



NOTICE OF PRIVACY PRACTICES

ALTHOUGH HIPAA* LAW DOES NOT TECHNICALLY APPLY TO PURE DIRECT PRIMARY CARE PRACTICES SUCH AS GENTILE FAMILY DIRECT PRIMARY CARE (hereafter referred to as “GFDPC”), GFDPC TAKES YOUR PRIVACY SERIOUSLY AND STRIVES TO FOLLOW HIPAA GUIDELINES TO THE EXTENT POSSIBLE.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GAIN ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

*Health Insurance Portability and Accountability Act of 1996

A. OUR COMMITMENT TO YOUR PRIVACY:

GFDPC is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting business, GFDPC will create records regarding you and the treatment and services provided to you. GFDPC will maintain the confidentiality of health information that identifies you. GFDPC will also provide you with this notice of the privacy practices that GFDPC maintains concerning your IIHI.

GFDPC realizes that these laws are complicated, but GFDPC will provide you with the following important information:

- how GFDPC may use and disclose your IIHI
- your privacy rights in your IIHI
- GFDPC’s obligations concerning the use and disclosure of your IIHI

The terms of this notice apply to all records containing your IIHI that are created or retained by GFDPC. GFDPC reserves the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that GFDPC has created or maintained in the past, and for any of your records that GFDPC may create or maintain in the future. GFDPC will post a copy of this current Notice in the office in a visible location at all times, and you may request a copy of the most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE



CONTACT:

GENTILE FAMILY DIRECT PRIMARY CARE, LLC
5655 Bryant Street
Pittsburgh, PA 15206
(412) 219-4613

C. GFDPC MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS:

The following categories describe the different ways in which GFDPC may use and disclose your IIHI, unless you object:

1. **Treatment.** GFDPC may use your IIHI to treat you. For example, GFDPC may ask you to have laboratory tests (such as blood or urine tests), and GFDPC may use the results to help reach a diagnosis. GFDPC might use your IIHI in order to write a prescription for you, or GFDPC might disclose your IIHI to a pharmacy when ordering a prescription for you. Additionally, GFDPC may disclose your IIHI to others who may assist in your care, such as other healthcare providers, your spouse, your children or your parents, with your permission.

2. **Payment.** GFDPC may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from the practice. For example, GFDPC may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, GFDPC may use your IIHI to bill you directly for services and items. GFDPC will not share your IIHI with any third-party payors (insurance companies) including Medicare and Medicaid, nor will GFDPC share this information with your employer, even if your employer is subsidizing your enrollment with the practice.

3. **Health Care Operations.** GFDPC may use and disclose your IIHI to operate the business. As examples of the ways in which GFDPC may use and disclose your information for business operations, it may use your IIHI to evaluate the quality of care you received, to develop protocols and clinical guidelines, to develop training programs, and to aid in credentialing, medical review, legal services and insurance. GFDPC will share information about you with such business associates as necessary to obtain these services.

4. **Appointment Reminders.** GFDPC may use and disclose your IIHI to contact you and remind you of an appointment. Dr. Gentile will typically do so via email, text message, phone call, and/or leaving a voicemail.

5. **Treatment Options.** GFDPC may use and disclose your IIHI to inform you of potential treatment options or alternatives.

6. **Health-Related Benefits and Services.** GFDPC may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you.



7. Release of Information to Family/Friends. GFDPC may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a grandparent take their child to the office for medical care. In this example, the grandparent may have access to this child's medical information.

8. Disclosures Required by Law. GFDPC will use and disclose your IIHI required to do so by federal, state, or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES:

The following categories describe unique scenarios in which GFDPC may use or disclose your identifiable health information:

1. Public Health Risks. GFDPC may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, GFDPC will only disclose this information if the patient agrees or GFDPC are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

2. Health Oversight Activities. GFDPC may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. Lawsuits and Similar Proceedings. GFDPC may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. GFDPC also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if



GFDPC have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. Law Enforcement. GFDPC may release IIHI if asked to do so by a law enforcement official:

- regarding a crime victim in certain situations, if GFDPC are unable to obtain the person's agreement
- concerning a death GFDPC believes has resulted from criminal conduct
- regarding criminal conduct at the office
- in response to a warrant, summons, court order, subpoena or similar legal process
- to identify/locate a suspect, material witness, fugitive or missing person
- in an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator)

5. Deceased Patients. GFDPC may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, GFDPC may also release information to funeral directors.

