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**HIPAA**

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## **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 VERY CAREFULLY.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information and your rights of access to and control of that 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.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to your protected health information, which are set out in this Notice of Privacy Practices.

We are required to abide by the terms of this Notice of Privacy Practices. However, we reserve the right to change the terms of our Notice at any time, and to make our new Notice effective for all protected health information that we maintain. We will provide you with a copy of any revised Notice by mail upon your calling and requesting a copy. Copies will also be available at our office.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.**

The following describes and provides examples of how we may use and disclose your PHI (protected health information) in the course of providing treatment and services. These examples are somewhat general and not exhaustive; but they are designed to provide sufficient detail to place you on notice of the types of uses and disclosure that are permitted or required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable law.

### **USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We may use or disclose your PHI without a written authorization from you for treatment, payment and health care operations purposes as follows:

#### **TREATMENT**

We may use and disclose your PHI to provide, coordinate or manage your health care and any related services. This includes the coordination and management of your health care with a third party, consultation between health care providers assisting in your care, or your referral from one provider to another. We may also disclose PHI about you to doctors, nurses, technicians or other employees who are involved in your care within our office. For example, a doctor providing you with pre-natal care may need to know if you have diabetes and, therefore, may review your medical record including information from other treating physicians in this regard. In addition, one of our employed physicians may refer you to another specialist to assist in management of certain conditions prior to your delivery, and the specialist you are referred to may require health information from us to treat you. Different health care professionals may also share medical information about you in order to coordinate different things you need, such as prescriptions, lab work, sonograms and x-rays. We may use or disclose your PHI for treatment activities of another health care provider. For example, another specialist to whom you are referred may need information from us to assist him/her in diagnosing or treating you.

#### **PAYMENT**

We may use and disclose PHI about you so that the treatment and other services you receive from us may be billed to and payment may be collected from an insurance company, HMO, government health plan or other third party, or for other payment purposes. For example, your insurance company may need to know about the type of treatment we are providing you so that they will pay us or reimburse you for that treatment.

We may also use and disclose medical information about you to obtain prior approval to provide certain services as required by your insurer or health plan or to determine whether your insurance will cover certain proposed treatment or services. Payment also includes uses and disclosures relating to claims management, collection activities, review of services for medical necessity and utilization review activities by insurers and third parties.

We may also disclose your PHI to another health care provider or other entity covered by HIPAA requirements for the other entity's payment activities. For example, a hospital may need certain health information from us to bill for services it has provided to you.

## **HEALTH CARE OPERATIONS**

We may use and disclose PHI about you for our own health care operations purposes. Health care operations are those business activities that support the provision of medical care and related services to you and other patients. These activities include, but are not limited to, business planning and development, quality assessment activities, medical protocol development, employee review activities, care coordination activities, training of our staff, professional licensure activities and conducting or arranging for other business activities. For example, we may use or disclose protected health information to doctors, nurses, technicians and other personnel in our office for teaching purposes or to review the quality of the care we render.

We may also use or disclose your PHI for certain health care operations of other health care providers and covered entities who have or have had a relationship with you, as permitted under the HIPAA regulations, to the extent those operations are part of quality assessment or improvement activities, development of clinical guidelines, reviewing the competency or qualifications of health care professionals, evaluating physicians' and providers' performance, evaluating health plan performance, conducting training programs in which students, trainees or practitioners learn under supervision, accreditation, certification, licensing or credentialing activities. For example, we may provide PHI about you to a hospital in order for the hospital to review the competency and qualifications of certain of its personnel and the quality of its overall services.

We may use or disclose your PHI in order for third party "business associates" to perform various activities involving treatment, payment or operations on behalf of our practice. However, whenever our arrangement between our practice and a business associate involves the use or disclosure of your protected health information, we will have a written contract, as and when required by law, that contains terms to protect the privacy of your protected health information.

## **OTHER PURPOSES FOR WHICH WE ARE PERMITTED OR REQUIRED TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

- **Appointment Reminders:** We may use and disclose PHI to contact you to provide appointment reminders for your scheduled treatment appointments with us.
- **Treatment Alternatives:** We may use and disclose your PHI to tell you about treatment alternative or other health related benefits and services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for your Care:** Unless you object, we may disclose your PHI to a member of your family, other relative, a close friend or other persons you identify to the extent that the protected health information relates to that person's involvement in your health care or payment related to your health care.

