

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law (Health Insurance Portability and Accountability Act of 1996-HIPAA) to maintain the privacy of your health information; and to abide by the terms of the Notice that are currently in effect.

### **PERMITTED USES AND DISCLOSURES OF YOUR INFORMATION**

*We may use or disclose your health information for purposes of treatment, payment and healthcare operations.*

**For Treatment:** We will use and disclose your health information in providing you with treatment and services and in coordinating your care with other healthcare professionals involved in your care.

**For payment:** We may use and disclose your health information for billing and payment purposes. We may disclose your health information to your representative, or to and insurance managed care company, Medicare, Medicaid or another third party payer.

**For Health Care Operations:** we may use and disclose your health information as necessary for operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your information to another entity with which we have a relationship to provide patient or business services on our or your behalf.

### **SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

*The following lists various ways in which we may disclose your health information without your consent or authorization.*

**Individuals Involved in Your Care or Payment of Your Care** unless you object, we may disclose health information about you to a person you identify such as a family member or close personal friend.

**Emergencies:** As Required by Law or Public Health Activities

**Appointment Reminders or Treatment Alternatives and Health-Related Benefits and Services:** We will make every effort to insure your confidentiality and contact you in the manner you prefer.

**Business Associates:** We may disclose your protected health information to a contractor or business associate who needs the information to perform services. Our business associates are committed to preserving the confidentiality of this information.

**Reporting Victims of Abuse, Neglect or Domestic Violence:** If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your health information to notify a government authority if authorized by law or you agree to the report.

**Health Oversight:** Activities We may disclose your health information to an oversight agency for activities authorized by law such as audits, investigations, licensure actions and government oversight activities of the health care system.

**To Avert a Serious Threat to the Health or Safety to You, to Another Person, to the Public or to Minimize a Threat**

**Judicial and Administrative Proceedings:** We may disclose your health information in response to a court or administrative order in response to a subpoena, discovery request or lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

**Law Enforcement, Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations, Disaster Relief Organizations**

**Military, Veterans and Other Specific Government Authorities and Inmates/Law Enforcement Custody**

**Workers Compensation**

### USES AND DISCLOSURE WITH YOUR AUTHORIZATION

Except as described in this Notice, we will disclose your health information only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the authorized purposes, except where we have already relied on the Authorization.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a request in writing. You have the right to:

**Request Restrictions** on our use or disclosure of your health information for treatment, payment or healthcare operations, restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment of your care. We are not required to agree to your restriction and, if we do not agree to accept, we will comply with your request except as needed to provide you emergency treatment.

**Request Amendment:** You have the right to request amendment of your medical record. Your request must be made in writing and must specify the reason for the requested amendment. We may deny your request if we have reason to believe that the original information is accurate and must supply you with denial in writing.

**Request a Copy of this Notice:** You have the right to obtain a paper copy of this Notice. You may request a copy of this notice at any time. Please contact our office or ask for a copy at the reception desk.

**Request an Accounting of Uses and Disclosures:** You have the right to request an accounting of the disclosures of your personal health information that is used or disclosed for other than treatment, payment or healthcare operations. All requests must be made in writing and pertain to information disclosed after April 14, 2003. One request will be provided to you at no charge. Additional requests made within twelve-month period may be subject to a fee.

**Request Confidential Communications:** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

### SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

For disclosures concerning health information relating to care for psychiatric, substance abuse or HIV testing and treatment, except as permitted or required under state or federal law, health information may not be disclosed without your special authorization unless for treatment or payment purposes.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make effective our new Notice provisions for all health information already received maintained as well as for all health information obtained in the future. We will provide a copy of the revised Notice upon implementation.

### **FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact our privacy officer at 718.745.0623. If you believe your privacy has been violated or would like to file a complaint, please send a written notification to our officer at 9920 4TH Avenue, Suite 205, Brooklyn, N.Y. 11209, ATTN: Privacy Officer. Please include the patient's name and address, a detailed description of the circumstances surrounding the complaint, your signature, the date, and contact information. If you are not satisfied with our response you may notify the Office of Civil Rights in the U.S. Department of Health and Human Services.

**Effective Date: April 14, 2003**