

# NOTICE OF PRIVACY

## MDs4kids Medical

a division of Allied Pediatrics of New York, P.L.L.C. ("APNY")  
66 Powerhouse Road, 3<sup>rd</sup> Floor, Roslyn Heights, NY 11577

Privacy Officer or Contact Phone Number: Manager, 516-466-5437 x107

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

This Notice describes your rights and certain obligations we have regarding our privacy practices and the use and disclosure of 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.

All sites and locations of APNY follow the terms of this Notice and may share protected health information with each other for treatment, payment or health care operation purposes described herein. APNY is required by law to protect the privacy of your protected health information and to provide you with and to abide by the terms of this Notice as it may be updated from time to time. If you have any questions about this Notice, please call the Privacy Officer/Contact listed above.

### *USES AND DISCLOSURE WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION:*

**Treatment** We may use and disclose your protected health information: to provide you with medical treatment or services and to coordinate and manage your care and any related services; to hospitals, nursing facilities, doctors, nurses, technicians and other personnel who are involved in your care; to people outside APNY who may be involved in your care, such as designated family members; and to providers or facilities that may be involved in your care after you leave our office or our care. This would include, for example, when your physician consults with a specialist or your primary care physician, regarding your condition or coordinates services you may need, such as lab work and x-rays.

**Payment** We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive from us; to an insurance company, Medicare, Medicaid or any other third party payer; to other healthcare providers to assist them in obtaining payment for services they have provided to you; to your health plan before it pays for the health care services we recommend for you, such as making a

determination of eligibility or coverage for insurance benefits, preauthorization for services. As required by your health plan, we may disclose information about you for reviewing services provided to you for medical necessity and undertaking utilization review activities.

**Health Care Operations** We may use and disclose your protected health information in order to run APNY and ensure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our providers in caring for you; for activities relating to protocol development, case management and care coordination, reviewing qualifications of physicians, clinical trials and conducting or arranging for other business operations of APNY; as it relates to healthcare operations when we leave messages on your answering machine or at your place of employment when the contact phone number is given us as a method of reaching you. We may call you by name when you are in our practice. We will disclose your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services, answering services, attorney/legal services, consultants or accountants, risk managers) for APNY. Whenever an arrangement with 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.

### *OTHER USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR WRITTEN AUTHORIZATION:*

#### **Appointment Reminders/Sign in Sheets**

We may: contact you as a reminder that you have an appointment or are due to schedule follow up appointments; ask you to sign in when you arrive at our office; or call your name when we are ready to see you. We may display photo images, which you have sent us, such as birth announcements, greeting cards, any of which may have your name or the names and images of other members of your family.

#### **Marketing/Health-Related Benefits and Services**

We may use and disclose protected health information to tell you about health-related benefits and services to your treatment, case management or care coordination or recommend possible treatment options or alternatives that may be of interest to you or to send you a newsletter about our services.

#### **Individuals Involved in Your Care or Payment for Your Care**

We may disclose to one of your family members, to a relative, to a close personal friend or to any other person identified by you, protected health information directly relevant to the person's involvement with your care or payment related to your care. We may disclose your protected health information to notify, identify or locate a member of your family, your personal representative, another person responsible for your care or certain disaster relief agencies of your location, general condition or death. In the case of a communication barrier, we may disclose your protected health information to an interpreter.

**Emergencies/Disaster Relief** We may use or disclose your protected health information to a public or private agency for emergencies or disaster relief purposes.

**Research** Under certain circumstances, we may use and disclose your protected health information for research purposes that are subject to a special approval process.

**As Required By Law** We will disclose your protected health information when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. We will make a reasonable effort to inform you of the request.

#### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety or that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Workers' Compensation** We may release protected health information about you for workers' compensation or similar programs.

**Public Health:** We may disclose health information about you for public health activities, including disclosures to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to persons subject to the jurisdiction of the Food and Drug Administration (FDA) for activities raised to the quality, safety, or effectiveness of FDA-regulated products of services and to report reactions to medications or problems with products; and to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Lawsuits and Disputes** If you are involved in a lawsuit, we may disclose your protected health information in response to a court or administrative order, a subpoena, discovery request, or other lawful process.

**Law Enforcement** We may disclose your protected health information for certain law enforcement purposes, including, but not limited to: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct at the hospital; and in emergency circumstances to report a crime, the location of the crime or victim, or the identity, description or location of the perpetrator.

**Coroners, Medical Examiners and Funeral Directors, Organ/Tissue Donation Organization** We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

***ANY OTHER USE OR DISCLOSURE:***

Under any circumstances other than those listed above, we will request that you provide us with a written and signed authorization before we use and disclose your protected health information to

anyone. If you sign an authorization allowing us to disclose protected health information about you, in a specific situation, you can later cancel your authorization in writing, in which case we will not disclose your protected health information after we receive your cancellation, except for disclosures that were already being processed or made before we received your cancellation.

***YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION:***

**Right to Inspect and Copy** Upon a written request, you have the right to inspect and obtain a copy of your protected health information. To inspect and/or obtain a copy of your protected health information, you must submit your request in writing detailing what information you want to inspect or copy to the Privacy Officer/Contact listed on this Notice. If you request a copy of the information, we may charge a reasonable fee as allowed by the New York law for costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. In some circumstances, a decision to deny access may be reviewable.

**Right to Amend** If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend the information, in writing, for as long as the information is kept by us. You must explain the reasons you believe the information is inaccurate or incomplete. We may deny your request for an amendment if it is not in writing or 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 part of the protected health information kept by us; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete, in our opinion.

**Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of protected health information about you for purposes other than treatment, payment and health care operations. You must submit your request in writing to the Privacy Officer/Contact. It must state a time period, which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your

request at that time before any costs are incurred.

**Right to Request Restrictions** You have the right to request that we restrict use or disclosure of your protected health information for treatment, payment or health care operations, disclosure to persons involved in your care or disclosure to family members. ***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Privacy Officer/Contact.

**Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. You must make your request in writing to Privacy Officer/Contact. We will not ask you the reason for your request. We will accommodate all reasonable requests submitted in writing which must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice** You have the right to a paper copy of this notice, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice contact the Privacy Officer/Contact.

***SPECIAL RULES:***

Under New York or Federal Law, additional restrictions may apply to disclosures of health information that relate to care for psychiatric conditions, substance abuse or HIV related testing and treatment.

***CHANGES TO THIS NOTICE:***

We reserve the right to change the terms of this Notice and to make the new provisions of the Notice effective for all protected health information we maintain. A current copy of the Notice shall be posted in all of APNY's offices.

***COMPLAINTS:***

If you believe your privacy rights have been violated, you may file a complaint with Privacy Officer listed on this Notice or with the Secretary of the Department of Health & Human Services (Office of Civil Rights, U.S. Department of Health & Human Services, 200 Independence Ave, SW Room 509F, Washington, DC 20201).