If you are present or otherwise available prior to any such disclosure, we may disclose your PHI only if we (i) obtain your agreement, (ii) you have an opportunity to object to the disclosure and do not express an objection, or (iii) we reasonably infer from the circumstances that you do not object to the disclosure. If you are not present, or an opportunity to agree or object cannot practically be provided because you are incapacitated or in emergency circumstances, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interest. If so, we will disclose only the PHI that is relevant to the person's involvement with your health care. We may also use our professional judgment and experience with common practice and allow a person to act on your behalf to pick-up filled prescriptions, medical supplies, x-rays or similar forms of PHI.

In addition, we may disclose PHI to notify or assist in notification of (including identifying or locating) a family member, a personal representative or another person responsible for your care, of your location, general condition or death, subject to obtaining your agreement or exercising professional judgment regarding your lack of objection or your best interests, as discussed above for other uses and disclosures to persons involved in your care.

**DISASTER RELIEF:** We may disclose your PHI to a public or private entity authorized by law or their charter to assist in disaster relief efforts for purposes of coordinating with such entities to notify or assist in notifying your family members or other individuals of your location, general condition or death.

**AS REQUIRED BY LAW:** We may use or disclose your PHI to the extent that we are required to do so by federal, state or local law. Any such use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

**RIGHT TO REQUEST RESTRICTIONS ON USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION:**

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member, close friend or other relative or the information we may use or disclose for notification purposes. We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. In that case, we may use the restricted protected health information or disclose such information to a health care provider to provide such treatment to you, but we will request that such health care provider not further use or disclose the information.

We may terminate any agreement to a restriction if:

- you agree to or request the termination in writing;
- you orally agree to the termination and the oral agreement is documented; or
- we inform you that we are terminating the agreement, except that such termination is only effective with respect to protected health information created or received after we have so informed you.

**RIGHT TO REQUEST ALTERNATIVE COMMUNICATIONS:** You have the right to request that we communicate with you about protected health information by alternative means or at alternative locations. For example, you may request that we only contact you at work and by mail. To request such confidential communications, you must make your request in writing to your Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted, and we may condition the provision of this accommodation on information as to how payment will be handled and the specification of an alternate address or the method of contact.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, please request one in writing from our Privacy Officer at the address noted below.

**COMPLAINTS:** If you believe your privacy rights have been violated, you may file a complaint with your Privacy Officer or the Department of Health and Human Services. To file a complaint with us, please contact our Privacy Officer at the address and telephone number noted below. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:** Other uses and disclosures of your protected health information not covered by this Notice or the laws that apply to us will be made only upon your written authorization. If you provide us with an authorization to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time, except as regards uses and disclosures that we have made prior to your revocation. If you revoke your authorization, thereafter, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. We are, however, unable to take back any disclosures we have already made pursuant to your authorization, and we are required to retain our records of the care we have provided to you.

**PRIVACY OFFICER:** Meredith Barizone  
Corporate Commons Two  
2 Teleport Drive, Suite 207  
Staten Island, NY 10311  
  
Tel: 718.273.5500  
Fax: 718.273.3232

**EFFECTIVE DATE:** The effective date of this Notice is April 14, 2003

**TO CORONERS AND MEDICAL EXAMINERS, FUNERAL DIRECTORS AND ORGAN DONATION:** We may disclose your PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may disclose PHI consistent with applicable law, as necessary, to permit a funeral director to carry out his duties. We may disclose PHI for such persons in reasonable anticipation of your death. PHI may also be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**FOR RESEARCH PURPOSES:** We may use or disclose your PHI to a researcher or for research purposes when the research has been approved by an institutional review board or an appropriate privacy board that has reviewed the research proposal and established protocols to insure the privacy of your protected health information. Such uses and disclosures require that the privacy or institutional review board approve a waiver of the requirement for your authorization to use or disclose such information. We may also disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave our offices.

**TO AVERT SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose your PHI when necessary to prevent serious threat to your health and safety or the health and safety of the public or another person. Any such disclosure, however, would only be to someone able to help prevent the threat.

**MILITARY AND VETERANS:** If you are a member of the armed forces, we may release PHI about you as required by military command authorities.

**WORKERS COMPENSATION PURPOSES:** We may release PHI about you for workers compensation purposes or the purposes of similar programs. These programs provide benefits for work-related injuries or illnesses without regard to fault.

