



**The Health Insurance Portability and Accountability Act (“HIPAA”)**  
**Notice of Protected Health Information Practices**

**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.**

This Notice of Protected Health Information Practices (the “Notice”) describes the privacy practices of MusicWorks, a music therapy service provider.

MusicWorks wants you to know that nothing is more important to our operations than maintaining the privacy of your individually identifiable health information (“Protected Health Information” or “PHI”).

**Purpose of Notice**

Under the federal health care privacy regulations pertaining to the Health Insurance Portability and Accountability Act of 1996 set forth at 45 CFR § 160.101 et seq. (the “Privacy Regulations”), MusicWorks is required to protect the confidentiality of your PHI which includes information about your past, present or future health history, symptoms, test results, diagnoses, treatment, and claims and payment history. We are also required to provide you with the Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your PHI. This protection extends to any PHI that is oral, written, or electronic, such as evaluations, notes and progress reports transmitted by facsimile, modem, or other electronic device. We will not use or disclose your PHI except as provided for in this Notice. However, we reserve the right to change the terms of this Notice and make new notice provisions for all your PHI that we maintain.

**Permitted Uses and Disclosures of Your Health Information**

1. **Uses and Disclosures with Patient Consent:** Under the Privacy Regulations, after having made good faith efforts to obtain your acknowledgement of receipt of this Notice, MusicWorks is permitted to use and disclose your PHI for the following purposes:

- a. **Treatment** – We are permitted to use your PHI in the provision and coordination of your health care. We may disclose information contained in your medical record to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment. For example, your music therapist may disclose your PHI when consulting with a care manager or physician regarding your medical condition.

b. **Payment** – We are permitted to use your PHI for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. This information may be released to an insurance company, third party payor or other authorized entities involved in the payment of your medical bill and may include copies or portions of your medical record which are necessary for payment of your account. For example, a bill sent to the Department of Public Welfare or your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment.

c. **Health Care Operations** – We are permitted to use and disclose your PHI during the Musicworks’ routine health care operations, including, but not limited to, quality assurance, utilization reviews, medical reviews, auditing, accreditation, certification, licensing or credentialing activities and for educational purposes.

2. **Uses and Disclosures With Patient Authorization** – Under the Privacy Regulations, MusicWorks can use and disclose your PHI for purposes other than treatment, payment or health care operations with your written authorization. For example, with your authorization, we can provide your name and medical condition to companies who might be able to provide you useful items or services. Under the Privacy Regulations, you may revoke your authorization; however, such revocation will not have any effect on uses or disclosures of your PHI prior to our receipt of the revocation.

3. **Uses and Disclosures With Patient Opportunity to Verbally Agree or Object** – Under the Privacy Regulations, MusicWorks is permitted to disclose your PHI without your written consent or authorization to a family member, a close personal friend, caregiver, personal representative or any other person identified by you, if the information is directly relevant to that person’s involvement in your care or treatment. You must be notified in advance of the use or disclosure and have the opportunity to verbally agree or object.

4. **Uses and Disclosures Without an Acknowledgement, Authorization or Opportunity to Verbally Agree or Object** – Under the Privacy Regulations, MusicWorks is permitted to use or disclose your PHI without your consent, authorization or the opportunity to verbally agree or object with regard to the following:

a. **Uses and Disclosures Required by Law** – We must disclose your PHI when required to do so by applicable federal or state law.

b. **Public Health Activities** – We may disclose your PHI to federal, state or local authorities, or other entities charged with preventing or controlling disease, injury, or disability for public health activities.

c. **Abuse and Neglect** – We may disclose your PHI if we have a reasonable belief of abuse, neglect or domestic violence.

d. **Regulatory Agencies** – We may disclose your PHI to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs and compliance with civil rights.

e. **Judicial and Administrative Proceedings** – We may disclose PHI in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request or similar legal request.

f. **Law Enforcement Purposes** – We may disclose your PHI to law enforcement officials when required to do so by law.

g. **Coroners, Medical Examiners, Funeral Directors** – We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.

h. **Research** – Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved by an institutional review board that has reviewed the research proposal and provided that certain safeguards are in place to ensure the privacy and protection of your PHI.

i. **Threats to Health and Safety** – We may use or disclose your PHI if we believe, in good faith, the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

j. **Military/Veterans** – If you are a member of the armed forces, we may disclose your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

k. **Worker's Compensation** – We may disclose your PHI to the extent authorized and necessary to comply with laws relating to workers' compensation or other similar programs established by law.

l. **Marketing** – We may use or disclose your PHI to make a marketing communication to you, if such communication is conducted face-to-face, concerns products or services of nominal value, or identifies us as the communicating party and that we will receive remuneration for making the communication and, where required by the Privacy Regulations, instructions describing how you may verbally object to receiving future communications.

m. **Appointment Reminders** – We may use and disclose your PHI to remind you of an appointment for treatment and medical care by or at our practice.

n. **Disclosures to Parents or Legal Guardians** – If you are a minor, we may release your PHI to your parents or legal guardians when we are permitted or required under federal and applicable state law.

o. **Administrator or Executor** – Upon your death, we may disclose your PHI to an administrator, executor, or other individual so authorized under applicable state law.

p. **Other Uses and Disclosures** – In addition to the reasons outlined above, we may use and disclose your PHI for other purposes permitted by the Privacy Regulations.

5. **Uses and Disclosures to Business Associates** – With an acknowledgement or a proper authorization, we are permitted to disclose your PHI to Business Associates and to allow Business Associates to receive your PHI on our behalf. A Business Associate is defined under the Privacy Regulations as an individual or entity under contract with us to perform or assist us in a function or activity which requires the use of your PHI. Examples of business associates include, but are not limited to, consultants, accountants, lawyers, medical transcriptionists and third party billing companies. We require all Business Associates to protect the confidentiality of your PHI.