6. Organ and Tissue Donation. GFDPC may release your IIHI to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

7. Research. GFDPC does not conduct research. GFDPC does aggregate data for the purpose of internal quality review and marketing; this data will not include any individual identifying details.

8. Serious Threats to Health or Safety. GFDPC may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, GFDPC will only make disclosures to a person or organization able to help prevent the threat.

9. Military. GFDPC may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

10. National Security. GFDPC may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. GFDPC may also disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

11. Inmates. GFDPC may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.

12. Workers' Compensation. GFDPC may release your IIHI for workers' compensation and similar programs.



E. YOUR RIGHTS REGARDING YOUR IIHI:

The health and billing records GFDPC maintains are the physical property of Gentile Family Direct Primary Care, LLC. The information in it, however, belongs to you. You have a right to:

1. Confidential Communications. You have the right to request that GFDPC communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that GFDPC contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Dr. Gentile specifying the requested method of contact, or the location where you wish to be contacted. GFDPC will accommodate reasonable requests. You do not need to give a reason for your request.

2. Requesting Restrictions. You have the right to request a restriction in the use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that GFDPC restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. GFDPC is not required to agree to your request; however, if GFDPC does agree, GFDPC is bound by this agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in the use or disclosure of your IIHI, you must make your request in writing on the signature page of this document.

3. Inspection and Copies. You have the right to inspect and obtain a copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing in order to inspect and/or obtain a copy of your IIHI. GFDPC may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. GFDPC may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of the denial. Another licensed health care professional chosen by GFDPC will conduct reviews.

4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for GFDPC. To request an amendment, your request must be made in writing and submitted to GFDPC. You must provide GFDPC with a reason that supports your request for amendment. GFDPC will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, GFDPC may deny your request if you ask to amend information that is: (a) accurate and complete; (b) not part of the IIHI kept by or for GFDPC; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by GFDPC, unless the individual or entity that created is not available to amend the information.

5. Accounting of Disclosures. All patients of GFDPC have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures GFDPC has made of your IIHI for non-treatment or operations



purposes. Use of your IIHI as part of the routine patient care in GFDPC is not required to be documented. In order to obtain an accounting of disclosures, you must submit your request in writing to the GFDPC. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before September 16, 2019. The first list you request within a 12-month period is free of charge, but GFDPC may charge you for additional lists within the same 12-month period. GFDPC will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. Right to a Paper Copy of this Notice. You are entitled to receive a paper copy of this notice of privacy practices. You may ask GFDPC to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the GFDPC.

7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with GFDPC or with the Secretary of the Department of Health and Human Services. To file a complaint with GFDPC, contact:

Gentile Family DIRECT PRIMARY CARE, LLC

5655 Bryant Street

Pittsburgh, PA 15206

(412) 219-4613

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. Right to Provide an Authorization for Other Uses and Disclosures. GFDPC will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, GFDPC will no longer use or disclose your IIHI for the reasons described in the authorization. Please note: GFDPC is required to retain records of your care.

Again, if you have questions regarding this notice or our health information privacy policies, please contact GFDPC as listed above.

ACKNOWLEDGEMENT OF GFDPC NOTICE OF PRIVACY PRACTICES

May GFDPC phone, email, or send a text to you to confirm appointments? YES NO

May GFDPC leave a voicemail on your landline or mobile phone? YES NO

May GFDPC discuss your medical condition with member(s) of your family? YES NO

If YES, please name the members:

I hereby acknowledge that I have received and read the Gentile Family Direct Primary Care Privacy Policy Notice. I understand that HIPAA law does not technically apply to this practice but that the doctor is committed to protecting my privacy in the ways described in this document. I understand that the use of email and text messaging is conducted at my own risk and that confidentiality cannot be guaranteed with these forms



of communication. I understand that I may request additional copies of this notice at any time.

Name _____

Signature _____

Date _____