



# PRIVACY NOTICE

Patient Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (Apt. #) (City, State, Zip)

*I have received the Notice of Privacy.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

For Office Use Only:

Acknowledgement was not obtained because:

- Patient refused
- Patient incapacitated
- Other: \_\_\_\_\_

Name of staff person who attempted to obtain acknowledgement: \_\_\_\_\_

**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.**

**PRIVACY NOTICE  
Effective November 01, 2013**

We respect the confidentiality of your health information and we will protect your information in a responsible and professional manner. We are required by federal and state laws to maintain the privacy of your health information and to send you this notice.

This notice explains how we use information about you and when we can share information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

We use security safeguards and techniques designed to protect your health information that we collect, use or disclose orally, in writing and electronically. We train our employees about our privacy policies and practices, and we limit access to your information to only those employees who need it in order to perform their business responsibilities. We do not sell information about our patients or former patients.

Examples of "information" or "health information" discussed in this notice can include:

- Information that we have created or received about your past, present, and future medical condition that could be used to identify you;
- Information about medical treatments you have received;
- Demographic information that could possibly be used to identify you.

This notice applies to the privacy practices of this clinic.

#### **How We Use or Share Information**

We may use or share information about you for purposes of payment, treatment, and health care operations, including with our business associates. For example:

- **Payment:** We may use or share your information in order to bill and collect payment for the services you receive from us. For example, we may provide details concerning your treatment to your health plan or any other third party responsible for paying for services that you receive. We may use your information to bill you directly for services you receive. We may also tell your health plan or a referring provider about a proposed treatment to obtain prior approval or to determine whether your plan will cover the treatment.
- **Treatment:** We may use or share your information in order to treat you. For example, we may ask you to have laboratory tests or x-rays, and we may use the test results to help us reach a diagnosis and determine appropriate treatment. We may share your information with other health care providers who are involved in taking care of you. We might use your information to write a prescription for you and share your information with a pharmacy when we order a prescription for you.
- **Health Care Operations:** We may use and share your information so that we can operate efficiently and evaluate the quality of care our patients receive. For example, we may use your information to review our treatment and services, to evaluate the performance of our staff, to decide whether to add or eliminate services, and to determine whether new treatments are effective. We may also share your information with other providers, including students and other personnel, for review and learning purposes.

We may also use or share information about you for internal or external utilization review and/or quality assurance activities or to conduct cost-management and business planning activities.

We may also call you by name in the waiting room when your provider is ready to see you.

- **Business Associates:** We may share your information with others who help us conduct our business operations, provided they agree to keep your information confidential.

We may also use and share your information for the following other purposes:

- We may use or share your information to send you a reminder regarding an appointment with your provider or recommended health screenings.
- We may use or share your information to give you information about alternative medical treatments and programs or about health-related products and services that you may be interested in.

- We may share your information with a health plan, provider, or health care clearinghouse that participates with us in an organized health care arrangement. We will only share your information for health care operations activities associated with that arrangement.
- We may share your information with another health plan, provider, or health care clearinghouse that has or had a relationship with you for their health care operations. Such operations include quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.
- We may share your information with a family member, friend, or other persons to the extent necessary to help with your health care or payment for your health care. We may also share information about your location, general condition, or death to notify or help notify (including identifying and locating) a person involved with your care or to help with disaster-relief efforts. Before we share this information, we will provide you with an opportunity to object. If you are not present, or in the event of your incapacity or an emergency, we will share your information based on our professional judgment of whether the disclosure would be in your best interest.

#### **State and Federal Laws Allow us to Share Information**

There are also state and federal laws that allow or may require us to release your health information to others. We may share your information for the following reasons:

- We may report information to state and federal agencies that regulate us such as the U.S. Department of Health and Human Services and the New York State Department of Health.
- We may share information for public health activities. For example, we may report information to the Food and Drug Administration for investigating or tracking of prescription drug and medical device problems.
- We may report information to public health agencies if we believe there is a serious health or safety threat.
- We may share information with a health oversight agency for certain oversight activities (for example, audits, inspections, licensure, and disciplinary actions).
- We may provide information to a court or administrative agency (for example, in response to a court order, search warrant or subpoena).
- We may report information for law enforcement purposes. For example, we may give information to a law enforcement official for purposes of identifying or locating a suspect, fugitive, material witness, or missing person.
- We may report information to a government authority regarding child abuse, neglect, or domestic violence.
- We may share information with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.
- We may use or share information for procurement, banking or transplantation of organs, eyes, or tissue.
- We may share information relative to specialized government functions, such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others, and to correctional institutions and in other law enforcement custodial situations.
- We may report information of job-related injuries because of requirements of your state worker compensation laws.
- Under certain circumstances, we may share information for purposes of research.

#### **Sensitive Information**

Certain types of especially sensitive health information, such as HIV-related, mental health and substance abuse treatment records are subject to heightened protection under the law. If any state or federal law or regulation governing this type of sensitive information restricts us from using or sharing your information in any manner otherwise permitted under this Notice, we will follow the more restrictive law or regulation.

