

NOTICE OF PRIVACY PRACTICES

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

OUR LEGAL DUTY

MH-CNY-FL Medical PC is required by federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice may be revised at any time. Any revisions will be effective for past, present and future health information we have about you. MH-CNY-FL Medical PC is required to follow the terms of the most current notice. You may request a copy of our Notice at any time. In addition, each time you begin services or are readmitted to MH-CNY-FL Medical PC you will receive a copy of the Notice.

ALL EMPLOYED AND CONTRACTED STAFF AND BUSINESS ASSOCIATES WILL FOLLOW THIS NOTICE.

USES AND DISCLOSURES OF HEALTH INFORMATION:

We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician or other healthcare provider providing treatment to you. We can release your information to pharmacies and labs, as well as to persons who are involved in your care such as friends and family.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals.

SPECIAL SITUATIONS - PROTECTED HEALTH INFORMATION MAY BE RELEASED WITHOUT CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

We may use or disclose your protected health information in the following situations without your authorization or without allowing you to object or agree to the use or disclosure.

Legal Requirements: We may use and disclose your medical information when we are required to do so by law. This includes disclosing your protected health information in response to a court order, to identify or locate a suspect, fugitive material witness or missing person, audits, investigations, inspections and licensure activities as required by State and Federal mandate.

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To Report Abuse: We may disclose your medical information when the information relates to abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting or with your permission.

Public Safety: Consistent with our legal and ethical obligations we may disclose information about you based on a good faith determination that such disclosure is necessary to prevent a serious and imminent threat to yourself, identified individuals and the public or in an emergency.

Coroners, Health Examiners & Funeral Directors: For identification purposes, to determine cause of death or as necessary to carry out their duties.

Organ & Tissue Donations: If a donor to an organization that handles organ procurement.

Research: If reviewed by an Independent Review Board

Workers' Compensation: We may disclose medical information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries and illnesses.

Military and Veterans: As required by Military command authorities.

Minors: If you are an unemancipated minor under New York law, there may be circumstances in which we disclose health information about you to a parent, guardian or other persons acting in *loco parentis*, in accordance with our legal and ethical responsibilities. If you are a parent of an unemancipated minor and are acting as the minor's personal representative, we may disclose health information about your child to you under certain circumstances. In some circumstances we may not disclose health information about an unemancipated minor to you.

EXCEPTION TO RELEASE WITHOUT CONSENT:

We will follow the provisions of 42 CFR Part 2, which severely restricts the release of protected health information if the records are from substance abuse treatment. There are special rules about releasing HIV/AIDS/STD services. This office must make special efforts to protect the names of people who receive these services.

PATIENT RIGHTS:

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. You must make a request in writing to obtain access to your health information. We will charge you a fee of \$10.00 for the first 15 pages and \$.85 per page thereafter. If we maintain an electronic record for you, you may request access to your health information in an electronic format or have the information transmitted electronically to a designated recipient. We may deny your request to inspect and copy in certain limited circumstances.



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A denial will be issued in writing with instructions on how to request a review of the denial. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Notice: Receive a paper copy of this Notice no later than the date of the first service delivery, upon request and a new copy whenever it is updated.

COMPLAINTS:

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

NOTICE OF BREACH OF HEALTH INFORMATION:

In the unlikely event that your health information is inadvertently acquired, accessed, used by or disclosed to an unauthorized person, we will provide you with written notice of such a breach. The notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The written Notice will be sent by regular mail. If the contact information we maintain for you is insufficient or out-of-date, we may attempt to provide notice to you by telephone or other permissible alternate method.



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