

# **NOTICE OF PRIVACY PRACTICES**

**Effective April 14, 2003**

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 PRIVACY PRACTICES IS PROVIDED TO YOU AS A REQUIREMENT OF THE HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA). IT DESCRIBES HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI), WITH WHOM THAT INFORMATION MAY BE SHARED, AND THE SAFEGUARDS WE HAVE IN PLACE TO PROTECT IT. THIS NOTICE ALSO DESCRIBES YOUR RIGHTS TO ACCESS AND AMEND YOUR PHI. YOU HAVE THE RIGHT TO REFUSE THE RELEASE OF SPECIFIC INFORMATION OUTSIDE OF OUR PRACTICE EXCEPT WHEN THE RELEASE IS REQUIRED OR AUTHORIZED BY LAW OF REGULATION.

**ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE** -You will be asked to provide a signed acknowledgement of receipt of this Notice. If you decline to provide a signed acknowledgement, we will continue to provide your treatment and will use and disclose your PHI in accordance with law.

**OUR DUTIES TO YOU REGARDING PHI** – Our practice is required by law to do the following: 1) Keep your PHI private. 2) Present to you this Notice of our legal duties and privacy practices related to the use and disclosure of your PHI. 3) Follow the terms of the Notice currently in effect. 4) Communicate to you any changes we may make in the Notice. We reserve the right to change this Notice.

**HOW WE MAY USE OR DISCLOSE YOUR PHI** – Following are examples of permitted uses and disclosures of your PHI. These examples are not exhaustive of all uses.

**REQUIRED USES AND DISCLOSURES** – By law we must disclose your PHI to you unless it has been determined by a health care professional that it would be harmful to you. Even in such cases, we may disclose a summary of your health information to certain authorized representatives specified by you or by law. We must also disclose PHI to the Secretary of the U.S. Department of Health and Human Services (HHS) for investigations or determinations of our compliance with laws on the protection of your PHI.

**TREATMENT** – We will use and disclose your PHI to provide, coordinate or manage your healthcare and any related services. This includes coordination of management of your healthcare with a third party. This also includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your PHI to provide the treatment you require.

PAYMENT – Your PHI will be used, as needed, to obtain payment for your healthcare services. This may include determining eligibility or coverage for benefits.

HEALTHCARE OPERATIONS – We may use or disclose, as needed, your PHI to support our daily activities related to providing healthcare. These activities may include billing, collection, quality assessment, licensing and staff performance reviews. (i.e.: We may call you by name in the waiting room, we may contact you at your home phone number to remind you of an appointment.)

REQUIRED BY LAW – We may use or disclose your PHI if law or regulations requires the use of disclosure.

PUBLIC HEALTH/COMMUNICABLE DISEASES – We may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. If authorized by law, disclose to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

FDA/HEALTH OVERSIGHT – We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, track products, enable product recalls. We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. These agencies may include government benefit programs.

RIGHT TO REQUEST AMENDMENT – If you believe that the information we have about you is incorrect or incomplete; you may request an amendment to your PHI as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

RIGHT TO AN ACCOUNTING OF DISCLOSURE – You may request that we provide you with an accounting of the disclosures we have made of your PHI. This right applies to disclosures made for the purposes other than treatment, payment or health care operations as described in this Notice and excludes disclosures made directly to you, to others pursuant to an authorization from you, to family members or friends involved in your care, or for notification purposes. The accounting will only include disclosures made on or after April 14, 2003, and no more than 6 years prior to the date of your request. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this Notice.

RIGHT TO OBTAIN A COPY OF THIS NOTICE – You may obtain a paper copy of this Notice from us by requesting one.

SPECIAL PROTECTIONS – This Notice is provided to you as a requirement of HIPAA. There are several other privacy laws that also apply to HIV-related information, mental health information, and substance abuse information. These laws have not been superseded and have been taken into consideration in developing our policies and this Notice.

COMPLAINTS – If you believe these privacy rights have been violated, you may file a written complaint with our Privacy Officer or with the U.S. Department of Health and Human Services’ Office for Civil Rights. We will provide their address upon your request. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION – Our Privacy Officer is Kara Owens and she can be contacted at our Poughkeepsie Office or by calling our telephone number: (845) 454-0222. You may contact our Privacy Officer for further information about our complaint process or for further explanation of this Notice of Privacy Practices.

**THIS NOTICE IS EFFECTIVE IN ITS ENTIRETY AS OF APRIL 14, 2003**

**CONSENTS: WHO CAN SIGN?**

- 1) Patients over the age of 18 must sign for themselves.
- 2) Patients under the age of 18, parents may sign.
- 3) Married patients under the age of 18 may sign for themselves.
- 4) Mentally incompetent patients:
  - a) Patient designated health care proxy
  - b) Power of Attorney **does not** allow for surgical/medical consent.
  - c) Patients nearest known relative