#### **Your Authorization**

If one of the above reasons does not apply, **we must get your written authorization to use or disclose your health information.** If you give us written authorization and change your mind, **you may revoke your written authorization at any time.** Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

We have an authorization form that describes the purpose for which the information is to be used, the information to be disclosed, the time period during which the authorization form will be in effect, and your right to revoke authorization at any time. The authorization form must be completed and signed by you or your duly authorized representative and returned to us before we will disclose any of your protected health information. You can obtain a copy of this authorization form from our office located at 1873 Western Avenue, Suite 100, Albany, NY or by calling (518)690-4420 or (800)419-1230.

### Your Rights

The following are your rights with respect to the privacy of your health information. If you would like to exercise any of the following rights, please contact us in writing at Occupational & Environmental Health Center of Eastern New York, 1873 Western Avenue, Suite 100, Albany, New York 12203, Attention: Business Manager. You may also call us at 518-690-4420, Monday through Friday, from 8:30 a.m. to 4:30 p.m.

- **You have the right to ask us to restrict** how we use or disclose your information for treatment, payment, or health care operations. We will comply with an individual's request to restrict disclosure to a health plan (or the plan's business associate) of his or her protected health information that pertains solely to a health care item or service for which this clinic has been paid out-of-pocket and in full, with the exception for disclosures required by law, such as mandatory claim submission provisions under Medicare and similar requirements under Medicaid or state laws. You also have the right to ask us to restrict information that we have been asked to give to family members or to others who are involved in your health care or payment for your health care. *Please note that while we will try to honor your request, we are not required to agree to these restrictions.*
- **You have the right to ask to receive confidential communications** of information. You can ask us to send the information to an alternative address or by alternative means, such as by fax. We may require that your request be in writing and specify the alternative means or location. We will accommodate reasonable requests. You do not need to give us a reason for your request.
- **You have the right to inspect and obtain a copy** of information that we maintain about you in your designated record set. A "designated record set" is the group of records used by or for us to make decisions about your care. This can include your medical and billing records. We may require that your request be in writing. We will respond to your request no later than 30 days after we receive it. If we are unable to respond within 30 days, we will provide you with you a written statement of the reasons for the delay and the date by which we will respond. If this information is in electronic format, you have the right to obtain an electronic copy of your health information maintained in our electronic record. We may charge a fee for copying information or preparing a summary or explanation of the information.

We may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and, if required by applicable federal or state law, provide you with a right to have the denial reviewed.

You do **not** have the right to inspect or obtain a copy of the following types of information:

- Information contained in psychotherapy notes;
- Information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and
- Information subject to certain federal laws governing biological products and clinical laboratories.

- **You have the right to ask us to amend** information we maintain about you in your designated record set. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than 30 days. If we need this extension, we will notify you of the reasons for the delay and the date by which we will complete action on your request.

If we make the amendment, we will notify you that it was made. We will also provide the amendment to any person that we know has received your health information and to other persons identified by you.

We may deny your request of an amendment if we did not create the information that you want amended and the originator remains available or for certain other reasons. If we deny your request, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to reply to your statement. However, you have the right to request that your written request, our written denial, and your statement of disagreement be included with your information for any future disclosures.

- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request, beginning with information collected on or after April 14, 2003. We may require that your request be in writing. We will act on your request for an accounting within 60 days. We may need additional time to act on your request, and, therefore, may take up to an additional 30 days. Your first accounting will be free, and we will provide you with one free accounting upon request every 12 months. However, if you request an additional accounting within 12 months of receiving a free accounting, provide you with an opportunity to withdraw or modify your request.

Please note that the accounting will not include the following information:

- Information disclosed or used for treatment, payment, and health care operations purposes.
- Information disclosed to you or following your authorization.
- Information that is incidental to a use or disclosure otherwise permitted.
- Information disclosed to persons involved in your care or other notification purposes.
- Information disclosed for national security or intelligence purposes.
- Information disclosed to correctional institutions or law enforcement officials.
- Information that was disclosed or used as part of a limited data set for research, public health, or health care operations purposes.

### Exercising Your Rights

- **You have the right to receive a paper copy of this notice upon request when you visit our offices for treatment or health care services.** We must abide by the terms of this notice. However, we reserve the right to change our privacy practices and the terms of this notice at any time (provided such changes are permitted by applicable law) and to make such changes effective for all health information we maintain. When we make a material change to our privacy practices, we will change this notice and post a copy of the current notice in our offices. Each time you visit our offices for treatment or health care services, you may request a copy of the current notice.
- **If you have any questions** or would like further information about this notice or about how we use or share information, please contact the Manager at 518-690-4420, Monday through Friday from 8:30 a.m. to 4:30 p.m. You can also send questions by mail to Occupational & Environmental Health Center of Eastern New York, 1873 Western Avenue, Suite 100, Albany, New York 12203, Attention: Manager.

If you believe that we may have violated your privacy rights, you may file a complaint with us by contacting the Business Manager at 518-690-4420, Monday through Friday from 8:30 a.m. to 4:30 p.m. You can also file a complaint by mail to Occupational & Environmental Health Center of Eastern New York, 1873 Western Avenue, Suite 100, Albany, New York 12203, Attention: Manager. You may also notify the Secretary of the U.S. Department of Health and Human Services.

**We will take no action against you for filing a complaint.**