



5000 Brittonfield Parkway* Suite A 128
East Syracuse, NY 13057
(315) 446-4400 phone * (315) 446-4201 fax

HIPPA Policy

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this Notice about our privacy practices. This Notice becomes effective April 14, 2003. This office is required to abide by the terms of this Notice. We reserve the right to change our privacy practices at any time and to make the new provisions effective for all protected health information that we maintain at that time. If we make a material change to our privacy practices, we will revise our Notice accordingly. The revised Notice will be posted at each of our locations and will be available to you upon your request. You may request a copy of our most current Notice at any time. For more information about our privacy practices, please contact our Privacy Officer using the information listed at the end of this Notice.

Protected health information is defined as information about you, including information about where you live, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services, including information about the payment of health care provided to you.

A. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN CONSENT

You will be asked by our staff to sign a Release of Information Form, which authorizes us to use and disclose your protected health information for treatment, payment, and health care operations purposes. Following are examples of the types of uses and disclosures of your protected health information that may occur based upon your signing of the Release of Information Form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office pursuant to your consent:

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. We will also disclose your protected health information to other physicians who may be treating you. We will also disclose your protected health information to other physicians who may be treating you. For example, 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. We may also disclose your protected health information to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

PAYMENT: Your protected health information will be used, as needed to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

HEALTH CARE OPERATIONS: We may use or disclose, as needed, your protected health information in order to conduct certain business and operational activities. These activities include, but are not limited to, quality assessment

activities, employee review activities, training of students, licensing, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration and phlebotomy desks where you will be asked to sign your name. We may also call you by name in the waiting room when the doctor is ready to see you. We may use or disclose your protected health information, as necessary, to contact you by telephone or mail to remind you of your appointment or to notify you of your required follow up appointments. These reminders may identify the reason you need to follow up with our office, for example, because of an abnormal pap smear. We may also contact you to communicate test results. We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, collection, or transcription services) for the practice. Whenever, an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

B. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

For uses and disclosures beyond treatment, payment and health care operations purposes, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described in sections C or D below. An authorization can be revoked at any time to stop future uses and disclosures pursuant to that authorization, except to the extent we have already undertaken an action in reliance upon your authorization. In addition, under New York State Law, confidential HIV-related information (information concerning whether or not you have had and HIV-related test, or HIV infection, HIV-related illness, or AIDS, or which could indicate that a person has been potentially exposed to HIV) cannot be disclosed except to those people you authorize in writing to have it.

C. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION THAT MAY BE MADE WITHOUT YOUR CONSENT OR AUTHORIZATION

This office may also use and disclose your protected health information in the following instances without first obtaining your consent or authorization. These situations include:

Research; Death; Organ Donation: We may use or disclose your protected health information for research purposes in limited circumstances. We may disclose the protected health information of a deceased person to a coroner, public health examiner, funeral director or organ procurement organization for certain purposes.

Criminal Activity: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health and safety, or the health safety of other. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.

Communicable Disease: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking the information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse & Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. We may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the FDA, for the purpose of reporting adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Legal Proceedings & Law Enforcement: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process. In some instances, we are required to make reasonable efforts to make you aware of the request to disclose your information. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials. We may also disclose your protected health information for law enforcement purposes including legal processes, requests for identification and location purposes, pertaining to victims of crime, suspicion that death has occurred as a result of criminal conduct, in the event that a crime occurs on the premises of this practice and in the event of a medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Military Action and National Security: We may use and disclose your protected health information to individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by worker's compensation or similar laws.

To Keep You Informed: Unless you provide us with alternative instructions, we may contact you about remedies for treatment, medical care or health check-ups. We may also contact you to tell you about health related benefits or services that may be of interest to you or to give you information about your health care choices.

D. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT MAY BE MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not able to agree or object to the use or disclosure of your protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. The following are examples in which your agreement or objection is required:

Individuals Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may also use or disclose your protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

PATIENT RIGHTS

You have the following rights regarding your protected health information that we maintain:

Access: You have the right to look at or obtain copies of your protected health information, including billing records, with limited exceptions. If you would like to inspect or obtain copies of your health information, you must make a request in writing to the contact person listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you 75 cents for each page. If we deny you access, we will provide you with written reasons for the denial and explain any right you have to a review of the denial.

Accounting of Disclosures: You have the right to receive an accounting of disclosures we have made, if any, of your protected health information after April 14, 2003. The accounting time period is no longer than 6 years after the disclosure. This applies to disclosures for purposes other than treatment, payment or health care operations. In addition, it does not apply to disclosures made to you or disclosures made pursuant to your authorization. We will provide you with the date on which we made this disclosure, the name of the person or entity to which we disclosed your protected health information and the reason for the disclosure. If you request this accounting of disclosures more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact the Privacy Officer listed at the end of this Notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request restrictions on our uses and disclosures of your protected health information. We are not required to agree to the additional restrictions if your physician believes it is in your best interest to permit use and disclosure and in this case uses and disclosures of your protected health information will not be restricted. If your physician does agree to the requested restriction, we must abide by the agreed-to restriction except in an emergency. Your request for any restrictions must be in writing sent to the attention of the Privacy Officer at the address listed at the end of this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your restriction must contain an expiration date. Contact the privacy Officer listed at the end of this Notice for additional information.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact that continues to permit us to bill and collect payment from you. You must make this request in writing to our Privacy Officer listed at the end of this Notice.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended, or in certain other cases. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. We reserve the right to prepare a rebuttal to your statement of disagreement and will provide you with a copy of any such rebuttal. If we accept your request to amend the information, we will make reasonable efforts to inform our business associates of the amendment to include the changes in any future disclosures of that information.

Right to a Copy of This Notice: You or your personal representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact our Privacy Officer listed at the end of this Notice.

III. QUESTIONS and COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact the Privacy Officer listed at the end of this Notice.

If you believe that we have violated your privacy rights, or you disagree with a decision we made about the exercise of your rights concerning your protected health information, you may complain to us in writing and send it to the attention of the Privacy Officer listed at the end of this Notice. You may also send a written complaint to the Secretary 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.

We support your right to protect the privacy of your protected health information. We will not retaliate against you in any way if you choose to file a complaint with us or with the U.S Department of Health and Human Services.

*Therefore, before you can be seen as a patient at our office, we request that you
initial and sign our form for our office.*