### **Patient Rights**

Although your medical record is our property, you have the following rights concerning your medical record and PHI:

1. **Right to Request Restrictions on the Use and Disclosure of Your Health Information** – You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment and health care operations. However, we are not required to agree with such a request. If, however, we agree to the requested restriction, it is binding on us.
2. **Right to Inspect and Copy Your Health Information** – You have the right to inspect and copy your own PHI upon request. However, we are not required to provide you access to all the PHI that we maintain. For example, this right does not extend to psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding, or subject or exempt from Clinical Laboratory Improvements Amendments of 1988. Access may also be denied if disclosure would reasonably endanger you or another person.
3. **Right to Verbally Object** – You have the right to verbally object to certain disclosures that are routinely made for treatment, payment or healthcare operations or for other purposes without Authorization. For example, we are required to give you an opportunity to object to the sharing of your PHI with a person or family member accompanying you for treatment.
4. **Right to Seek an Amendment of Your Health Information** – You have the right to request an amendment of your PHI. If we disagree with the requested amendment, we will permit you to include a statement in the record. Moreover,

we will provide you with a written explanation of the reasons for denial and the procedures for filing appropriate complaints and appeals.

5. **Right to an Accounting of Disclosure of Your Health Information** – You have the right to receive an accounting of disclosures made by us of your PHI within six (6) weeks prior to the date of your request; provided, however that we need not provide an accounting for any information disclosed prior to April 14, 2003. The accounting will not include disclosures related to treatment, payment or health care operations, disclosures made to you, disclosures made pursuant to a validly executed authorization, disclosures permitted by the Privacy Regulations, disclosures to persons involved in your care, or disclosures that occurred prior to the April 14, 2003 compliance deadline under the Privacy Regulations. The accounting of disclosures shall include the date of each disclosure, name and address of the person or organization who received your PHI, a brief description of the information disclosed, and the purpose for the disclosure.
6. **Right to Confidential Communications** – You have the right to receive confidential communications of your PHI by alternative means or alternative locations. For example, you may request that we only contact you at work or by mail.
7. **Right to Revoke Your Authorization** – You have the right to revoke a validly executed authorization for the use or disclosure of your PHI. However, such revocation will not have any effect on uses or disclosures prior to the receipt of the revocation.
8. **Right to Receive Copy of this Notice** – You have the right to receive a copy of this Notice.

### **Contact Information and How to Report a Privacy Rights Violation**

If you have any questions and would like additional information regarding the uses and disclosures of your PHI, you may contact MusicWorks at 610-449-9669. Moreover, MusicWorks has established an internal compliant process for reporting privacy rights violations. If you believe that your privacy rights have been violated, you may file a complaint with us or the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201. To file a complaint with us, please contact the MusicWorks at 610-449-9669. All complaints must be submitted to MusicWorks in writing at 412 East Eagle Road, Havertown, PA, 19083-1635. There will be no retaliation for filing a complaint.

### **Effective Date**

The effective date of this Notice is April 14, 2003.

### **State Specific Provisions – Pennsylvania**

MusicWorks will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release or where we are authorized or required by state or federal law to make the disclosure.

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**Acknowledgement of Receipt of Privacy Notice**

Purpose of this Acknowledgement

This Acknowledgement, which allows the MusicWorks to use and/or disclose personally identifiable health information (“Protected Health Information” or “PHI”) for treatment, payment or healthcare operations, is made pursuant to the requirements of 45 CFR § 164.520(c)(2)(ii), part of the federal privacy regulations for the Health Insurance Privacy and Accountability Act of 1996 (“the Privacy Regulations”).

Please read the following information carefully:

1. I understand and acknowledge that I am consenting to the use and/or disclosure of personally identifiable PHI about me by MusicWorks for the purposes of treating me, obtaining payment for treatment of me, and as necessary in order to carry out any healthcare operations that are permitted in the Privacy Regulations.
2. I am aware that MusicWorks maintains a Privacy Notice which sets forth the types of uses and disclosures that MusicWorks is permitted to make under the Privacy Regulations and sets forth in detail the way in which MusicWorks will make such use or disclosure. By signing this Acknowledgement, I understand and acknowledge that I have received a copy of the Privacy Notice.
3. I understand and acknowledge that in its Privacy Notice, MusicWorks has reserved the right to change its Privacy Notice as it sees fit from time to time. If I wish to obtain a revised Privacy Notice to the office of MusicWorks at the following address:  
412 East Eagle Road, Havertown, PA 19083-1635.
4. I understand and acknowledge that I have the right to request that MusicWorks restrict how my information is used or disclosed to carry out treatment, payment or healthcare operations. I understand and acknowledge that MusicWorks is not required to agree to restrictions requested by me, but if MusicWorks agrees to such a requested restriction it will be bound by that restriction until I notify it otherwise in writing.

I request the following restrictions be placed on MusicWorks’ use and/or disclosure of my PHI (leave blank if no restrictions):

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I understand the foregoing provisions, and I wish to sign this Acknowledgement authorizing the use of my personally identifiable PHI for the purposes of treatment, payment for treatment and healthcare options.

By signing this form, I acknowledge that I have reviewed an executed copy of this acknowledgement and a copy of MusicWorks' Policy Notice and agree to MusicWorks' Use and Disclosure of my protected PHI for treatment, payment and health care options.

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Personal Representative (if applicable)

\_\_\_\_\_  
Relationship to Patient

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To Be Completed By MusicWorks

The request restrictions on the use and/or disclosure of the patient's health information set forth above are:

\_\_\_\_\_ Accepted      \_\_\_\_\_ Denied      \_\_\_\_\_ Not Applicable

\_\_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_