



Acknowledgment of Receipt of Notice of Privacy Practices & Authorization/Consent to use & disclose health information

I hereby acknowledge that the Practice has provided me its Notice of Privacy Practices (the "Notice"). The Notice defines the terms "treatment", "payment" and "health care operations" and the types of uses and/or disclosures that the Practice can make if I execute this Consent. I have had the opportunity to review the Notice. I understand that the Practice may change the terms of the Notice from time to time, and that I may contact the Practice, at the address listed below, to obtain a revised version of the Notice at any time.

I also hereby authorize and consent to the use and/or disclosure of my protected health information so that Ashish Sitapara, M.D., P.C., d/b/a "Signature Medicine" (the "Practice") can carry out treatment, payment and health care operations. I understand that this authorization/consent includes granting my authorization to view my prescription history from external sources. I also understand and authorize the Practice to use 3rd party providers such as an outside medical billing company, a medical transcription company, and a clinical health data management organization in their efforts to provide care for me. I also allow for and authorize the Practice to disclose my protected health information to Signature Practice Management, LLC, a company with which the Practice works to help carry out Practice administrative and related functions. For purposes of this document, protected health information means any and all information relating to health care services provided to me by the Practice including, but not limited to, information relating to services provided to me prior to this date.

I understand that I may submit a written request to the Practice asking that the Practice restrict how my protected health information is used or disclosed to carry out treatment, payment or health care operations. I understand that the Practice is not required to agree to my requested restriction.

I also understand that this authorization/consent will remain in effect until I provide a written notice of revocation to the Practice. The revocation will be effective immediately upon the Practice's receipt of my written notice, although the revocation will not affect any actions the Practice took before it received my notice of revocation.

The address of the Practice is: Signature Medicine
770 Newtown Yardley Road, Suite 220
Newtown, PA 18940
(215) 968-4804 (phone)
(215) 968-4759 (fax)

Signature of Patient or Personal Representative

Date: _____

Printed Name of Personal Representative
and relationship to patient



ASHISH SITAPARA, M.D., P.C.
dba Signature Medicine

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SIGNATURE MEDICINE AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. REVIEW THIS DOCUMENT CAREFULLY.

Ashish Sitapara, M.D., P.C., dba "Signature Medicine" is required by law to maintain the privacy of your Protected Health Information ("PHI"). Signature Medicine is further required to provide you with notice of Signature Medicine's legal duties and privacy practices with respect to PHI. PHI includes all individually identifiable health information concerning you which is either maintained by Signature Medicine or transmitted by Signature Medicine to others, whether in oral, written or electronic form.

Please be assured that Signature Medicine considers the maintenance of your privacy to be integral to its mission, and that Signature Medicine has taken steps to guard against any improper use or disclosure of your PHI.

The uses and disclosures of PHI are generally regulated by a federal law called the Health Insurance Portability and Accountability Act of 1996 (referred to as "HIPAA") and the regulations which were promulgated to enforce HIPAA. In instances where state laws relating to the privacy of PHI differ from HIPAA and a state law is either more protective of your PHI or provides you with greater access to your PHI, the state law overrides HIPAA.

Part I: Uses and Disclosures of PHI

1. Carrying Out Treatment, Payment and Health Care Operations

Except in an emergency or other special circumstance, before providing treatment to you, we will ask you to read and sign a written consent to allow us to use and disclose PHI for purposes of treatment provided to you, obtaining payment for services provided to you and for Signature Medicine's health care operations (e.g., internal administration, quality improvement, and customer service), as detailed below. The consent will also authorize Signature Medicine to disclose your PHI to Signature Practice Management, LLC, a company Signature Medicine works with, to help carry out Signature Medicine administrative and related functions. The consent will also authorize Signature Medicine to work with additional organizations such as a medical billing, medical transcription, and medical data review organizations in an order to facilitate your care.