**PROTECTIVE SERVICES FOR THE PRESIDENT, NATIONAL SECURITY AND INTELEGENGE ACTIVITIES:** We may release PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations or for intelligence, counter-intelligence and other national security activities authorized by law.

**REQUIRED DISCLOSURES:** We must make disclosures of your PHI to you upon your request as described in this Notice, and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**PURSUANT TO YOUR AUTHORIZATION:** All other uses and disclosures except for emergency treatment purposes will be made only with your written authorization. A form of Authorization may be obtained from our offices upon request to the Privacy Officer named below. You may revoke any such Authorization you have provided to us, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure provided for in the Authorization.

#### **YOUR RIGHTS REGARDING PHI:**

You have the following rights regarding PHI we maintain about you:

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and obtain a copy of PHI about you that is contained in a "designated record set" for as long as we maintain that protected health information. A "designated record set" means those medical and billing records and other records that we use to make treatment and payment decisions about you. Usually, this includes your medical chart and billing records. To inspect and copy such information, you must submit your request in writing to our Privacy Officer, whose name and address is indicated below. If you request a copy of information, we may charge a fee for the cost of copying, mailing and other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances, including where a licensed health care professional has determined in their professional judgment that access would reasonably be likely to endanger the life or physical safety of you or another person, or where the requested information makes reference to another person, and the licensed health care professional has determines, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person. If you are denied access to your PHI for the foregoing reasons, you may request that the denial be reviewed by a licensed health care professional who did not participate in the original decision to deny you access. The review professional will be designated by PAVLIDES AND BENSON OB/GYN ASSOCIATES, P.C. We will provide or deny access in accordance with the determination of that health care professional.

Any request to review your protected health care information should be provided in writing, to our Privacy Officer at the address shown below. If we deny your request, we will provide you with a written denial. If your request is for PHI that is not maintained or accessible to us on site, we will take action no later than 60 days from the receipt of your request. Otherwise, we will act on a request no later than 30 days after receipt. If we are unable to take

action within those time periods, we may extend the time period by no more than 30 additional days, provided that within the foregoing time periods we provide you with a written statement of the reasons for the delay and the date by which we will complete action on your request. We may have only one such extension of time for action on any given request. We may provide you with a summary of the PHI in lieu of providing access to the information, or an explanation of the PHI if you agree in advance to such summary or explanation and if you agree in advance to any fees imposed by us for such summary or explanation.

**RIGHT TO AMEND PROTECTED HEALTH INFORMATION:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend that information. You have the right an amendment for as long as we maintain the information in the designated record set. To request amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request for amendment.

We may deny your request if it is not in writing, does not include a reason to support the request or if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- is not a part of the medical information kept by us in the designated record set;
- is not a part of the information which you would be permitted to inspect or copy; or
- the information you wish to amend is accurate and complete.

We will act on your request for an amendment no later than 60 days after receipt of your written request. If we deny the requested amendment, in whole or in part, we will provide you with a written denial. If we are unable to act on the amendment within the time required, we may extent the time by no more than 30 days, provided within 60 days of your request we provide you a written statement of the reasons for the delay and the date by which we will complete our action on your request. We may have only one such extension or action on any particular request for amendment. If your requested amendment is accepted, we will provide you with notice of that fact and request your identification of and agreement to notify relevant persons with which the amendment needs to be shared. We will make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by you as needing the amendment and persons that we know have the protected health information that is being amended and that may have relied or could perceivably rely on such information to your detriment. If we deny the amendment, we will provide you with a written denial containing the basis for the denial, your right to submit a written statement disagreeing with the denial. If you do not submit a statement of disagreement, you may request that we provide your request for amendment and the denial with any further disclosures of the protected health information that is the subject of the amendment, we may limit the length of a statement of disagreement.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an accounting of disclosures of your protected health information. This is a list of the disclosures we have made of your protected health information and is subject to certain limitations. To request an accounting of disclosures, you must submit your request, in writing to our Privacy Officer. Your request must state the time period to be covered by the accounting, which may not be longer than 6 years and may not include disclosures before April 14, 2003.

We are not required to list disclosures on the accounting:

- made to carry out treatment, payment or health care operations;
- made to you about your protected health information;
- incident to a use or disclosure otherwise permitted or required by HIPAA and as indicated in this Notice;
- pursuant to your written authorization;
- for facility directories or to persons involved in your care or for other notification purposes;
- for national security or intelligence purposes;
- to correctional institutions or law enforcement officials;
- as a part of a limited data set provided for research purposes.

