



HIPPA 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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

Uses & Disclosures of Protected Health Information: Your protected health information may be used and disclosed for the purpose of providing health care services to you, to pay your health care bills, to support the operation of our practice, and any other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you or your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used as needed to obtain payment for your health care services. For example, we may provide your protected health information to your health plan to obtain payment for services.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to run our practice, improve your care, and contact you when necessary. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. For example, we may disclose your protected health information to medical school students that see patients at our office. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Uses & Disclosures Which Do Not Require Your Authorization: We may use or disclose your protected health information in the following situations without your authorization: as required by law; for certain public health and safety issues, including the reporting of communicable diseases and suspected abuse, neglect, or domestic violence; in response to a court or administrative order or subpoena; to coroners, funeral directors, or medical examiners upon the death of an individual; to organ or tissue procurement organizations; for worker's compensation claims, law enforcement and special government functions, such as national security and health oversight purposes. We can also share your information for certain health research. We may disclose your protected health information to the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the federal privacy laws.

Uses & Disclosures to Individuals Involved in Your Care or Payment for Your Care: If family members, relatives, or friends are helping to care for you or pay for your medical costs, we may release protected health information to them unless you object. This information will be limited to that necessary to pay for your care or to care for you. We also may provide your protected health information to a disaster relief organization to allow your family to be notified about your condition and whereabouts in a disaster. In an emergency situation where you may not be able to object, we may share your information if we believe it is in your best interest.

We also may share your information when necessary to lessen a serious and imminent threat to health or safety.

Other permitted and required uses and disclosures will be made only with your consent, authorization, or opportunity to object unless required by law. You may revoke such authorization at any time in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization. Uses and disclosures of your psychotherapy notes, if any, uses disclosures of your protected health information for marketing purposes, and disclosures that constitute a sale of your protected health information only will be made with your written authorization, unless otherwise permitted or required by law, as described in this Notice.

We may contact you to raise funds for our organization and you have the right to opt out of receiving fundraising communications.



HIPPA NOTICE OF PRIVACY PRACTICES

Your Rights: Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits such access. We may charge a reasonable, cost-based fee for copying or postage. You may not remove our records from the premises. If we maintain your information electronically, we can provide you with the protected health information in a mutually agreeable readable electronic form and format upon your request.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your health information for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or payment for your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction in all circumstances, but we will agree to a restriction for disclosures to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and (2) the protected health information pertains solely to a health care item or service for which you, or a person other than the health plan on your behalf, has paid us in full. If we agree to a restriction on the use or disclosure of your protected health information, we must comply with such restriction, other than in an emergency or certain other circumstances permitted or required by law.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate all reasonable requests.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e., electronically.

You may have the right to request an amendment of your protected health information. If we deny your request for amendment, you may file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

You have the right to be notified of a breach. We are required by law to notify you following a breach that may have compromised the privacy or security of your unsecured protected health information.

You have the right to choose someone to act for you. If you have given someone medical power or attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we will take any action.

We are required to abide by the terms of this Notice currently in effect. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw notice.

Complaints. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us.) of your complaint. You may file a complaint with us by notifying our privacy contact (Kevin Laguardia 773-254-1400) of your complaint. **We will not retaliate against you for filing a complaint.**