"Treatment" is the providing, coordinating or managing of your health care and related services. It includes consultations and referrals between one or more of your health care providers, such as doctors, nurses, therapists and technicians. Uses and disclosures of PHI for treatment purposes might include disclosures within Signature Medicine or between Signature Medicine and other providers. For example, a Signature Medicine physician may refer you for care to another provider, including a specialist, in order to better assure continuity of care. Signature Medicine may also use your PHI to contact you to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

"Payment" includes billing, collection and related services relating to seeking and obtaining payment from third parties (e.g., commercial insurance carriers and government payers like Medicare), and may involve communications relating to such activities as coverage determinations, claims processing, subrogation, reviews for medical necessity or appropriateness of care, and utilization review. Uses and disclosures of PHI for payment purposes may include communications with other health care providers if PHI is needed by the other providers to enable them to obtain payment for medical services provided to you.

"Health care operations" include quality assessment and quality improvement activities, licensure and credentialing activities, and training of health care and non-health care professionals.

2. Other Uses and Disclosures of PHI Signature Medicine may also use or disclose your PHI in the following circumstances:

(1) **Disclosures to Relatives and Close Friends Involved in Your Care.** Signature Medicine may disclose PHI to a family member or friend involved with your care or with handling your bills if (a) you are present (or reasonably available to us) prior to the disclosure and you agree to the disclosure, or (b) we have provided you with an opportunity to object to the disclosure and you did not object, or (c) we may reasonably infer that you do not object to the disclosure (e.g., if family or friends are present while treatment is being provided and they are participating in discussions regarding treatment). If you are not present or available, and the opportunity for you to agree or object to a use or disclosure cannot practically be provided, Signature Medicine may exercise professional judgment to determine whether a disclosure would be in your best interests. If information is disclosed to a family member or close friend, only that information which is relevant to that person's involvement with your treatment will be disclosed.

(2) **Public Health Activities.** Signature Medicine may disclose PHI for the following public health activities and purposes: (a) to report health information to appropriate public health authorities for the purpose of preventing or controlling disease, injury or



disability; (b) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (c) to report information about products under the jurisdiction of the U.S. Food and Drug Administration for quality, safety or effectiveness purposes; (d) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; and (e) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

(3) Victims of Abuse, Neglect or Domestic Violence. Signature Medicine may disclose PHI to a government authority, including a social service or protective services agency authorized by law to receive such reports, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

(4) Health Oversight Activities. Signature Medicine may disclose PHI to a health oversight agency that oversees the health care system and ensures compliance with the rules of government health programs such as Medicare or Medicaid.

(5) Judicial and Administrative Proceedings. Signature Medicine may disclose PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

(6) Law Enforcement Officials. Signature Medicine may disclose PHI to the police or other law enforcement officials as required by law or in compliance with a court order.

(7) Decedents. Signature Medicine may disclose PHI to a coroner or medical examiner as necessary to identify the deceased, determine the cause of death, or as otherwise authorized by law. Signature Medicine may also disclose PHI to a funeral director as necessary to carry out the funeral director's duties, including arrangements after death.

(8) Organ and Tissue Procurement. Signature Medicine may, in a manner consistent with State law, disclose PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

(9) Research. Signature Medicine may disclose PHI without your consent or authorization for research if an Institutional Review Board approves a waiver of authorization for disclosure and authorization is not required by law.

(10) Health or Safety. Signature Medicine may use or disclose PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

(11) Specialized Government Functions. Signature Medicine may disclose PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.

(12) Workers' Compensation. Signature Medicine may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

(14) Required by Law. Signature Medicine may disclose PHI when required by federal, state or local laws.

3. Uses and Disclosures of PHI that Require Your Written Authorization Except as described in this Notice or specifically required or permitted by law, Signature Medicine will not use or disclose your PHI without your specific written, signed authorization. Even if you have signed an authorization, the authorization may be revoked by you, in writing, at any time, and once the authorization is revoked, Signature Medicine may no longer use or disclose PHI for the purpose described in the authorization (unless, and to the extent that, Signature Medicine has already taken action based upon the authorization).

