



BodyLogicMD of Philadelphia
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Effective August 4, 2014

This notice describes how your medical information may be used and disclosed by our office and how you may get access to this information. Under HIPAA, Omnibus privacy regulations are required by federal law to maintain privacy of your Protected Health Information(PHI) and Electronic Health Information(E-PHI) in compliance with electronic regulation and securities, and will abide by the terms of this Privacy notice. Please be advised that your PHI/E-PHI may be used in rendering treatment to you. Under federal law, PHI/E-PHI may be disclosed to third parties for treatment and continuity of medical care. Disclosure of PHI/E-PHI to insurance carriers for either payment in services rendered or by their request of quality assurance and or medical chart review is allowed under HIPAA laws.

Under regulations, immunization records will be provided without written consent to school personnel, if requested for continuity of care. Restrictions of records for marketing, fundraising, and research will be upheld.

Unless disclosure is required by law for the following: public health purposes, regarding victims of abuse, neglect or domestic violence, any judicial or administrative proceeding, health oversight agency authorized by law, law enforcement purposes, organ procurement for research and to prevent or lessen a serious and imminent treat to health safety of a person or public your consent will be required.

In complying with the regulations of the Commonwealth of Pennsylvania, unless there is prior written consent from you, no other PHI/E-PHI will be available and more protectively, no release of mental health, drug and alcohol abuse or dependency, AIDS/HIV results or Psychotherapy notes will be available without *specific* written consent. Disclosure of decedent records will be available to immediate family members or a caregiver in the event an immediate family member is not available.

You have the right to request a copy, inspect and amend your medical information. If your Privacy rights have been violated please contact the office immediately in writing, or you may contact the Secretary of Health and Human Services

******Please name any person you would allow to receive medical information on your behalf. Please name them below or if none, write none.*******

Signature_____ Date_____