



Your Information. Your Rights. Our Responsibilities. For Your Privacy

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.**

Manchester Urology Associates, PA of Manchester, Derry, and Dover (MUA) policy is to provide equal opportunity to persons regardless of race, region, age, gender, and disability or other classification within Federal, State and local statutes, regulations or ordinances.

YOUR RIGHTS

You have the right to:

- Get a copy of your medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Operate our business
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests within Manchester Urology office hours if by telephone.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information. You may be requested to sign an Advanced Beneficiary Notice if you request that your insurance is not billed.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

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 health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting of Ann Gilbert, Practice Administrator, (603)-836-1590 – Section 504 Coordinator, who has been designated to coordinate the efforts of Manchester Urology Associates, PA to comply with Section 504.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Operate our Business

We can use and share your health information to operate our business, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Components of Manchester Urology Compliance Program

The specific components of the Manchester Urology Compliance Program include the following:

1. Manchester Urology Compliance & Privacy Officer and Compliance Committee, whose combined roles include the responsibility and authority to direct efforts in maintaining compliance;

Manchester Urology Compliance Officers:

Ann Gilbert	603-836-1590 or 603-998-4168
Rebecca Smart	603-742-1444 extension 5

Manchester Urology Privacy Officers:

Patty Dumont, ARNP	603-235-4435
Erin Murphy, RN	603-742-1444 extension 3

2. Manchester Urology Code of Conduct – to guide appropriate business and professional practices and additional policies and procedures
3. Several different methods for reporting potential non-compliance issues or other areas of concern without fear of retribution;

Report to your immediate Manager

Report to Manchester Urology Compliance Officers or Privacy Officers

Give an anonymous call to 603-836-1590 or 603-836-1592

Give in writing anonymously to:

Manchester Urology
ATTN: Compliance
4 Elliot Way – Suite 200
Manchester, NH 03103

4. Effective training and education programs to promote an understanding of and adherence to applicable federal and state laws, regulations, and rules;
5. Internal monitoring and auditing to verify compliance, identify the need for corrective action, and/or improve training and education activities;
6. Responding to detected noncompliance and developing corrective action initiatives, including disciplinary actions, policy changes, or other corrective measures; and
7. Enforcing standards through disciplinary guidelines.