Part 2. Your Individual Rights

a. Right to Request Restrictions on Uses and Disclosures of PHI If you wish, you may request that Signature Medicine restrict its uses and disclosures of your PHI for the carrying out of treatment, payment or health care operations, or you may request that Signature Medicine restrict uses and disclosures of your PHI to family members, relatives, friends or other persons identified by you who are involved in your care or the payment for your care. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Please note, however, that Signature Medicine is not required to agree to your request.

b. Right to Request Alternate Method of Communication You have the right to reasonably request that Signature Medicine communicate with you in specific ways or at specific locations, including in order to better ensure your privacy. Requests to receive communications by specific or alternative means or at specific or alternative locations should be made to the Signature Medicine Privacy Officer at Signature Medicine, 780 Newtown Yardley Road, Suite 314a, Newtown, PA 18940, (215) 968-4804.

c. Right to Inspect and Copy PHI You also have a right to inspect and obtain a copy of your PHI to the extent that it is contained in a "designated record set." A "designated record set" includes: medical records and billing records, and other information used by or for Signature Medicine to make decisions about your treatment. If you want access to your PHI, you will be required to complete a form and to submit the form to the Signature Medicine Privacy Officer at Signature Medicine, 780 Newtown Yardley Road, Suite 314a, Newtown, PA 18940, (215) 968-4804. Under some circumstances, Signature Medicine may deny a request to inspect or obtain a copy of some information in a record. If access is denied, you will be provided with a written denial setting forth the basis for the denial and a description of how you may exercise review rights with respect to the denial.



- d. Right to Amend PHI You have the right to request that Signature Medicine amend your PHI or a record about you. If you desire such an amendment, you will be required to complete a request form, including a statement explaining the reason for the requested amendment, and to submit the request to the Signature Medicine Privacy Officer at Signature Medicine, 780 Newtown Yardley Road, Suite 314a, Newtown, PA 18940, (215) 968-4804. If the request is denied in whole or part, Signature Medicine will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your PHI. Signature Medicine may include a rebuttal statement with your PHI addressing your statement of disagreement.
- e. The Right to Receive an Accounting of PHI Disclosures At your request, Signature Medicine will also provide you with an accounting of disclosures of your PHI by Signature Medicine during the period covered by your request (which may be a period of up to six years prior to the date of your request). This accounting will not include PHI disclosures made: pursuant to your authorization; to you about your own PHI; to carry out treatment, payment or health care operations; incident to a use or disclosure which was otherwise permitted or required by law; for national security or intelligence purposes; to correctional or law enforcement officials; or prior to April 14, 2003. If you request more than one accounting within a 12-month period, Signature Medicine will charge a reasonable, cost-based fee for each subsequent accounting.
- f. The Right to Receive a Paper Copy of This Notice Upon Request To obtain a paper copy of this Notice of Privacy Practices, you may print it from Signature Medicine's website or contact the following individual: the Signature Medicine Privacy Officer at Signature Medicine, 780 Newtown Yardley Road, Suite 314a, Newtown, PA 18940, (215) 968-4804.
- g. The Right to Receive Further Information or to Complain. If you would like to receive further information about your privacy rights, are concerned that Signature Medicine may have violated your privacy rights, or disagree with a decision that Signature Medicine has made about access to your PHI, you may contact the Signature Medicine Privacy Officer at Signature Medicine, 780 Newtown Yardley Road, Suite 314a, Newtown, PA 18940, (215) 968-4804. You may also file a written complaint with the Director, Office of Civil Rights, U.S. Department of Health and Human Services. Upon request, Signature Medicine will provide you with the correct address for the Director. Signature Medicine will not retaliate against you if you file a complaint with us or with the Director.

Part 3. Effective Date and Duration of this Notice of Privacy Practices

- a. Effective Date. This Notice of Privacy Practices is effective on July 1st, 2007.
- b. Right to Change Terms of this Notice. Signature Medicine may change the terms of this Notice of Privacy Practices at any time. If Signature Medicine changes the terms of this Notice, we will make the new Notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new Notice. If Signature Medicine changes this Notice of Privacy Practices, we will post the new Notice in our office waiting room and on our internet site at www.signaturemedicineMD.com. The new Notice may also be obtained by contacting the Signature Medicine Privacy Officer.

Part 4. Contact Information of the Signature Medicine Privacy Office:

You may contact the Signature Medicine Privacy Officer at:

Attn: Privacy Officer
Signature Medicine
770 Newtown Yardley Road
Suite 220
Newtown, PA 18940
Tele: 215-968-4804