We may temporarily suspend your right to receive an accounting of disclosures to health oversight agencies or law enforcement officials, if requested by such agency or official, as likely to impede the agency's activities. We must act on your request for an accounting no later than 60 days after receive of your written request. If we are unable to provide the accounting within that time, we may extent the time by no more than 30 days, provided that within the 60-day period we provide you a written statement of the reasons for the delay and the date by which we will provide the accounting. We may have only one such extension on a request for any given accounting. We must provide the first accounting to you in any 12-month period without charge. We may impose a reasonable cost-based fee for each subsequent request for an accounting by you within the 12-month period. We will inform you in advance of the fee to be charged, and you will have an opportunity to withdraw or modify your request for subsequent accountings in order to avoid or reduce the fee.

**FOR PUBLIC HEALTH ACTIVITIES:** We may disclose your PHI:

For public health activities to a public health authority that is authorized by law to collect and receive such information for the purposes of preventing or controlling disease, injury or disability;

- To a public health authority or other appropriate government authority authorized to receive reports of child abuse or neglect or adult abuse or neglect;
- To a person subject to the jurisdiction of the Food and Drug Administration (FDA), for the purpose of activities related to the quality, safety or effectiveness of FDA regulated products or activities; or)
- To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition if we or the public health authority are authorized by law to notify such persons as necessary to conduct a public health intervention or investigation.

**ABUSE AND NEGLECT:** We may disclose your PHI to a government authority including social services or protective services agencies authorized to receive reports of abuse, neglect or domestic violence if we reasonably believe you to be a victim of abuse, neglect or domestic violence, to the extent that the disclosure is required by law and complies with and is limited by such law, or to the extent you agree to the disclosure. In any such case, the disclosure will be made consistent with the requirements of applicable state and federal laws, including HIPAA.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose PHI about you to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary actions, civil, administrative or criminal proceedings or other actions necessary for the appropriate oversight of the health care system, government benefit programs, entities subject to government regulatory programs to determine compliance, or entities subject to civil rights laws for which health information is necessary to determine compliance. This does not include disclosures for investigation or other activity in which you are the subject of the investigation and which do not arise out of the receipt of health care, a claim for public health benefits or the qualification for receipt of public benefits or services when your health is integral to the claim.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:** We may disclose your PHI in the course of any court or administrative proceeding, in response to an order of the court or administrative tribunal, to the extent such disclosure is expressly authorized. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process where we receive satisfactory assurances from the party seeking the information that reasonable efforts have been made to give you notice of the request, or where we receive satisfactory assurances that reasonable efforts have been made to secure a protective order that prohibits use or disclosure for any purpose other than the litigation and that requires return to us or destruction of the protected health information at the end of the litigation.

**FOR LAW ENFORCEMENT PURPOSES:** We may disclose your PHI for law enforcement purposes to a law enforcement official as required by law or in compliance with a court order, court order, warrant, subpoena or summons, grand jury subpoena, or administrative request. We may also disclose certain limited PHI about you when asked by a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

**VICTIMS OF CRIME:** We may disclose your PHI if asked by a law enforcement official, if (i) you are suspected to be a victim of a crime, (ii) you agree to the disclosure or (iii) we are unable to obtain your agreement because of incapacity or other emergency circumstances. However, the law enforcement official must represent that the information is needed to determine whether a violation of law by a person other than you has occurred, and the information is not intended to be used against you, that immediate law enforcement activity depends on the disclosure and would be materially and adversely affected by waiting until you are able to agree, and we determine that the disclosure is in your best interest in the exercise of professional judgment.

**REGARDING DECEDENTS:** We may disclose your protected health information after your death to a law enforcement official for the purpose of alerting the law enforcement official to your death if we have a suspicion that such death may have resulted from criminal conduct.

**FOR CRIMES ON THE PREMISES:** We may disclose your PHI to a law enforcement official to the extent that we believe, in good faith, that the information constitutes evidence of criminal conduct that occurred on our office premises.

**REPORTING CRIME IN EMERGENCIES:** We may, in providing health care in response to a medical emergency other than an emergency on our premises, disclose you PHI to a law enforcement official if such disclosure appears necessary to alert law enforcement to the commission and nature of a crime, the location of such crime or the victims, and the identity, description or location of the perpetrator.