



NOTICE OF PRIVACY 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.

The privacy of your medical information is important to us. The Practice Administrator is in charge of privacy matters at this health center. You can contact him/her with any questions or concerns.

Use and disclosure of medical information:

Federal law says that we may use your medical information for your treatment, without further specific notice to you, or written authorization by you. For example, if we refer you to a specialist, we may provide laboratory test data to the specialist.

We can use and share your health information to bill and get payment from health plans or other entities without further specific notice to you, or written authorization by you. For example, we give information about you to your health insurance plan so it will pay for your services.

We can use and share your health information to run our practice, improve your care, and contact you when necessary without further specific notice to you, or written authorization by you. For example, we may use your information for financial services, quality assurance, risk reduction and claim management purposes with insurance companies.

We may use or disclose your information without further notice to you, or specific authorization for the following:

1. purposes that are required by law;
2. public health purposes;
3. to report child abuse or neglect;
4. to a health oversight agency for oversight activities authorized by law, such as the Department of Health, Office of Professional Discipline or Office of Professional Medical Conduct;
5. for judicial or administrative proceedings;
6. for law enforcement purposes;
7. to a coroner or medical examiner;
8. to a funeral director;
9. for organ donation purposes;
10. to avert a serious threat to health or safety;
11. to military authorities if you are a member of the armed forces of the United States;
12. for research approved by the Institute's review board.

New York State law provides additional protection for information regarding HIV/AIDS and other "sensitive" health information, such as information about mental health or substance abuse treatment. We will continue to follow New York State law with respect to such information.

We may contact you by mail, phone, text or email, based on the information you provide, to remind you of an appointment or to provide information about treatment alternatives. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence.

You can ask us, in writing, 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.

Other uses or disclosures of your medical information will be made only with your written authorization. This includes most uses and disclosures of psychotherapy notes, unless the disclosure is required by law and for other limited purposes. It also includes disclosure of your medical information that could be considered a “sale” of the information, and includes use and disclosure of your medical information for certain marketing purposes. You may change your permission at any time by submitting a written request to the Practice Administrator.

Rights that you have:

You can ask us not to use or share health information for treatment, payment, or our operations. We are not required to agree, 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 have the right to get copies of your medical information (a reasonable fee may be charged.)

You can ask us to correct health information about you that you think is incorrect or incomplete. Such requests must be in writing and must state the reason for the requested change. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested change, we will further notify you of your rights.

You can ask for a list of the times we’ve shared your health information, who we shared it with, and why. We will include all the disclosures except for those requested by you in writing or about treatment, payment, health care operations, for emergency or notification purposes, for national security or intelligence purposes as permitted by law, to correctional facilities or law enforcement officials as permitted by law, for research or public health purposes after being de-identified or limited to remove personally identifiable information. We will provide one list a year for free but may charge a reasonable, cost-based fee if you ask for another one within 12 months.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. You will be notified as soon as reasonably possible, but no later than 60 days following our discovery of the breach. The notice will provide you with the date we discovered the breach, a description of the type of information that was involved, the steps we are taking to investigate and mitigate the situation, and contact information for you to ask questions and obtain additional information.

Obligations that we have:

We are required by law to maintain the privacy and security of your protected health information.

We are required to abide by the terms of this notice as long as it is currently in effect.

We reserve the right to revise this notice, and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our office, and copies will be available there.

If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services of the United States. You may also file a complaint with us. Complaints should be directed to the Practice Administrator or the Senior Vice President for Administration at 2006 Madison Avenue, New York, N.Y. 10035, or call (212) 633-0800.