have a right to request that this practice communicate your P.H.I. to you by reasonable alternative means or alternative locations. For example, you have the right to request that we contact you only at work or only by mail. To make such a request, you must (i) make your request in writing, (ii) the request must specify the alternative address or other method of payment, if applicable, and (iii) information as to how payment will be handled if the request would vary the way in which the practice routinely handles payment issues. We are not required to agree to requests for confidential communications that are unreasonable. We will not ask you for an explanation of why you are requesting alternative means of communication.
  - (f) **Right to Receive a Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices. To obtain a copy, you may request one from the front desk at any office visit or you may contact our Privacy Officer.
9. **Privacy Officer.** Our Privacy Officer may be contacted during our regular business hours at 610-431-3122 or you may write to the Privacy Officer at:
- West Chester G.I. Associates, P.C.  
West Chester Endoscopy, L.L.C.  
915 Old Fern Hill Road  
Building B, Suite 300  
West Chester, PA 19380  
Attention: Privacy Officer
10. **Complaints.** If you believe that your privacy rights have been violated, you may submit a complaint to our practice or to the Secretary of Health and Human Services. To file a complaint with the practice you may contact our Privacy Officer, whose contact information is set forth directly above. The practice will not retaliate against you for filing a complaint.
11. **Changes to this Notice.** We reserve the right to change the terms of this privacy notice and to make new provisions effective for all P.H.I. that we maintain, including P.H.I. that we maintain at the time of the change. If we change our policies, we will post our revised privacy notice in our waiting room and make copies available to all patients upon request. Patients may also receive a copy of our privacy policies at any time by contacting our Privacy Officer.
12. **Legal Effect of this Notice.** This notice is not intended to create any contractual or other rights independent of those created in the federal privacy rule.
13. **Effective Date.** The effective date of this notice is April 14, 2003.